

Browning Public Schools  
**Board Agenda Request**  
Meeting to Be Held: 2/11/20



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**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

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**Date:**      February 4, 2020

**To:**         **Corrina-Guardipee Hall**  
                  Superintendent

**From:**     Sheila Hall  
**Title:**      Browning Elementary School Principal

**Subject:** **Travel in State to Check and Connect Workshop for MTSS implementation**

**Description:** Request in state travel for Arlene Wippert, Assistant Principal, to attend the Region II Comprehensive System of Personnel Development training. From this training Ms. Wippert would learn about the levels of Multi-Tiered System of Support to implement at the school for creating actionable steps and practices for successfully implementing MTSS.

**Financial Impact:** \$386.15

**Funding Source (Budget/grant, etc.):** 126.20.120.2410.582

**Attachment(s):** Travel Request/Agenda

**Approval:** Superintendent's Office/Finance/Personnel as applicable (Initial) \_\_\_\_\_

**Comments:** \_\_\_\_\_

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**Board Action:**    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**

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Teams will leave with a MTSS handbook.

This course is for teams. A team could be two participants. Participants will need at least one laptop per team.

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

**REGION II CSPD**

*Presents:*

**Making the Transition:  
MBI to MTSS**

Carla Heintz  
Sandy Elmore

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**FREE  
TRAINING FOR:**

*Schools new to the MTSS process and  
MBI schools who are making the  
transition to MTSS*

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**February 24, 2020**

Best Western Plus  
Inn & Suites  
1425 US Hwy 2 NW  
Havre, MT

**MBI  
To  
MTSS**

**SCHEDULE**

8:00-8:30-Sign in  
8:30-11:30-Morning session  
11:30-12:30-Lunch  
12:30-3:30 Afternoon session

MBI is MTSS Behavior. Moving to a braided model approach with MTSS Behavior and Academics can be done successfully as proven by many Montana schools. This training will explore the systems works that has proved effective in MTSS and will guide MBI teams into next steps to braid behavior and academic systems.

Objectives: Training and team activities are designed to help the team refine and strengthen the systems and practices currently in place at the universal (benchmark) level for behavior and academics. The team will:

- Review essential components of MTSS
- Assess the level of MTSS implementation in your school
- Understand support systems that are available to support MTSS implementation
- Action plan next steps for implementation
- Leave with their school's current MTSS systems & practices documented in their own MTSS handbook!

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](http://www.blueponyk12.com)  
Click on the CSPD icon  
Click on the link on the registration link**

Aileen Couch, Coordinator  
PO Box 7791  
Havre, MT 59501  
Phone-406-395-8550  
Fax-406-265-8460

**Please note:  
Registrations for the workshop taken  
through February 20, 2020.**

**As a professional courtesy, please con-  
tact our office if you need to  
cancel your registration.**

**REGISTRATION FORM**

February 24, 2020 (Havre, MT)

Name \_\_\_\_\_

Position or Title: \_\_\_\_\_

Agency/District: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

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

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

Employee Name Arlene Wippert  
Building Browning Elementary

Employee # \_\_\_\_\_  
Substitute Name NA

**LEAVE REPORT**

<u>Date of Leave</u>	<u>Hours</u>	<u>Type of Leave</u>
<u>2/24/2020</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 Making the Transition MBI to MTSS in Havre (Attach Brochure/Agenda)

Location Havre, MT.

Departure Date 2/23/2020

Return Date 2/24/2020

Departure Time 3:00 p.m.

Return Time 6:30 p.m.

Transportation:  Personal Vehicle  
 District Vehicle  
 Professional Development

Mileage	<u>322 x .575</u>	= \$ <u>185.15</u>
Per Diem	<u>1 day @ \$36.00</u>	= \$ <u>51.00</u>
<input type="checkbox"/> Registration PO#	_____	= \$ <u>0.</u>
<input checked="" type="checkbox"/> Hotel PO#	_____	= \$ <u>150.00</u>
<input type="checkbox"/> Other PO#	_____	= \$ <u>0.</u>
<input type="checkbox"/> Other PO#	_____	= \$ <u>0.</u>

To be reimbursed: \_\_\_\_\_

**Sub Total \$386.15**

Budget 126.20.120.2410.582 (100 %) \$236.15

**Check Total \$236.15**

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal/Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Superintendent Signature \_\_\_\_\_ Date \_\_\_\_\_