

Browning Public Schools
Board Agenda Request
Meeting To Be Held: 11/8/16



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: 11/1/16

To: **Board of Trustees**
 Browning Public Schools

From: John Rouse
Title: Superintendent

Subject: **In State Travel: ESSA Stakeholders Meeting**

Description: The Implementing Every Student Succeeds Act (ESSA) meeting will be held in Helena, MT on November 10, 2016.

Financial Impact: **\$170.00**

Funding Source (Budget/grant, etc.): Superintendent's Travel Budget

Attachment(s): Leave Request/Meeting Notice

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

Comments: _____

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



Montana

Office of Public Instruction

Office of Public Instruction
P.O. Box 202501
Helena, MT 59620-2501
406.444.3095
888.231.9393
406.444.0169 (TTY)
opi.mt.gov

ESSA State Plan Stakeholders Meeting
November 10, 2016/ 9:00AM – 4:00PM
Great Northern Hotel, Helena

MEETING AGENDA

Welcome – Candy

Intended outcomes for the day/Framing today's process – Ken Morrison

Accountability – MontCAS Assessment System

- Smarter Balanced in Montana – Jessica Eilertson
- Assessment Vendor Contracts & Funding – Madalyn Quinlan

Accountability – Indicators and Scenarios

- Indicators and weighting – confirm indicators and weightings
- School Climate
- School Support and Improvement Models – summarize, confirm current stakeholders' recommendation
- Ratings & Report Card – summary of feedback from Stakeholders

Lunch

Accountability – Long Term Goals

Confirm take-a ways/Next Steps for Stakeholders

Public Comment

Meeting adjourns

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

Employee Name John Rouse
Building Administration

Employee # _____
Substitute Name NA

LEAVE REPORT

<u>Date of Leave</u>	<u>Hours</u>	<u>Type of Leave</u>
<u>11/9/16</u>	<u>2</u>	<u>SR</u>
<u>11/10/16</u>	<u>8</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 Every Student Succeeds Act (ESSA) Stakeholders Meeting (Attach Brochure/Agenda)

Location Helena, MT

Departure Date 11/9/16

Return Date 11/10/16

Departure Time 3:00 p.m.

Return Time 7:00 p.m.

Transportation: Personal Vehicle
 District Vehicle
 Professional Development

Mileage 344 @ .54 = \$185.76
Per Diem 1 day @ \$35 + \$15S = \$ 50.00

Registration PO# _____ = \$ -0-
 Hotel PO# _____ = \$172.00
 Other PO# Airfare = \$ -0-
 Other PO# Luggage = \$ -0-

Sub Total \$407.76

Budget 126.90.160.2320.582 (75 %) \$176.82
226.90.160.2320.582 (25 %) \$ 58.94

Check Total \$235.76

Employee Signature _____ Date _____

Principal/Supervisor _____ Date _____

Superintendent Signature _____ Date _____