

Browning Public Schools
Board Agenda Request
Meeting To Be Held: 4/10/2018



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: 03/29/18

To: **Corrina Guardipee-Hall**
 Superintendent

From: Kimberly Tatsey-McKay
Title: Montana SOARS GMP Director

Subject: **Out of State Travel- Narrative Exposure Therapy in Seattle, Washington.**

Description: Kimberly Tatsey-McKay, Montana SOARS Good Medicine Program Director, is recommending Out of State travel for Karla Bird on April 18-21, 2018, to attend the Narrative Exposure Therapy Training on Seattle, Washington.

Financial Impact: **School Related Leave Only**

Funding Source (Budget/grant, etc.): Travel will be paid by Annie Belcourt's funding through the University of Montana.

Attachment(s): Leave Request/Agenda for training.

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

Comments: _____

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

Narrative Exposure Therapy (NET) Training

Seattle, WA

Talaris Conference Center

April 18-21st, 2018

In collaboration with US Project STEP and Project BRITE

US Project STEP Short Term Exposure for PTSD-Project STEP is a University of Washington research study conducted in the Department of Psychiatry & Behavioral Sciences and the Department of Psychology that aims to help participants cope with Post Traumatic Stress Disorder.

(<https://uwprojectstep.org/>)

Project BRITE- A University of Washington research study examining brief restructuring interventions following trauma exposure. (<https://projectbrite.org/>)

April 18th

Travel to Seattle, WA

April 19

8:00 am- 12:00 pm Post Traumatic Stress Disorder- Understanding the mental and emotional distress that occurs after exposure to trauma.

12:00 pm-1:00 pm Lunch

1:00 pm - 4:00 pm Narrative Exposure Therapy (Part I) - How to offer short term treatment to clients that cope with PTSD, in order to reduce symptoms of anxiety, fear, sadness, and participation in life events.

April 20

8:00 am-12:00 pm- Narrative Exposure Therapy (Part II). Examining the components of Narrative Exposure Therapy and how to effectively implement practices into a provider-client session.

12:00 pm -1:00 pm

1:00 pm - 4:00 pm Role Play Sessions. Practice Narrative Exposure Therapy with clients in a role play scenario, with the guidance of a facilitator.

April 21

Travel to MT

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

Employee Name Karla Bird
Building Good Medicine Program

Employee # _____
Substitute Name _____

LEAVE REPORT

<u>Date of Leave</u>	<u>Hours</u>	<u>Type of Leave</u>
<u>4/18/2018 - 4/21/2018</u>	<u>32</u>	<u>SR Leave Only</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 Narrative Exposure Therapy (NET) Training (Attach Brochure/Agenda)

Location Seattle, Washington

Departure Date 4/18/2018

Return Date 4/21/2018

Departure Time 8:00 am

Return Time 4:00 pm

Transportation: Personal Vehicle
 District Vehicle
 Professional Development

Mileage _____ = \$ 00.00

Per Diem _____ = \$ 00.00

Registration PO# _____ = \$ -00.00-

Hotel PO# _____ = \$ -00.00-

Other PO# _____ = \$ - 0.00 -

Other PO# _____ = \$ - 0.00 -

Sub Total \$ -00.00

Budget Paid by University of Montana (100%)

Check Total 000.00

Employee Signature _____ Date _____

Principal/Supervisor _____ Date _____

Superintendent Signature _____ Date _____