

ACSA COUNCIL MEMBER RECOMMENDATION FORM

For the Secondary Education Council

Purpose of Council: To identify and study issues and make recommendations to ACSA Board of Directors related to secondary education. To recommend practices and policies which will lead to high quality programs for secondary students. To recruit secondary administrators as members and to maintain a liaison between ACSA, NASSP, C.I.F., and other state agencies relating to secondary education. To plan and coordinate professional development programs for secondary administrators

Responsibilities of council members:

- Provide leadership at the region level for the region level committee
- Disseminate information from council meetings to Secondary Education leaders at the region level
- Contribute monthly articles to region newsletters

Ability to:

Dedicate time to Secondary Education Council in addition to regular work responsibilities.
Estimated total time commitment per year = six days

Experience:

Site or district experience in secondary education administration, minimum 3 years

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

One Box must be selected

Council Member Selected

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**