Your Partner. Your Advocate. Your Association.

How can we best support you?

Please print one letter per box.

1) What year did you enter the education profession?

☐☐☐☐ (YYYY)

2) I am:

- ☐ Already a member
- ☐ Transferring from another school district
- ☐ Joining the Association today
- ☐ Interested in more information about membership

3) Your Association provides supports and tools to ensure your success with students. What tools or trainings would you like to hear more about?

- ☐ Managing Student Behavior
- ☐ Peer Mentoring and Coaching
- ☐ Meeting the Needs of Students with Trauma
- ☐ Student Bullying and Suicide Prevention
- ☐ School Safety
- ☐ Career Development Planning

4) Your Association works to ensure that schools provide students with opportunities to be successful. Which issues are most important to you?

- ☐ Social and Racial Justice
- ☐ Meeting the Needs of Students in Poverty
- ☐ Family and Community Engagement
- ☐ Fully Funded Schools
- ☐ Education Policy- contributing to critical decisions affecting my students, school, and district
- ☐ Political Advocacy - supporting education policies to ensure all students have opportunities to succeed

5) Your Association advocates for conditions that retain high-quality educators for every student. Which of these are you interested in learning about?

- ☐ Salary
- ☐ Educator Rights & Responsibilities
- ☐ Health Care Benefits
- ☐ Pensions and Retirement Security
- ☐ Student Debt and/or Finances
- ☐ Stretching Your Paycheck
- ☐ Working Conditions

2019 ESP

FIRST NAME | MIDDLE NAME | LAST NAME

WORKSITE | EMPLOYER

PERSONAL EMAIL

HOME ADDRESS | CELL PHONE #

CITY | STATE | ZIP

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JOB TITLE *(Pick one that most represents your work.)*

- ☐ Clerical Services
- ☐ Custodial & Maintenance
- ☐ Food Services
- ☐ Health & Student Services
- ☐ Paraeducator
- ☐ Security Services
- ☐ Skilled Trades
- ☐ Technical Services
- ☐ Transportation
- ☐ Classroom Teacher
- ☐ Other

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WISCONSIN EDUCATION ASSOCIATION COUNCIL WEAC

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