



Oregon ABS OACCRS/OAELPS Local Lead Duties

Program Year 2026-2027

Instructions

Review, sign, and submit to hecc.absteam@hecc.oregon.gov by October 9, 2026. Questions can be sent to the same email address.

OACCRS/OAELPS Local Lead Duties

- Attend OACCRS/OAELPS Orientation.
- Be the program contact person for matters relating to OACCRS/OAELPS.
- Assist as necessary with the scheduling and registration of faculty and staff for OACCRS/OAELPS trainings.
- Be the program contact person for matters relating to PLCs with outcomes related to OACCRS/OAELPS.
- Organize standards-based PLC sessions, coordinate with trainers, communicate with participants.
- Produce a brief annual written report on standards-based PLCs. PLC outcomes, attendance, dates, locations etc. should be maintained on file and produced upon request by the State ABS Team.
- Attend required Local Leads meetings, if any. Optional Local Lead meetings hosted by the State ABS Team via Zoom are held regularly to discuss Professional Learning Communities, statewide learning standards practices, and state updates.

Equity Statement and Agreement

Oregon's diversity is increasingly multifaceted, including racial/ethnic, socioeconomic, cultural, gender, geographic (urban and rural), gender identity and sexual orientation, disability, and age/generational diversity. In administering a Title II program, staff will not discriminate against any person who is a current or potential user of its services on the basis of race, color, ancestry, gender, national origin, age, family or marital status, sexual orientation, political or religious affiliation, veteran status, physical or mental disability. The agency will not tolerate any form of discrimination or harassment and endeavors to maintain an inclusive and respectful work environment free of hostility or unprofessional behavior. As a HECC partner, we commit to a climate that empowers all to embrace a culture of diversity, equity, and inclusion as a valued asset in order to achieve equity-driven results.

ABS Director Name: _____ Institution: _____

ABS Director Signature: _____ Date: _____

Local Lead Name: _____ Local Lead Email: _____

Local Lead Signature: _____ Date: _____