

Browning Public Schools  
**Board Agenda Request**  
Meeting to Be Held: May 12, 2026



- 
- 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:**        May 1, 2026

**To:**         Rebecca Rappold  
                  Superintendent

**From:**      Sheila Hall  
**Title:**       BMS assistant principal

**Subject:** **Out of State: Lexia Science of Reading Symposium**

**Description:** School related travel request for Sheila Hall who has been invited to attend the Lexia Science of Reading Symposium in San Diego, CA. on May 18-20, 2026. This exclusive event brings together a small group of educational leaders for meaningful conversations around literacy, leadership, and the science of reading. No cost to attend, Lexia is covering airfare, hotel and meals. Requesting school related leave for May 18 through May 21, 2023. On May 21<sup>st</sup> until 10:00 am, to travel back from Great Falls as plane lands on May 20, 2026 at 10:50 pm.

**Financial Impact:** \$564.52

**Funding Source (Budget/grant, etc.):** 126/226.90.161.2213.582

**Attachment(s):** PD/Agenda

**Approval:** Superintendent's Office/Finance/Personnel as applicable (Initial) \_\_\_\_\_

**Comments:** \_\_\_\_\_

**Board Action:**     N/A (Info)     Approved     Denied     Tabled to: \_\_\_\_\_

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

Employee Name Sheila Hall  
Building Browning Elementary

Employee # \_\_\_\_\_  
Substitute Name NA

**LEAVE REPORT**

<u>Date of Leave</u> <u>5/18/26 to 5/21/26</u>	<u>Hours</u> <u>29 hrs</u>	<u>Type of Leave</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 Lexia Science of Reading Symposium (Attach Brochure/Agenda)

Location San Diego, CA

Departure Date 5/17/26

Return Date 5/21/26

Departure Time 3:00 p.m.

Return Time 10:00 a.m.

Transportation:  Personal Vehicle

Mileage 254 x \$0.70 = \$177.80

District Vehicle

Per Diem 2ISB\$14+ISD\$20+OSL\$35+OSD \$47=\$130.00

Professional Development

Registration PO# \_\_\_\_\_ = \$ 0.00

Hotel PO# \_\_\_\_\_ = \$256.72

Other PO# Airfare = \$ 0.00

Other PO# Luggage = \$ 0.00

Submit Receipts on return for Taxi/Shuttle/Parking/Luggage

Sub Total \$564.52

Budget 126.90.161.2213.582 (70%)

**Check Total \$307.80**

226.90.161.2213.582 (30%)

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal/Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Superintendent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Application for  
Professional Development Opportunity  
Browning Public Schools  
2025-2026**

**The goal of staff development is to improve achievement for Browning School students. Ideally, staff development should be sustained, intensive, of high quality, and involve as many staff and ultimately children as possible. Therefore, all staff members requesting professional development assistance are required to provide the following information:**

**Name** Sheila Hall **Job Title:** BMS assistant principal

**Describe the type of professional development you are requesting. Include subject, area concentration, dates and follow-up activities.**

Professional Development Activity: Lexia Science of Reading Symposium, May 18-20, 2026

The Lexia Science of Reading Symposium will include professional development sessions that align with the Science of Reading, evidence-based best practices, and strategic literacy plans on how to plan and monitor actionable steps.

**Describe how this professional development activity will “improve (your) knowledge and skills, classroom instruction and student achievement.”**

This professional development will provide information to support literacy instruction K-12, examine district level literacy systems to support student achievement, how to monitor literacy plan with strategic action steps.

**Describe how this professional development activity is tied to the goals of the District’s Consolidated Plan/Strategic Plan or your building’s School-wide Plan.**

This professional development activity is directly tied to Safety Matters, Graduation Matters, and Attendance Matters goals established by BPS as well as aligns to the Science of Reading and Authentic Literacy initiatives for literacy development in Browning Schools.

**If the request requires out of district training, outline your plan to share what you have learned with other staff members and include a timeline.**

Information will be shared with BMS staff through extended Wednesday development and in the building level literacy plan.

**If this request involves use of funds, please attach the appropriate school district requisition and/or leave/travel request with itemized expenses. In State travel requests are due 2-weeks in advance. Out of State requests are due 30-days in advance. All travel must be approved by the Principal/Director and/or Supervisor. In State Travel must be approved by the board if 24 hours or overnight for administrators; both must be approved by the board if out of state.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**



**Your reservation has been confirmed**

**Your reservation has been confirmed!**

**Dear Sheila Hall,**

**Thank you for choosing Crystal Inn Hotel & Suites - GTF for your upcoming trip. Here are all of the details of your reservation:**

**Trip Details**

<b>Confirmation Number:</b>	<b>17-289295</b>
<b>Arrival Date:</b>	<b>Sunday, May 17, 2026</b>
<b>Departure Date:</b>	<b>Monday, May 18, 2026</b>
<b>Adults/Children:</b>	<b>1/0</b>
<b>Accommodations:</b>	<b>King Wall NS</b>
<b>Number of Rooms:</b>	<b>1</b>
<b>Estimated Stay Total:</b>	<b>\$128.36 (USD)</b>
<b>Check-in Time:</b>	<b>3:00 PM</b>
<b>Check-out Time:</b>	<b>12:00 PM (noon)</b>

**To hold your reservation, we have guaranteed your room with the form of payment you provided during the reservation process. If you find it necessary to cancel or modify your reservation, we require notification by 6:00 PM on May 17, 2026 to avoid a charge for one night's room plus tax. A valid credit/debit card and matching valid picture ID is required at check in. Personal checks are not accepted.**

**If you booked your reservation three or more days in advance, we will be in contact one more time before you visit. Until then, please let us know if there is anything we can do to ensure your visit with us is everything you wished for and more. You can reach us anytime at 406-727-7788 or [res.gtf@crystalinns.com](mailto:res.gtf@crystalinns.com).**

**We look forward to serving you!**

**- Crystal Inn Hotel & Suites - GTF Staff**

**For directions to our property click here .**

**For answers to frequently asked questions click here .**

**CRYSTAL REWARDS**

**By The Guestbook**



**Your reservation has been confirmed!**

**Dear Sheila Hall,**

**Thank you for choosing Crystal Inn Hotel & Suites - GTF for your upcoming trip. Here are all of the details of your reservation:**

**Trip Details**

<b>Confirmation Number:</b>	<b>17-289296</b>
<b>Arrival Date:</b>	<b>Wednesday, May 20, 2026</b>
<b>Departure Date:</b>	<b>Thursday, May 21, 2026</b>
<b>Adults/Children:</b>	<b>1/0</b>
<b>Accommodations:</b>	<b>King Wall NS</b>
<b>Number of Rooms:</b>	<b>1</b>
<b>Estimated Stay Total:</b>	<b>\$128.36 (USD)</b>
<b>Check-in Time:</b>	<b>3:00 PM</b>
<b>Check-out Time:</b>	<b>12:00 PM (noon)</b>

**To hold your reservation, we have guaranteed your room with the form of payment you provided during the reservation process. If you find it necessary to cancel or modify your reservation, we require notification by 6:00 PM on May 20, 2026 to avoid a charge for one night's room plus tax. A valid credit/debit card and matching valid picture ID is required at check in. Personal checks are not accepted.**