

ACSA COUNCIL MEMBER RECOMMENDATION FORM

For the Educational Options Council

Purpose of Council: To be the leader at the state level in promoting best practices in teaching and learning while promoting, supporting, and influencing accountability, programming, and credentialing, in addition to financial and legislative issues facing educational options programs in the state.

Responsibilities of Council Members

- Provide leadership at the region level for the Region level committee
- Disseminate information from Council meetings to Educational Options leaders at the region level
- Represent the region committee by bringing forward grass roots issues of state-wide impact for discussion at the state council
- Contribute articles to the region newsletter
- Attend three state council meetings
- Serve as a representative of the Continuation and Educational Options Council on other related Committees/Councils with other organizations
- Serve as a presenter at the region or state Conferences
- Provide support for political action as needed
- Attend ACSA Annual Conference

Ability to:

- Dedicate time to the CEO Council in addition to regular work responsibilities. Average total time per year = six days + Annual Conference

Experience:

- Preferred: participation on the region committee and/or leadership experience dealing with issues in the area of alternative ed/educational options
- Leadership experience at the charter level or region level and a desire to develop as a leader in the area of alternative ed/educational options may be considered

Council Member Being Replaced: _____ **Term:** _____

One Box must be selected

Council Member Selected:..... **or Council Member Elected....**

Name _____ Social Security # _____

Title _____ District _____ School _____

Address _____
(Street) (City) (State) (Zip)

Telephone _____ Fax _____ E-mail _____

Superintendent of District _____

Superintendent's Address _____

Nominee's previous ACSA State, Regional or Charter activities: _____

- **Please be sure to check the appropriate box for affirmative action:** Male Female
- African/American Asian Caucasian
- Eskimo – American Indian Filipino Latino Pacific Islander

Special Instructions:

- Before you return this form, **check to be sure the person recommended is an ACSA member.** You are welcome to contact the ACSA Membership Department at (650) 692-4300 if you are unsure.
- Be sure that you **do not recommend any member who has already served a full three year term.**
- Members may serve on only one ACSA State Committee/Council at a time.

REGION: _____ REGION PRESIDENT: _____

DATE: _____

Return completed forms to: Lori Allred | lallred@acsa.org
ACSA, 1029 J Street, Suite 500, Sacramento, CA 95814