

Browning Public Schools
Board Agenda Request
Meeting to Be Held: May 26, 2026



Recognition:	<input type="checkbox"/> Students	<input type="checkbox"/> Staff	<input type="checkbox"/> Parents
Information:	<input type="checkbox"/> Building Report	<input type="checkbox"/> Old Business	<input type="checkbox"/> Superintendent's Report
Action:	<input type="checkbox"/> Resignation	<input type="checkbox"/> Hiring	<input checked="" type="checkbox"/> Contract Service Agreements
	<input type="checkbox"/> Travel Out-of-State	<input type="checkbox"/> Travel In State	<input type="checkbox"/> Approvals
	<input type="checkbox"/> Termination	<input type="checkbox"/> Legal Matters	<input type="checkbox"/> Other:
This action request pertains to	<input type="checkbox"/> Elementary (only)	<input checked="" type="checkbox"/> High School/District Wide	

Date: 5/15/26

To: Board of Trustees
Browning Public Schools

From: Rebecca Rappold
Title: Superintendent

Subject: BPS Aimsweb ELA Assessment for BMS & BHS 2026-2027 SY

Description: Recommend a contract service agreement for Ruth Shea to complete Aimsweb ELA ORF assessment at BMS & BHS during the fall, winter, & spring benchmarking periods of the 25-26 school year.

Financial Impact: up to 240 hours @ \$35.00/hr= \$8,400.00 + Fringe

Funding Source (Budget/grant, etc.): 115.90.494.2213.150.233

Attachment(s): Contract Service Agreement

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

Comments: _____

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

Browning Public Schools
CONTRACT SERVICE AGREEMENT
(406) 338-2715 • (406) 338-3200

Date: May 15 2026

Board Approval: 05/26/2026

Contractor: Ruth Shea

Phone: _____

Address: _____
P.O. Box or Street Address,

_____ Cut Bank, Montana 59427
City, State, Zip

Type of Project/Service (be specific): Contractor will complete Aimsweb ELA ORF at BMS & BHS during the 26-27 SY. Contractor will complete the Oral Reading Fluency (ORF) individual student assessment for students in grades 6-12 that indicate a need based on their subtest scores.

Contracted Dates: 8/20/26-5/28/27

Rate per hour/per day: 35.00 x 240 (hrs.) = \$8400.00

Per Diem/per day: _____ x _____ # of Days- = _____

Mileage: _____ miles @ _____ per mile = _____

Other costs (explain): FRINGE = \$1680.00

Total Project Cost = **\$10,080.00**

Contract to be paid from:

115.90.494.2213.150.233

Independent Contractor:

Submit invoice on completion

Other:

Employee:

Submit timesheet through payroll

The above terms and conditions constitute an agreement by and between the contractor and the Browning Public Schools for the contractor to render services, as indicated. In the event of non-completion of services or other unforeseen problems, this agreement shall be changed accordingly.

Contractor's Signature

Principal/Supervisor

Federal ID Number/EIN

Superintendent

An Independent Contractor must provide Browning Public Schools with a Federal ID Number, State Contractor License or sign an Independent Contractor's Exemption Application Affidavit waiving their rights under the Worker's Compensation Insurance and Unemployment Insurance for employees.