

Browning Public Schools
Board Agenda Request
Meeting to Be Held: 3/28/18



Recognition: Students Staff Parents
Information: Building Report Old Business Superintendent's Report
Action: Resignation Hiring Contract Service Agreements
 Travel Out-of-State Travel In State Approvals
 Termination Legal Matters Other:
 This action request pertains to Elementary (only) High School/District Wide

Date: 2/7/17

To **Corrina Guardipee-Hall**
 Superintendent

From: John Salois
 Title: High School Principal

Subject: Collaborative Approaches Workshop

Description: Request approval for Matthew Johnson, Billie Jo Juneau and Angela Heavy Runner to attend the Collaborative Approaches to Mental examinations, suicide assessment and suicide interventions workshop in Missoula MT April 6-7,2018.

Financial Impact: \$ 746.18

Funding Source (Budget/grant, etc.): Good Medicine Grant 115.90.465.1000.582.206

Attachment(s): Agenda/Travel Request

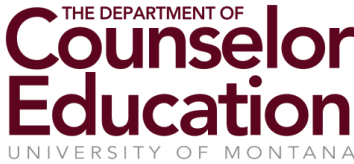
Approval: Superintendent's Office/Finance/Personnel as applicable (Initial) _____

Comments: _____

Board Action: N/A (Info) Approved Denied Tabled to: _____



Please send completed form and payment to: Children's Museum Missoula, 225 West Front Street, Missoula, MT 59802



Collaborative Approaches Workshop Series Registration Form

Last Name _____ First Name _____ MI _____
Mailing address _____ City _____ State _____
Zip _____
Primary Phone No. (____) _____ - _____ Primary email _____
Address _____

FOR UNIVERSITY OF MONTANA STUDENTS SEEKING GRADUATE CREDIT
CRN: 201822/22082

If you're a University of Montana Student and wish to attend the full workshop for 2 graduate level credits (COUN 595), complete the information below and include a check for \$500 (made payable to the Children's Museum Missoula).

UM student ID # 790 _____ Birth Date (Month/Day/Year) _____

To receive graduate credit, please complete the following regarding your last degree earned:
Degree granted _____ Year _____
Institution _____

I hereby certify that, to the best of my knowledge, the foregoing information is true and complete without evasion or misrepresentation.

Your signature _____ Date _____

FOR NON-UNIVERSITY OF MONTANA STUDENTS

Please indicate the sessions you wish to attend by checking the appropriate box(s) below. Please note: the deadline for regular pricing is FEBRUARY 16th. All registrations processed after that date are subject to an additional \$10 processing fee per session, and \$30 for entire series. The Dept. of Counselor Education is an approved provider of continuing education units (CEU's) by the NBCC. Attendees will earn 26 CE clock hours for the entire series, or 13 CE clock hours per session.

- Both sessions. (dates and descriptions, next page) Fee: \$500
Session One (dates and descriptions, next page) Fee: \$300
Session Two (dates and descriptions, next page) Fee: \$300

Total enclosed fee: []

Please calculate the total associated fee for all sessions you wish to attend and include a check for that amount made payable to the Children's Museum Missoula.

I hereby certify that, to the best of my knowledge, the foregoing information is true and complete without evasion or misrepresentation.

Your signature _____ Date _____

Session II: Friday, April 6 – Saturday, April 7, 2018, 8:30-4:30

Variations on the Clinical Interview: Collaborative Approaches to Mental Status Examinations, Suicide Assessment, and Suicide Interventions

The clinical interview is the headwaters from which all mental health assessment and interventions flow. In this workshop, following an overview of clinical interviewing principles and practice, skills training for conducting the mental status examination (MSE) and suicide assessment interviews will be provided. Participants will learn MSE terminology, common symptom clusters and presentations, and strategies through which the MSE can be more collaborative and user-friendly. Additionally, participants will learn a flexible model for conducting suicide assessments. This model features eight core suicide dimensions and techniques for directly and collaboratively questioning clients about suicide ideations, previous attempts, hopelessness, and more. Five suicide interventions will be featured: alternatives to suicide; separating suicide intent from the self; interpersonal re-connection; neodissociation; and safety-planning.

John Sommers-Flanagan, Ph.D. is a Professor of Counselor Education at the University of Montana and a clinical psychologist. He is author or coauthor of over 60 professional publications and eight books. His books, co-written with his wife Rita, include Tough Kids, Cool Counseling (2nd ed., 2007), How to Listen so Parents will Talk and Talk so Parents will Listen (2011) and Clinical Interviewing (6th ed., 2017). Dr. Sommers-Flanagan has been publishing articles, book chapters, and videos on working with challenging youth since 1995. He is cohost of the national “Practically Perfect Parenting Podcast.”

Sara Polanchek, Ed.D., LCSW is the Clinical Director in the Counselor Education department at the University of Montana. She has been working with parents for nearly 18 years in a variety of capacities, including: family counselor, foster care educator, in-home therapist, parenting program director, parenting consultant, clinical consultant for parenting programs, community educator, clinical supervisor, and counselor educator. Sara is the co-host of the “Practically Perfect Parenting Podcast” and is the (not quite practically perfect) parent of two teenagers.

**BROWNING PUBLIC SCHOOLS
Leave Report/Travel Request**

Employee Name Sample Leave Request
Building _____

Employee #**11760**
Substitute Name NA

LEAVE REPORT

| | | |
|----------------------------|--------------|----------------------|
| <u>Date of Leave</u> | <u>Hours</u> | <u>Type of Leave</u> |
| <u>4/5/2018 - 4/7/2018</u> | <u>15</u> | <u>SR</u> |

Employee Signature _____ Date _____

Approved; Condition upon the specific leave being available for the specific employee Not Approved

Principal/Supervisor _____ Date _____

TYPE OF LEAVE

- | | | |
|--|------------------------------------|-------------------------------|
| AN Annual | PL Personal Leave | ALWO Approved Leave W/O Pay |
| SL Sick Leave | JD Jury Duty (attach verification) | ULWO Unapproved Leave w/o Pay |
| *EX/SR Extra-Curricular/School Related | NG National Guard | SWP Suspended w/Pay |
| | FN Funeral _____ | SWOP Suspended w/o Pay |

(Master Contract) Relationship

***If taking School Related/Extra-Curricular Leave only, In or Out of District, you MUST list Conference Name/Location**

TRAVEL REQUEST (If receiving payment for EX/SR leave please fill out entire form completely)

Conference/Workshop Collaborative Approaches to Mental Status Examinations, Suicide Assessment, and Suicide Intervention (Attach Brochure/Agenda)

Location Missoula, MT

Departure Date 4/5/2018

Return Date 4/7/2018

Departure Time 4:00 pm

Return Time 8:30 pm

Transportation: Personal Vehicle
 District Vehicle
 Professional Development

Mileage 408 @ .545 ÷ 2 = \$ 111.18

Per Diem 2 @ \$35 +D 15 = \$ 85.00

| | |
|--|---------------|
| <input checked="" type="checkbox"/> Registration PO# | = \$ 300.00 |
| <input checked="" type="checkbox"/> Hotel PO# | = \$ 250.00 |
| <input type="checkbox"/> Other PO# | = \$ - 0.00 - |
| <input type="checkbox"/> Other PO# | = \$ - 0.00 - |

Sub Total \$ 746.18

Budget 115.90.465.1000.582.206 (100 %) \$196.18

Check Total 196.18

Employee Signature _____ Date _____

Principal/Supervisor _____ Date _____

Superintendent Signature _____ Date _____