

Browning Public Schools
Board Agenda Request
Meeting to Be Held: 3/30/22



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: 3/22/2022

To Corrina Guardipee-Hall
Superintendent

From: Nikki Hannon
Title: Director of PCOP

Subject: Pediatric Mental Health Symposium

Description: Request travel to present at the 2022 Pediatric Mental Health Symposium at Fairmont Hot Springs Resort on April 28-29, 2022.

Financial Impact: \$72.00

Funding Source (Budget/grant, etc.): 115.90.476.2213.582.461 (YHDP grant); University of Montana

Attachment(s): See list

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

Comments: _____

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

AGENDA

THURSDAY, APRIL 28, 2022: CONFERENCE DAY 1

Time	Topic	Presenter
6:45 - 7:30 AM	Trauma Conscious Yoga	Robyn Lund
7:00 - 7:55 AM	Registration Check-In Breakfast	
7:55 - 8:00 AM	Welcome	
8:00 - 9:00 AM	The CoVid Pandemic: Loss, More Loss, and Grief	Mary-Ann Sontag Bowman
9:00 - 10:30 AM	Suicide Safe Care for Patients	Karl Rosston
10:30 - 10:45 AM	Break	
10:45 AM - 12:45 PM	A Voice for the Kids “Rediscovering the Beauty Within”	Sasha Joseph Neulinger

Time	Topic	Presenter
12:45 - 1:30 PM	Lunch	
1:30 - 2:30 PM	āisspoōmmootsiyō•p: How "we help each other" Serve Native Students Experiencing Homelessness	Nikki Hannon and Irene Augare
2:30 - 2:45 PM	Break	
2:45 - 4:15 PM	The Health and Wellbeing of LGBTIQ+ Youth	Bryan Cochran
4:15 - 5:15 PM	Provider Resiliency and Self-Compassion	Molly Molloy
5:15 - 6:15 PM	Networking Social	

FRIDAY, APRIL 29, 2022: CONFERENCE DAY 2

Time	Topic	Presenter
6:45 - 7:30 AM	Trauma Conscious Yoga	Robyn Lund
7:00 - 7:55 AM	Registration Check-In Breakfast	

Time	Topic	Presenter
7:55 - 8:00 AM	Welcome	
8:00 - 9:00 AM	Supporting American Indian Clients	Ann Douglas
9:00 - 10:00 AM	Youth Aware of Mental Health (YAM): Mental Health Promotion and Suicide Prevention in Montana Schools	Kathleen Kinsella Shea
10:00 - 10:15 AM	Break	
10:15 - 11:15 AM	What to treat, How to treat, When to refer: A guide for primary care clinicians	Heather Zaluski
11:15 AM - 12:15 PM	Tips for Quickly Engaging and Influencing Parents	John Sommers-Flanagan
12:15 PM	Wrap-Up	

BROWNING PUBLIC SCHOOLS
Leave Report/Travel Request

Employee Name J. Nikki Hannon
Building PCOP

Employee #11194
Substitute Name N/A

LEAVE REPORT

<u>Date of Leave</u> <u>April 28-29, 2022</u>	<u>Hours</u> <u>16</u>	<u>Type of Leave</u> <u>SR</u>
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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 Pediatric Mental Health Symposium (Attach Brochure/Agenda)

Location: Fairmont Hot Springs, MT

Departure Date 4/28/2022

Return Date 4/29/2022

Departure Time 7:00 AM.

Return Time 6:00 p.m.

Transportation: ☒ Personal Vehicle
☐ District Vehicle
☐ Professional Development

Mileage N/A =\$0
Per Diem N/A =\$ 72.00

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

Sub Total \$ 72.00

Budget 115.90.476.2213.582.461 (100%)

Check Total \$72.00

Employee Signature _____ Date _____

Principal/Supervisor _____ Date _____

Superintendent Signature _____ Date _____