

Browning Public Schools
Board Agenda Request
Meeting to Be Held: 11/12/19



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: 10/22/19

To **Corrina Guardipee-Hall**
 Superintendent

From: Billie Jo Juneau
 Title: Babb Principal/District Admin

Subject: Travel: Incorporation Mental Health Awareness and Interventions into MTSS

Description: Request approval for Billie Jo Juneau, Jessica Racine, Melinda Juneau (or new BMS VP), Matthew Johnson, Arlene Wippert, William Heubsch and/or Kari McKay to attend Incorporating Mental Health Awareness and Interventions into Multi-Tiered Systems of Support in Bozeman MT December 4th, 2019

Financial Impact: \$ 328.86 ea

Funding Source (Budget/grant, etc.): Salaries, benefits, and payroll costs to be charged against budget for respective building/department/program/grant as applicable.

Attachment(s): Agenda/Travel Request

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

Comments: _____

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

Elsie Arntzen, Superintendent

PO Box 202501
Helena, MT 59620-2501
406.444.5643
In-State Toll-free: 1.888.231.9393
TTY Users: 406.444.0235
opi.mt.gov

OFFICE OF PUBLIC INSTRUCTION
STATE OF MONTANA

Putting Montana Students First **A+**



Dear MTSS Participants,

As a valued participant in our SPDG Project REAL 2.0, or a non-grant school working with an OPI Implementation Specialist, we are cordially inviting you to be our guest at the Incorporating Mental Health Awareness & Interventions into your Multi-Tiered Systems presentation. The presentation will be hosted at the Bozeman Public School District Office - Wilson Library - 404 W. Main St. Bozeman, MT, beginning at 8:30 a.m. on December 4, 2019 and will conclude at 4:00 p.m.

This presentation will focus on building awareness around the most common mental health challenges that show up in the K-12 school setting including: anxiety, depression, and executive functioning challenges within the MTSS framework as well as data tracking and progress monitoring of these interventions.

Participants will walk away with:

- | The foundational knowledge of several of the most relevant mental health challenges that student's struggle with including the intricacies of the diagnoses
- | Awareness of how these diagnoses can manifest themselves in a school setting
- | Interventions on how to respond when the manifestations are present
- | Ideas on how to collect data on and progress monitor the interventions once put into place
- | Assessment of Fidelity of overall structural support for incorporating mental health supports

Travel and lodging will be reimbursed for up to three team members, **that are currently active and working with an Implementation Specialist**, attending the conference. The OPI will cover the following expenses for each qualifying team:

*registration fee each qualifying team member (up to three people)

*mileage for one vehicle

*per diem meal reimbursement per team member based on travel time status at the state rate (rules and regulations are detailed on the district reimbursement form)

*lodging for one night at the state rate - (two rooms maximum) if necessary

You can register for the event here: [https://urldefense.com/v3/_https://www.eventbrite.com/e/incorporating-mental-health-awareness-interventions-into-your-multi-tiered-systems-of-support-mtss-tickets-76676394159_!4eM-ZxAN-1!_xglG-zc9ndCzvCSovCSc6jrf3sDThWjSy0ENMfDbH2rIE8tp86cmbwXKAh3wZF92ag\\$](https://urldefense.com/v3/_https://www.eventbrite.com/e/incorporating-mental-health-awareness-interventions-into-your-multi-tiered-systems-of-support-mtss-tickets-76676394159_!4eM-ZxAN-1!_xglG-zc9ndCzvCSovCSc6jrf3sDThWjSy0ENMfDbH2rIE8tp86cmbwXKAh3wZF92ag$)

Schools must make their own hotel reservations.
For questions please contact Allyson Alexander at 406-444-0688 or allyson.alexander@mt.gov.

Space is limited so register soon!

Sincerely,

A handwritten signature in blue ink that reads "Allyson Alexander". The signature is written in a cursive style with a large initial "A".

Allyson Alexander

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

Employee Name Sample Request
Building _____

Employee #**11760**
Substitute Name NA

LEAVE REPORT

<u>Date of Leave</u>	<u>Hours</u>	<u>Type of Leave</u>
<u>12/3/19 - 12/4/19</u>	<u>13</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 Incorporating Mental Health Awareness & Interventions into MTSS

(Attach Brochure/Agenda)

Location Bozeman MT

Departure Date 12/3/2019

Return Date 12/4/2019

Departure Time 1:00 pm

Return Time 8:00 pm

Transportation: Personal Vehicle
 District Vehicle
 Professional Development

Mileage 534 @ .58 ÷ 2 = \$154.86

Per Diem 2 days @ \$35 = \$ 50.00

Registration PO# _____ = \$ 0.00
 Hotel PO# _____ = \$ 125.00
 Other PO# _____ = \$ 0.00
 Other PO# _____ = \$ 0.00

Sub Total \$ 329.86

Budget Designated Building Budget (75 %) \$153.65

Designated Building Budget (25 %) \$ 51.21

Check Total 204.86

Employee Signature _____ Date _____

Principal/Supervisor _____ Date _____

Superintendent Signature _____ Date _____