# Browning Public Schools **Board Agenda Request**

Meeting To Be Held: 05/31/17

|   | ·   |                            |  |  |  |  |  |
|---|---|----------------------------|--|--|--|--|--|
| Recognit  | ion: 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:   | 05/22/17  |                            |  |  |  |  |  |
| To:   | <b>Board of Trustees</b><br>Browning Public Schools |                            | ll Mattingly<br>pecial Services Director |  |  |  |  |
| Subject: In State Travel: Understanding Life Skills, Meltdowns, and Sensory Processing  |   |                            |  |  |  |  |  |
| <b>Description:</b> Request approval for travel to attend the Understanding Life Skills, Meltdowns and Sensory Processing for Students with Autism on August 17, 2017 in Havre, MT. Jennifer Myers will give an enlightening understanding of how to teach life skills, how to comprehend meltdowns from the inside out and how to understand sensory issues. |   |                            |  |  |  |  |  |
| Financia  | l Impact: \$ 331.20                                 |                            |  |  |  |  |  |
| Funding Source (Budget/grant, etc.): 115-76-456-2300-582-608  |   |                            |  |  |  |  |  |
| Attachm   | ent(s): Travel Request/Agend                        | da                         |  |  |  |  |  |
| Approva   | l: Superintendent's Office/Fir                      | nance/Personnel as applica | ble (Initial)                            |  |  |  |  |
| Commen  | nts:  |                            |  |  |  |  |  |
|   |   |                            |  |  |  |  |  |
| Board A   | ation: N/A (Info)                                   | Approved Desired           | Tabled to:                               |  |  |  |  |
| Duaru A   | ction: N/A (Info)                                   | Approved Denied            | Tabled to:                               |  |  |  |  |

#### COMPREHENSIVE SYSTEM OF PERSONNEL DEVELOPMENT

Region II CSPD coordinates personnel development to meet the diverse needs of all children and youth in our unique region.



Region II CSPD

REGION II CSPD PO Box 7791 Havre, MT 59501 Phone: (406) 395-8550 x6714 Fax (406) 265-8460

#### **REGION II CSPD**

Presents:

Unerstanding Life Skills, Meltdowns and Sensory Proessing

Jennifer McIlwee Myers

#### FREE TRAINING FOR:

General and Special Educators, Paraprofessionals, Agency Personnel and others who work with children

> August 17, 2017 Havre High Auditorium Havre, MT

### Schedule

JENNIFER MCILWEE MYERS

8:00-8:30 Sign in 8:30-11:30 Morning Session 11:30-12:30-Lunch on your own 12:30-3:30 Afternoon Session

Jennifer McIlwee Myers, author of How to Teach Life Skills to Kids with Autism and Growing Up With Sensory Issues, will give an enlightening understanding of how to teach life skills, how to comprehend meltdowns from the inside out and how to understand sensory issues. Jennifer was diagnosed with Asperger's at the age of 36 and has since devoted her time to learning and teaching about autism. It is her life goal to promote understanding between those with autism spectrum disorders and everyone else. She comes highly recommended by Temple Grandin and Ellen Notbohm (Ten Things Every Child with Autism Wishes You Knew). Jennifer will give her unique perspective to help everyone in attendance understand the autism mind and equip each one with creative, practical solutions for better day-to-day functioning. Check her out at aspieatlarge.com or www.facebook.com/AspieAtLarge.

6 OPI Renewal Units available at this training

Participation by individuals from outside of Region II is welcome. Region II consists of the counties of Cascade, Teton, Pondera, Toole, Glacier, Liberty, Hill, Blaine, and Chouteau.

> Register online at www.blueponyk12.com Click on the CSPD icon Click on link to formsite page

# FORM REGISTRATION

Please check the workshop you will be attending.

August 17, 2017 (Havre, MT)

Position or Title:

Mailing Address: Agency/District:

relephone:

Email:

When registering by phone or email, please include all of the above information.

Phone: (406) 395-8550 ext. 6714 Fax (406) 265-8460 Email - cspd@blueponykl2.com Aileen Couch, Coordinator REGION II CSPD Havre, MT 59501

Registrations for the workshop taken through August 14, 2017 if the training is Please note:

As a professional courtesy, please contact our office if you need to cancel your registration.

## BROWNING PUBLIC SCHOOLS Leave Report/Travel Request

| Building Special Services   |  | Substitute Name <u>NA</u> |                    |                     |  |
|---|--|---------------------------|--------------------|---------------------|--|
| LEAVE REPORT Date of Leave  | <u>Hours</u>                                   | Tvi                       | oe of Leave        |                     |  |
| <u>08/17/2017</u>   | 8 Hours  |                           | SR                 |                     |  |
|   |  |                           |                    |                     |  |
| Employee Signature  |  | Date                      |                    |                     |  |
| ☑ Approved; Condition upon the spec   | ific leave being available for                 | the specific emplo        | yee Not            | Approved            |  |
| Principal/Supervisor  |  | Date                      |                    |                     |  |
| TYPE OF LEAVE   |  |                           |                    |                     |  |
| AN Annual   | PL Personal Leave                              |                           | WO Approved Leav   |                     |  |
| SL Sick Leave *EX/SR Extra-Curricular/School Related                            | JD Jury Duty (attach veri<br>NG National Guard |                           |                    |                     |  |
|   | FN Funeral(Master Contract) Relat              | SWOP Suspended w/o Pay    |                    |                     |  |
| *If taking School Related/Extra-Curricular TRAVEL REQUEST (If receiving page 1) | Leave only, <u>In</u> or <u>Out</u> of Dis     | trict, you <u>MUST</u> l  |                    |                     |  |
| Conference/Workshop Understanding (Attach Brochure/Agenda)                      | Life Skills, Meltdowns an                      | d Sensory Proces          | ssing for Students | with Autism         |  |
| Location Havre High Auditorium Hav  | re, MT   |                           |                    |                     |  |
| <b>Departure Date</b> <u>08/16/17</u>   | Return Dat                                     | e <u>08/17/17</u>         |                    |                     |  |
| <b>Departure Time</b> 1:00 pm   |  | <b>ne</b> <u>6:30 pm</u>  |                    |                     |  |
| <b>Transportation:</b> Personal Vehicle   |  | _                         | RT @ \$0.535       |                     |  |
| District Vehicle  |  | <b>Diem</b>               | 35.00 + \$15.00    | = \$ 50.00          |  |
| Professional Dev  | ·  | Pagistration PO           | # FREE             | -¢ 0                |  |
|   |  |                           | # FREE             |                     |  |
|   |  |                           |                    |                     |  |
|   |  |                           |                    |                     |  |
|   | _  |                           |                    | Total \$331.20      |  |
| Budget #115-76-456-2300-582-608 (1  | .00 %) \$331.20<br>%)                          |                           | Check To           | tal <u>\$221.20</u> |  |
| Employee Signature  |  | I                         | Date               |                     |  |
| Principal/Supervisor  |  | I                         | Date               |                     |  |
| Superintendent Signature  |  | Т                         | Date               |                     |  |