Browning Public Schools **Board Agenda Request**Meeting to Be Held: 5/9/17



Recognit	tion: Students	Staff	Parents
Informat	tion:	Old Business	Superintendent's Report
Action:	Resignation	Hiring	Contract Service Agreements
	Travel Out-of-State		Approvals
	Termination	Legal Matters	Other:
	This action request pertains to	Elementary (only)	☐ High School/District Wide
Date:	2/7/17		
To:	John Rouse Superintendent	From: Billie Jo Juneau Title: MBI/Olweus Coordinator	
Subject:	Trauma Informed Schools C	Conference	
Salois, Ju	ion: Request approval for Bill llie Hayes, Jill Mattingly, Sicil Conference in Great Falls May	y Bird and Matthew John	y, Jennifer Wagner, Corrina Hall, John son to attend the Trauma Informed
Financia	ll Impact: \$0.00 each		
Funding	Source (Budget/grant, etc.):	Blackfeet Honor Your Life	will cover all costs for the Conference
Attachm	ent(s): Agenda/Travel Reques	t	
Approva	d: Superintendent's Office/Fir	nance/Personnel as applica	able (Initial)
Commen	nts:		
Board A	ction: N/A (Info)	Approved Denie	d Tabled to:



"The Trauma-Informed School"

A Step-by-Step Implementation Guide for Administrators and School Personnel

May 12, 2017 – Great Falls

Holiday Inn

Agenda

	Agenda
7:30 a.m 8:30 a.m.	Registration
8:30 a.m.	Welcome & Introduction – Todd Garrison , ChildWise Institute Director
8:30 a.m 10:00 a.m.	Jim Sporleder – Keynote Address
10:00 a.m 10:15 a.m.	Break
10:15 a.m 12:00 p.m.	Jim Sporleder - cont.
12:00 p.m. – 1:15 p.m.	Lunch (on your own)
1:15 p.m 2:30 p.m.	Jim Sporleder - cont.
2:30 p.m. – 2:40 p.m.	Break
2:40 p.m 3:40 p.m.	Jim Sporleder – cont.

BROWNING PUBLIC SCHOOLS Leave Report/Travel Request

Employee Name Sample Request	En	Employee #		
Building Rural schools	Su	Substitute Name N/A		
LEAVE REPORT				
Date of Leave	Hours	Type of Leave		
5/11-5/12/17	<u>8</u>	SR		
Employee Signature	Da			
	cific leave being available for the specific			
Principal/Supervisor	Da	nte		
TYPE OF LEAVE				
AN Annual SL Sick Leave *EX/SR Extra-Curricular/School Related	PL Personal Leave JD Jury Duty (attach verification) d NG National Guard FN Funeral	ALWO Approved Leave W/O Pay ULWO Unapproved Leave w/o Pay SWP Suspended w/Pay SWOP Suspended w/o Pay		
*If taking School Related/Extra-Curricula TRAVEL REQUEST (If receiving)				
Conference/Workshop Trauma Inform	med School Conference (Attach Broo	chure/Agenda)		
Location Great Falls, MT				
Departure Date 5/11/16	Return Date 5/12/2	17		
Departure Time 5:00 pm	Return Time 6:00 p			
Transportation: Personal V		=\$ 0.00		
☐ District Ve				
□ Profession	al Development			
	☐ Registra	ation <u>PO#</u> =\$ 0.00		
	☐ Hotel Po	0# = \$ 0.00		
	Other P	**************************************		
	Other P	O# Luggage =\$ 0.00		
		Sub Total \$ 0.00		
Budget (%)		Check Total \$0.00		
Employee Signature		Date		
Principal/Supervisor		Date		
Superintendent Signature		Date		