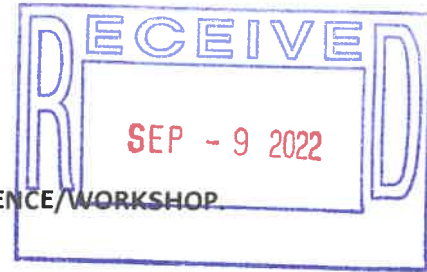


Wellsboro Area School District
227 Nichols Street
Wellsboro, PA 16901



Request to Attend Conference / Meeting

THIS FORM MUST BE COMPLETED AND APPROVED BEFORE REGISTERING FOR THE CONFERENCE/WORKSHOP.

Individual Attending Jennifer Outman
Name of Conference Trauma-Informed Collaborative
Location of Conference Canton BLAST and Williamsport BLAST Offices
Date(s) 9/22, 10/27, 11/17, and 12/15 Days of Week Thursdays

Are you an active member of the organization sponsoring this event? Yes No
Is this conference directly related to a classroom assignment? Yes No

Purpose of conference:

To obtain knowledge on the 4 R's of trauma from the substance abuse and mental health services as it relates to student development and school culture. Each session will offer evidence-based practices that will help develop a deeper understanding of trauma, its impact on both educators' and students' learning and engagement, and strategies for avoiding re-traumatization. In addition, this collaborative will guide participants through professional standards of care that can help to

Number of school days absent for conference/meeting: 4
Total number of days requested for conference/meeting: 18 (include travel time)
Estimated time of departure: 7:45 AM
Estimated time of return: 3:45 PM

COMPLETE THE FOLLOWING ESTIMATIONS OF EXPENSES:

Travel: \$205.00
Lodging: \$0.00
Meals: \$0.00
Registration: \$0.00
Other: \$0.00
Total Estimated Expenditures: \$205.00

SUBSTITUTE NEEDED:
 Yes (# of Days) 4
 No

**All receipts must be itemized.
Tips are not reimbursable.**

Submitted by: Jennifer Outman Date: 9/7/2022

Recommended to Superintendent: Yes No Robert Z. Key
Principal Signature

Account # _____ Amount/% _____
Account # _____ Amount/% _____

Recommended to School Board for Approval: _____
Superintendent Signature

Date Approved by School Board: _____

Distribution: Original - District Office Copy 1 - Teacher Copy 2 - Building Office

X-20-4