

Washington State PTA Advocacy Topic Recommendation Form

The purpose of the advocacy topic program is to identify and promote the understanding of topics relevant to the health, welfare, safety, education, care, and protection of children or to the goals of WSPTA. **Advocacy topics shall be statewide in scope.** Advocacy topics can be identified and recommended by any level of the WSPTA structure (member, unit, council, committee, board, or staff) or other organizations with purposes/missions parallel with WSPTA.

Topics would remain "active" as long as there is:

- A. Sufficient interest in the subject.
- B. Sufficient volunteer support to guide it.
- C. Sufficient information/material available as resource.
- D. Sufficient financial capacity.

Advocacy topic recommendations may be submitted at any time. Proposals for new and returning advocacy topics shall be formally submitted to the WSPTA Board of Directors at its August board meeting each year. A recommendation for a topic must respond to all of the following:

1. Fully describe the topic you wish the Washington State PTA and its units and councils to advocate.
2. Describe, in specific detail, the results or outcome you desire as a result of WSPTA's involvement with this topic.
3. Estimate the amount of time that will be required to achieve those results/outcome.
4. Describe, in specific detail, the new resources/information/material that need to be created on this topic and the role of the WSPTA in creating them.
5. Identify resources/information/material that already exist on this topic and the organizations or groups who are addressing this topic.
6. Describe how the resources/information/material should be delivered to: (a) PTA local units throughout the state; (b) PTA members; (c) the community at-large.
7. Can the impact of WSPTA's involvement in this topic (in the manner described in this recommendation) be measured? If "yes" – how?
8. Provide an estimate of: (a) financial cost; (b) volunteer time; (c) staff time.

ADVOCACY TOPIC TITLE: _____

Submitted by: _____
(Please indicate Member, Local Unit, Council, State PTA Committee or WSPTA Board) _____
Local Unit/Council #

Contact Person: _____
Daytime Phone Number

Address: _____

City: _____ Zip: _____ Email: _____

PLEASE TYPE OR WORD PROCESS YOUR RECOMMENDATION ON ANOTHER PIECE OF PAPER AND ATTACH IT TO THIS FORM, or EMAIL TO WAPTA@WASTATEPTA.ORG.

Mail to:
Washington State PTA, 2003 65th Avenue West, Tacoma, WA 98466-6215