## Browning Public Schools **Board Agenda Request**Meeting To Be Held: 10/26/16



Recognit	ion: Students	Staff	Parents
Informat	tion: Building Report	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	o Elementary (only)	☐ High School/District Wide
Date:	10/11/16		
To:	John Rouse Superintendent	·	Cimberly Tatsey-McKay Montana SOARS GMP Director
Subject:	In State Travel - Youth Me	ental Health First Aid Tr	ain the Trainers Training.
requesting certified t	g travel to attend the Youth M	ental Health First Aid Tra 116 in Helena, Montana. T	Medicine Program Director, is in the Trainers training to become a This is a required training that is ainers.
Financia	l Impact: \$643.48		
_	Source (Budget/grant, etc.): ctive building/program/grant a		yroll costs to be charged against budget
Attachm	ent(s): Leave Request/Confer	rence Agenda	
Approva	d: Superintendent's Office/Fir	nance/Personnel as applica	able (Initial)
Commen	nts:		
Board A	ction: N/A (Info)	Approved Denie	d Tabled to:



## Youth Mental Health First Aid Instructor Training Course Agenda

(15 Presentations)

Schedule assumes each candidate does a 30 minute presentation, 10 minutes of group feedback, 10 minutes of 1-1 feedback

Session Times	MONDAY Nov 14, 2016	TUESDAY Nov 15, 2016	WEDNESDAY Nov 16, 2016	Thursday Nov 17, 2016
8:00 - 8:30	Registration / Breakfast	Arrival / Breakfast	Arrival / Breakfast	Arrival / Breakfast
8:30 – 10:45	Introductions     Organization     MHFA course     Session 1 (Part 1)	Unpack Curriculum	2Trainee Instructor Presentation	MT SOARS and Project AWARE Introduction
10:45 - 11:00	Morning Break	Morning Break		Morning Break
11:00 – 12:30	MHFA course     Session 1 (Part 1 continued)     MHFA course     Session 1 (Part 2)	Presentation structure and organization	2 Trainee Instructor Presentation	Lessons from Training in MT: The Browning Case Study
12:30 - 1:00	Lunch @ Hotel	Lunch @ Hotel	Lunch @ Hotel	Lunch @ Hotel
1:00 – 2:30	MHFA Course Session 1(Part 2 cont.)     MHFA course Session 2 (Part 1)	Structured Group Practice / Coaching	3 or 4 Trainee Instructor Presentations	Travel Home!
2:30 - 3:15	Afternoon Break	Afternoon Break		
2:30 – 5:30	MHFA course     Session 2 (Part 2)     MHFA course     Session 2 (Part 2) cont.	Structured Group Practice / Coaching		

On the first two days, the 8-hour Youth Mental Health First Aid course will be conducted.

Each instructor candidate will be given a section of the Youth Mental Health First Aid course to present on Wednesday

## BROWNING PUBLIC SCHOOLS Leave Report/Travel Request

Employee Name Kimberly Tatsey-McK	<u>Eay</u> En	<b>Employee #13501</b>			
Building Good Medicine Program	Su	Substitute Name NA			
LEAVE DEDODE					
LEAVE REPORT Date of Leave	Hours	Type of Leave			
<u> </u>					
11/14 - 17, 2016	32	<u>SR</u>			
Employee Signature	Da	ate			
<b>☒</b> Approved; Condition upon the spe					
Principal/Supervisor	_				
TYPE OF LEAVE					
AN Annual	PL Personal Leave	ALWO Approved L			
SL Sick Leave	JD Jury Duty (attach verification)	ULWO Unapproved			
*EX/SR Extra-Curricular/School Related	FN Funeral		SWP Suspended w/Pay SWOP Suspended w/o Pay		
	(Master Contract) Relationship)	SWOI Suspended	v/O1 ay		
*If taking School Related/Extra-Curricula	ar Leave only, In or Out of District, y	ou MUST list Confere	nce		
Name/Location	· · · · · · · · · · · · · · · · · · ·				
TRAVEL REQUEST (If receiving pa					
Conference/Workshop Youth Menta					
<u>-</u>	THEATH PHSt AIG TRAIN THE TRAINERS	S Hailing (Atlacii	brochure/Agenda)		
Location Helena, MT  Papartura Pata 11/12/2016	Dotum Data 11/17/	/2016			
Departure Date 11/13/2016	<b>Return Date</b> <u>11/17/</u>				
Departure Time 1:00 pm	Return Time 4:00	-	Φ 02.00		
Transportation: Personal Ve		344 @ .54 ÷ 2			
☐ District Veh		3@ \$35+B8+L12	=\$ 140.00		
☐ Professional	Development				
	_	ation <u>PO#</u>			
		O# 22144			
		PO#			
	Other P	PO#	=\$ - 0.00 -		
		Sub	Total <u>\$ 643.48</u>		
Budget Montana SOARS Grant (100 %	) \$232.88	Check To	tal \$232.88		
115.90.465.1000.582.204	<del></del>		<u>,</u>		
Employee Signature		Date	_		
Principal/Supervisor		Date			
Superintendent Signature		Date			