CENTRAL MONTCO
TECHNICAL HIGH SCHOOL
FOR THE ARTS, SCIENCES AND TECHNOLOGY

JOINT OPERATING COMMITTEE MEETING
October 8, 2025
6:30 P.M.

DIRECTOR'S REPORT

ITEM # 1: Recommend approval for Healthcare Sciences students to attend healthcare screenings at local elementary schools on September 19, 2025, September 30, 2025, October 9, 2025, and October 28, 2025. Trip is at no cost to CMTHS or students. (Attachment # 1)

ITEM # 2: Recommend approval for Landscape, Design, and Construction program to complete a work-based learning project at Flux Space during program time on several dates, beginning September 22, 2025. Trip is at no cost to CMTHS or students. (Attachment # 2)

ITEM # 3: Recommend approval for the Early Childhood Education program to attend Field Trip to Merrymead Farms on October 17, 2025, to explore a fun, hands-on learning environment. Trip is at approximate cost of $15.00 per student. (Attachment # 3)

ITEM # 4: Recommend approval for Landscaping, Design and Construction program to attend trips to Martha's Community Farm on October 17, 2025, and October 21, 2025. Students will participate in Community Farming for local food cupboard. Trip is at no cost to CMTHS or the students. (Attachment # 4)

ITEM # 5: Recommend approval for Allied Health and Sports Medicine and Rehabilitation Therapy students to attend trip to Widener University on October 27, 2025, to explore programming and campus opportunities. Cost not to exceed $400.00. (Attachment # 5)

ITEM # 6: Recommend approval for Educator's Rising student group to attend trip to Millersville University on November 14, 2025, to attend Educator's Rising Fall Conference. Trip is at approximate cost of $50 per student. (Attachment # 6)

ITEM # 7: Recommend approval for Automotive Technology students to attend trip to Automotive Training Center to tour facility and learn about industry awareness and career opportunities on November 20, 2025. Trip is at no cost to CMTHS or students. (Attachment # 7)

ITEM # 8: Recommend approval of Public Safety program to attend field trip to Fort Indiantown Gap to tour base on December 9, 2025. Trip is at no cost to CMTHS or students. (Attachment # 8)

ITEM # 9: Recommend approval for Educator's Rising student group to attend state competition and conference at Penn State University on March 12-13, 2026. Trip is at approximate cost of $50 per student. (Attachment # 9)

ITEM # 10: Recommend approval of the following new substitutes: (Resumes attached)

Name: William (Jim) Stepter
Program: building-wide
Rate: $130.00/day

Name: David Bucko
Program: building-wide
Rate: $130.00/day

Name: DorisAnn Leahy
Program: building-wide
Rate: $130.00/day

ITEM # 11: Recommend approval for Kendall Wilson, Coordinator of Student & Behavioral Supports, to attend QBS Safety Recertification Training on September 26, 2025, in King of Prussia. Course will allow for continued teaching of Safety Care curriculum to other staff members. Cost not to exceed $800.00. (Attachment # 10)

ITEM # 12: Recommend approval for Joedy Johnson, Public Safety Monitor, to attend Anti-Terrorism Training, on September 24, 2025, provided by the Pennsylvania State Police. Cost not to exceed $50.00. (Attachment # 11)

DR. ANGELA KING
EXECUTIVE DIRECTOR

Field Trip Request

Sent Mon At 11:36 AM By Noelle Pumo

Workflow Step 1 | Form Entry | Noelle Pumo

Submitted by Noelle Pumo on 09/15/2025 at 11:44 AM

Complete this form as the first step in any field trip process. You must have this form completed and approved before moving ahead with any planning.

Legal Name

Staff Submitting Form

First Name
Noelle

Last Name
Pumo

Purpose of trip*

- ○ Field Trip - One time
- ◉ Work-based Learning - Multiple times
- ○ Student Organization

Date of First or Only Trip*
09/18/2025

Last date of trip (same date if one day trip)*
10/28/2025

Select Program/CTSO *
Healthcare

Other Group Name

Which session(s) attending field trip?*

- ○ AM Session
- ○ PM Session
- ◉ BOTH
- ○ Multi-Group

Name of the Destination/Event
Ridge Park, whitemarsh elm, plymouth elm, CES

Address

Trip Location

Address 1
200 Karrs lane

City
conshohocken

State
Pennsylvania

Zip Code
19428

Are there Multiple Trips to Same Location?

☐ Yes ☑ No

Please enter the date of the first of multiple trips or one-time trip. Please notify Ms. Mason of the additionally scheduled trips.

Departure Time from CMTHS*
Self transport

Pick up Time from Trip Location*
self transport

Return Time back to CMTHS*
n/a

Bus Transportation Cost

○ Program Fan Pledge Fund

◉ Other Fund

Other Fund Account
n/a

Van - Reserve in Skedda

Approximate # Students*
21

Approximate # of Chaperones*
0

Head Chaperone's First & Last Name*
noelle pumo

Head Chaperone's Cell Phone #*
4848861464

Approximate Cost of Trip*
$0

File Upload(s)

Upload Information
No files uploaded

Add any additional information here:
9/18 Ridge park, 9/30 whitemarsh, 10/9 plymouth Elm , 10/28 CES
Students or parents will transport themselves; clinical time is 0830-1500.

Comments - Visible to all participants
I will email a list of students attending each session one week before.

Workflow Step 2 | Review & Approve (Or Deny) | Valerie Popov

Submitted by Valerie Popov on 09/15/2025 at 11:55 AM

Signed:
Valerie Popov
Time:
Mon at 11:54 AM
IP Address:
216.162.93.11, 107.154.68.28

User:
Valerie Popov
Email:
Vpopov@cmths.org

Comments - Visible to all participants (required for deny action)

Workflow Step 3 | Review & Approve (Or Deny) | Angela King

Submitted by Angela King on 09/15/2025 at 1:47 PM

Comments - Visible to all participants (required for deny action)

Workflow Step 4 | Review Form | Tamara Washington

Submitted by Tamara Washington on 09/16/2025 at 2:25 PM

Is this Perkins Funded?

☐ Yes ☑ No

Comments - Visible to all participants

Field Trip Request Form

Sent 06/13/2025 At 8:07 AM By Melissa Trocheck

Workflow Step 1 | Form Entry | Melissa Trocheck

Submitted by Melissa Trocheck on 06/13/2025 at 8:12 AM

Legal Name

Staff Submitting Form

First Name
Melissa

Last Name
Trocheck

Purpose of trip*

- ○ Field Trip - One time
- ◉ Work-based Learning - Multiple times
- ○ Student Organization

Select Program/CTSO *
Landscaping

Other Group Name

Which session(s) attending field trip?*

- ○ AM Session
- ○ PM Session
- ◉ BOTH
- ○ Multi-Group

Name of the Location
FluxSpace

Address

Trip Location

Address 1
56 Buttonwood st.

City
Norristown

State
Pennsylvania

Zip Code
19401

Are there Multiple Trips to Same Location?

- ☑ Yes
- ☐ No

Please enter the date of the first of multiple trips or one-time trip. Please notify Ms. Mason of the additionally scheduled trips.

Date of First or Only Trip*
09/22/2025

Departure Time from CMTHS*
8:00

Pick up Time from Trip Location*
9:30

Return Time back to CMTHS*
9:50

Bus Transportation Cost

- [ ] Program Fan Pledge Fund
- [ ] Other Fund

Other Fund Account

Van - Reserve in Skedda
Large Van

Approximate # Students*
10

Approximate # of Chaperones*
1-2

Head Chaperone's First & Last Name*
Melissa Trocheck

Head Chaperone's Cell Phone #*
7172781049

Approximate Cost of Trip*
0

File Upload(s)
Upload Information
No files uploaded

Link will display here

Comments - Visible to all participants
To work on their parking lot planting beds that we designed this spring. Will be multiple trips and may take several weeks.

Workflow Step 2 | Review & Approve (Or Deny) | James Brunken
Submitted by James Brunken on 06/16/2025 at 2:26 PM

James Brunken

Signed:
James Brunken
Time:

User:
James Brunken
Email:

06/16/2025 at 2:26 PM
IP Address:
216.162.93.11, 107.154.68.28

jbrunken@cmths.org

Comments - Visible to all participants (required for deny action)

Workflow Step 3 | Review Form | Tamara Washington

Submitted by Tamara Washington on 06/16/2025 at 3:04 PM

Comments - Visible to all participants

Field Trip Request

Sent Fri At 1:04 PM By Eileen Lawler

Workflow Step 1 | Form Entry | Eileen Lawler

Submitted by Eileen Lawler on 09/12/2025 at 1:13 PM

Complete this form as the first step in any field trip process. You must have this form completed and approved before moving ahead with any planning.

Legal Name

Staff Submitting Form

First Name
Eileen

Last Name
Lawler

Purpose of trip*

- (●) Field Trip - One time
- ( ) Work-based Learning - Multiple times
- ( ) Student Organization

Date of First or Only Trip*
10/17/2025

Last date of trip (same date if one day trip)*
10/17/2025

Select Program/CTSO *
Early Childhood

Other Group Name

Which session(s) attending field trip?*

- ( ) AM Session
- ( ) PM Session
- (●) BOTH
- ( ) Multi-Group

Name of the Destination/Event
Merrymaid Farms

Address

Trip Location

Address 1
2222 S. Valley Forge Rd

City
Lansdale

State
Pennsylvania

Zip Code
19446

Are there Multiple Trips to Same Location?

☐ Yes ☑ No

Please enter the date of the first of multiple trips or one-time trip. Please notify Ms. Mason of the additionally scheduled trips.

Departure Time from CMTHS*
9:00

Pick up Time from Trip Location*
12:30

Return Time back to CMTHS*
1:30

Bus Transportation Cost

○ Program Fan Pledge Fund

◉ Other Fund

Other Fund Account
We discussed we had the funds at the end of last year and wanted to use for field trips.

Van - Reserve in Skedda

Approximate # Students*
48

Approximate # of Chaperones*
2

Head Chaperone's First & Last Name*
Eileen Lawler

Head Chaperone's Cell Phone #*
484-571-4035

Approximate Cost of Trip*
$15 per student and bus

File Upload(s)
Upload Information
No files uploaded

Add any additional information here:
A field trip to the pumpkin patch and farm gives ECE students hands-on experience seeing how outdoor environments spark learning, creativity, and exploration. It's a chance to practice guiding children in fun, safe, and educational activities.

Comments - Visible to all participants

Workflow Step 2 | Review & Approve (Or Deny) | Valerie Popov

Submitted by Valerie Popov on 09/12/2025 at 1:34 PM

Signed:
Valerie Popov
Time:
Fri at 1:34 PM
IP Address:
216.162.93.11, 107.154.68.28

User:
Valerie Popov
Email:
Vpopov@cmths.org

Comments - Visible to all participants (required for deny action)

Workflow Step 3 | Review & Approve (Or Deny) | Angela King

Submitted by Angela King on 09/12/2025 at 2:45 PM

Comments - Visible to all participants (required for deny action)

Workflow Step 4 | Review Form | Tamara Washington

Submitted by Tamara Washington on 09/12/2025 at 3:01 PM

Is this Perkins Funded?

☐ Yes ☐ No

Comments - Visible to all participants

Field Trip Request

Sent Yesterday At 1:45 PM By Melissa Trocheck

Workflow Step 1 | Form Entry | Melissa Trocheck

Submitted by Melissa Trocheck on 09/16/2025 at 1:47 PM

Complete this form as the first step in any field trip process. You must have this form completed and approved before moving ahead with any planning.

Legal Name

Staff Submitting Form

First Name
Melissa

Last Name
Trocheck

Purpose of trip*

- Field Trip - One time
- (●) Work-based Learning - Multiple times
- Student Organization

Date of First or Only Trip*
10/17/2025

Last date of trip (same date if one day trip)*
10/21/2025

Select Program/CTSO *
Landscaping

Other Group Name

Which session(s) attending field trip?*

- AM Session
- PM Session
- (●) BOTH
- Multi Group

Name of the Destination/Event
Marthas Community Farm

Address

Trip Location

Address 1
1350 Pawlings Rd

City
Phoenixville

State
Pennsylvania

Zip Code
19460

Are there Multiple Trips to Same Location?

✔ Yes No

Please enter the date of the first of multiple trips or one-time trip. Please notify Ms. Mason of the additionally scheduled trips.

Departure Time from CMTHS*
8:00 AM

Pick up Time from Trip Location*
1:30 PM

Return Time back to CMTHS*
2:00 PM

Bus Transportation Cost

Program Fan Pledge Fund

◉ Other Fund

Other Fund Account

Van - Reserve in Skedda
Large Van

Approximate # Students*
9

Approximate # of Chaperones*
1

Head Chaperone's First & Last Name*
Melissa Trocheck

Head Chaperone's Cell Phone #*
7172781049

Approximate Cost of Trip*
0

File Upload(s)

Upload Information
No files uploaded

Add any additional information here:
2 Day long trips, first Friday 10/17 and second is 10/21

Comments - Visible to all participants

Workflow Step 2 | Review & Approve (Or Deny) | Valerie Popov

Submitted by Valerie Popov on 09/16/2025 at 1:49 PM

Valerie Popov

Signed:
Valerie Popov
Time:
Yesterday at 1:49 PM
IP Address:
216.162.93.11, 107.154.68.28

User:
Valerie Popov
Email:
Vpopov@cmths.org

Comments - Visible to all participants (required for deny action)

Workflow Step 3 | Review & Approve (Or Deny) | Angela King
Submitted by Angela King on 09/16/2025 at 2:19 PM

Comments - Visible to all participants (required for deny action)

Workflow Step 4 | Review Form | Tamara Washington
Submitted by Tamara Washington on 09/16/2025 at 2:23 PM

Is this Perkins Funded?*

☐ Yes*
✔ No*

Comments - Visible to all participants
Can "other fund" have more of a description?

Field Trip Request

Sent Fri At 12:57 PM By Edward Titus

Workflow Step 1 | Form Entry | Edward Titus

Submitted by Edward Titus on 09/12/2025 at 1:07 PM

Complete this form as the first step in any field trip process. You must have this form completed and approved before moving ahead with any planning.

Legal Name

Staff Submitting Form

First Name
Edward

Last Name
Titus

Purpose of trip*

- (●) Field Trip - One time
- ( ) Work-based Learning - Multiple times
- ( ) Student Organization

Date of First or Only Trip*
10/27/2025

Last date of trip (same date if one day trip)*
10/27/2025

Select Program/CTSO *
Exercise Sciences

Other Group Name
Allied Health

Which session(s) attending field trip?*

- ( ) AM Session
- ( ) PM Session
- (●) BOTH
- ( ) Multi-Group

Name of the Destination/Event
Widener University Field Trip

Address

Trip Location

Address 1
One University Pl, Chester, PA 19013

City
Chester

State
Pennsylvania

Zip Code
19335

Are there Multiple Trips to Same Location?

☐ Yes ☑ No

Please enter the date of the first of multiple trips or one-time trip. Please notify Ms. Mason of the additionally scheduled trips.

Departure Time from CMTHS*
7:30am

Pick up Time from Trip Location*
2:15pm

Return Time back to CMTHS*
3:00pm

Bus Transportation Cost

◉ Program Fan Pledge Fund

○ Other Fund

Other Fund Account

Van - Reserve in Skedda

Approximate # Students*
34

Approximate # of Chaperones*
2

Head Chaperone's First & Last Name*
Ed Titus

Head Chaperone's Cell Phone #*
6107315137

Approximate Cost of Trip*
Bus

File Upload(s)

Upload Information
No files uploaded

Add any additional information here:

Comments - Visible to all participants

Workflow Step 2 | Review & Approve (Or Deny) | Valerie Popov
Submitted by Valerie Popov on 09/12/2025 at 1:31 PM

Valerie Popov

Signed:
Valerie Popov
Time:
Fri at 1:31 PM
IP Address:
216.162.93.11, 107.154.68.28

User:
Valerie Popov
Email:
Vpopov@cmths.org

Comments - Visible to all participants (required for deny action)

Workflow Step 3 | Review & Approve (Or Deny) | Angela King

Submitted by Angela King on 09/12/2025 at 2:46 PM

Comments - Visible to all participants (required for deny action)

Workflow Step 4 | Review Form | Tamara Washington

Submitted by Tamara Washington on 09/12/2025 at 2:48 PM

Is this Perkins Funded?

☑ Yes ☐ No

Comments - Visible to all participants

Field Trip Request

Sent 09/04/2025 At 2:03 PM By Debora Broderick

Workflow Step 1 | Form Entry | Debora Broderick

Submitted by Debora Broderick on 09/04/2025 at 2:07 PM

Complete this form as the first step in any field trip process. You must have this form completed and approved before moving ahead with any planning.

Legal Name

Staff Submitting Form

First Name
Debora

Last Name
Broderick

Purpose of trip*

- (●) Field Trip - One time
- ( ) Work-based Learning - Multiple times
- ( ) Student Organization

Date of First or Only Trip*
11/14/2025

Last date of trip (same date if one day trip)*
11/14/2025

Select Program/CTSO *
Educators Rising

Other Group Name

Which session(s) attending field trip?*

- ( ) AM Session
- ( ) PM Session
- (●) BOTH
- ( ) Multi-Group

Name of the Destination/Event
Educators Rising Fall Conference

Address

Trip Location

Address 1
Millersville University 40 Dilworth Rd,

City
Millersville, PA

State
Pennsylvania

Zip Code
17551

Are there Multiple Trips to Same Location?

☐ Yes ☑ No

Please enter the date of the first of multiple trips or one-time trip. Please notify Ms. Mason of the additionally scheduled trips.

Departure Time from CMTHS*
7:45AM

Pick up Time from Trip Location*
4:00PM

Return Time back to CMTHS*
5:30PM

Bus Transportation Cost

◉ Program Fan Pledge Fund

○ Other Fund

Other Fund Account

Van - Reserve in Skedda

Approximate # Students*
20

Approximate # of Chaperones*
2

Head Chaperone's First & Last Name*
Deb Broderick

Head Chaperone's Cell Phone #*
6108361536

Approximate Cost of Trip*
Free except transport

File Upload(s)
Upload Information
No files uploaded

Add any additional information here:

Comments - Visible to all participants

Workflow Step 2 | Review & Approve (Or Deny) | Valerie Popov
Submitted by Valerie Popov on 09/04/2025 at 2:14 PM

Valerie Popov

Signed:
Valerie Popov
Time:
09/04/2025 at 2:14 PM
IP Address:
216.162.93.11, 107.154.68.28

User:
Valerie Popov
Email:
Vpopov@cmths.org

Comments - Visible to all participants (required for deny action)
This is also Fall Leadership. Not sure if that will create any conflicts.

Workflow Step 3 | Review & Approve (Or Deny) | Angela King

Submitted by Angela King on 09/12/2025 at 2:45 PM

Comments - Visible to all participants (required for deny action)

Workflow Step 4 | Review Form | Tamara Washington

Submitted by Tamara Washington on 09/12/2025 at 2:48 PM

Is this Perkins Funded?

☒ Yes ☐ No

Comments - Visible to all participants

Field Trip Request

Sent 09/18/2025 At 1:25 PM By Michael Hoult

Workflow Step 1 | Form Entry | Michael Hoult

Submitted by Michael Hoult on 09/18/2025 at 1:31 PM

Complete this form as the first step in any field trip process. You must have this form completed and approved before moving ahead with any planning.

Legal Name

Staff Submitting Form

First Name
Michael

Last Name
Hoult

Purpose of trip*

- (●) Field Trip - One time
- ( ) Work-based Learning - Multiple times
- ( ) Student Organization

Date of Trip*
11/20/2025

Is this an overnight trip?*
No

If yes, what is the return date?

Select Program/CTSO *
Auto Tech

Other Group Name

Which session(s) attending field trip?*

- ( ) AM Session
- ( ) PM Session
- (●) BOTH
- ( ) Multi-Group

Name of the Destination/Event
Automotive Training Center

Address

Trip Location

Address 1
900 Johnsville blvd

City
warminster

State
Pennsylvania

Zip Code
18974

Are there Multiple Trips to Same Location?*

☐ Yes* ☑ No*

If yes, enter additional dates of trip:

Departure Time from CMTHS*
8:15am

Pick up Time from Trip Location*
1:30

Return Time back to CMTHS*
2:00

Do you need a bus?*
No

Van - Reserve in Skedda

Approximate # Students*
45

Head Chaperone's First & Last Name*
Michael E Hoult

Head Chaperone's Cell Phone #*
267-432-7033

Approximate # of Chaperones/Names of Chaperones*
Alex Minnick

Approximate Cost of Trip*
0

File Upload(s)
Upload Information
No files uploaded

Add any additional information here:
ATC will cover the cost of the bus and provide lunch to the instructors and students attending the trip.

Comments - Visible to all participants
This field trip will be used for industry awareness and we will go to tour a local employer and hear about career opportunities.

Workflow Step 2 | Review & Approve (Or Deny) | Valerie Popov
Submitted by Valerie Popov on 09/18/2025 at 2:18 PM

Valerie Popov

Signed:
Valerie Popov
Time:
09/18/2025 at 2:18 PM
IP Address:
216.162.93.11, 107.154.68.28

User:
Valerie Popov
Email:
Vpopov@cmths.org

Comments - Visible to all participants (required for deny action)
We will just have to ensure the shop is cleaned for the Open House on the evening of 11/20/25.

Workflow Step 3 | Review & Approve (Or Deny) | Angela King

Submitted by Angela King on 09/19/2025 at 1:51 PM

Comments - Visible to all participants (required for deny action)

Workflow Step 4 | Review & Approve (Or Deny) | Tamara Washington

Submitted by Angela King on 09/19/2025 at 1:55 PM

Is this Perkins Funded?

☐ Yes ☐ No

Comments - Visible to all participants (required for deny action)

Field Trip Request

Sent 09/22/2025 At 11:33 AM By Joseph Renzi

Workflow Step 1 | Form Entry | Joseph Renzi

Submitted by Joseph Renzi on 09/22/2025 at 11:46 AM

Complete this form as the first step in any field trip process. You must have this form completed and approved before moving ahead with any planning.

Legal Name

Staff Submitting Form

First Name
Joseph

Last Name
Renzi

Purpose of trip*

- (●) Field Trip - One time
- ( ) Work-based Learning - Multiple times
- ( ) Student Organization

Date of Trip*
12/09/2025

Is this an overnight trip?*
No

If yes, what is the return date?

Select Program/CTSO *
Public Safety

Other Group Name

Which session(s) attending field trip?*

- ( ) AM Session
- ( ) PM Session
- (●) BOTH
- ( ) Multi-Group

Name of the Destination/Event
Fort Indiantown Gap

Address

Trip Location

Address 1
Clement Ave

City
Fort Indiantown Gap

State
Pennsylvania

Zip Code
17003

Are there Multiple Trips to Same Location?*

☐ Yes* ☑ No*

If yes, enter additional dates of trip:

Departure Time from CMTHS*
0800hrs

Pick up Time from Trip Location*
0800hr

Return Time back to CMTHS*
1500hr

Do you need a bus?*
No

Van - Reserve in Skedda

Approximate # Students*
22

Head Chaperone's First & Last Name*
Joe Renzi

Head Chaperone's Cell Phone #*
6103426029

Approximate # of Chaperones/Names of Chaperones*
Sgt. Tyler Feight

Approximate Cost of Trip*
$0.00

File Upload(s)
Upload Information
No files uploaded

Add any additional information here:
PA Army National Guard will be providing transportation to and from the facility. They will also be providing lunch for the students. Student will tour the base. They will have access and training to the Guard's Firearms training simulator. Students will be run through various scenarios. (Tasks: 204/205). If time permits, there will be a tour of the Air Wing of the base where a variety of helicopters and planes are housed. The planned date of the trip is 12/9 or 12/10. Sgt Feight had to confirm with the base.

Comments - Visible to all participants

Workflow Step 2 | Review & Approve (Or Deny) | Valerie Popov

Submitted by Valerie Popov on 09/24/2025 at 10:04 AM

Valerie Popov

Signed:
Valerie Popov
Time:
09/24/2025 at 10:04 AM
IP Address:
216.162.93.11, 198.143.41.36

User:
Valerie Popov
Email:
Vpopov@cmths.org

Comments - Visible to all participants (required for deny action)

Workflow Step 3 | Review & Approve (Or Deny) | Angela King

Submitted by Angela King on 10/03/2025 at 2:28 PM

Comments - Visible to all participants (required for deny action)

Workflow Step 4 | Review & Approve (Or Deny) | Tamara Washington

Submitted by Tamara Washington on 10/03/2025 at 2:45 PM

Is this Perkins Funded?

☐ Yes ☑ No

Comments - Visible to all participants (required for deny action)

Field Trip Request

Sent 09/17/2025 At 1:17 PM By Debora Broderick

Workflow Step 1 | Form Entry | Debora Broderick

Submitted by Tamara Washington on 09/19/2025 at 2:12 PM

Complete this form as the first step in any field trip process. You must have this form completed and approved before moving ahead with any planning.

Legal Name

Staff Submitting Form

First Name
Debora

Last Name
Broderick

Purpose of trip*

- ○ Field Trip - One time
- ○ Work-based Learning - Multiple times
- ◉ Student Organization

Date of First or Only Trip*
03/12/2026

Last date of trip (same date if one day trip)*
03/13/2026

Select Program/CTSO *
Educators Rising

Other Group Name

Which session(s) attending field trip?*

- ◉ AM Session
- ○ PM Session
- ○ BOTH
- ○ Multi-Group

Name of the Destination/Event
Educators Rising State Competition & Conference

Address

Trip Location

Address 1
200 W Park Ave

City
State College

State
Pennsylvania

Zip Code
16803

Are there Multiple Trips to Same Location?

☐ Yes ☑ No

Please enter the date of the first of multiple trips or one-time trip. Please notify Ms. Mason of the additionally scheduled trips.

Departure Time from CMTHS*
8:00 AM

Pick up Time from Trip Location*
4:00PM

Return Time back to CMTHS*
7:30PM

Bus Transportation Cost

○ Program Fan Pledge Fund

◉ Other Fund

Other Fund Account
CTSO

Van - Reserve in Skedda
Large Van

Approximate # Students*
18

Approximate # of Chaperones*
2

Head Chaperone's First & Last Name*
Debora Broderick

Head Chaperone's Cell Phone #*
6108361536

Approximate Cost of Trip*
$750

File Upload(s)

Upload Information
No files uploaded

Add any additional information here:

Comments - Visible to all participants

Workflow Step 2 | Review & Approve (Or Deny) | Valerie Popov

Submitted by Valerie Popov on 09/22/2025 at 7:30 AM

Valerie Popov

Signed:
Valerie Popov
Time:
09/22/2025 at 7:29 AM
IP Address:
216.162.93.11, 107.154.68.28

User:
Valerie Popov
Email:
Vpopov@cmths.org

Comments - Visible to all participants (required for deny action)
conflict with Spring OAC

Workflow Step 3 | Review & Approve (Or Deny) | Angela King

Submitted by Angela King on 09/22/2025 at 10:40 AM

Comments - Visible to all participants (required for deny action)

Workflow Step 4 | Review Form | Tamara Washington

Submitted by Angela King on 09/22/2025 at 10:42 AM

Is this Perkins Funded?*

☐ Yes* ☑ No*

Comments - Visible to all participants

Willam James (jim) Stepter, Jr.

Email: _____
Address: _____

Work Experience

Arconic | Pittsburgh, PA
SR MARKETING MANAGER 10/1988 - 07/2024
Manage growth of aluminum metal products into the automotive, industrial and aerospace industries

Exxon Mobile | Houston, TX
SALES MANAGER 09/1980 - 06/1988
Grew business by over 20% for both companies

Education

Master's degree, Leadership 09/2017 - 05/2020
Rosemont College

Bachelor's degree, Chemical Engineering 08/1975 - 05/1980
Howard University

Skills

- Computer savvy - 10+ Year(s) of Experience
- Excel - 10+ Year(s) of Experience
- Word, Out Look, Access - 10+ Year(s) of Experience
- Teams and Zoom - Year(s) of Experience

References are available upon request

DAVID J. BUCKO

XXX-XXX-XXXX
EMAIL ADDRESS

OBJECTIVE

To utilize my experience in varied fields including woodworking, construction, and automotive, in addition to my business experience and motivational experience from coaching to engage students to help them gain knowledge and experience relevant to possible career paths.

SKILLS & ABILITIES

10 years of hands-on experience in woodworking and general contracting, 8 of those years operating my own business. 8 years of hands-on experience as an ASE mechanic working in both a general shop as well as at a dealership, plus an additional year and a half experience in Automotive technical school. 2 ½ years coaching high school track and field at Plymouth Whitemarsh High School, successfully motivating kids to reach their highest potential. Organizational skills in developing, implementing, and overseeing projects and programs through business and management.

EXPERIENCE

2023 – Present

Assistant T&F Coach, Plymouth Whitemarsh H.S.

Coach boys distance group, developed and implemented an in-season program for the boys distance runners. Developed potential, built a team culture, taught and implemented a foundation in all areas of track and field necessary for athletes to reach their goals and potential.

2018 – Present

General Contractor
DJ and D Coordinated Designs LLC

Self employed general contractor. Perform most work associated with both small and large jobs, small being building furniture to large being complete remodels. Market and sell business services. Plan, organize, coordinate, and implement all project aspects. Work with and coordinate subcontractors. Manage all administrative and financial aspects of projects and the business.

Additional related experience available upon request

EDUCATION

2005 – 2006

Automotive Technician Certification

Lincoln Automotive Technical School

08/1996 – 06/2000

B.S. Hospitality Management
East Stroudsburg University

COMMUNICATION

Strong communication skills, that allow the ability to collaborate with other teachers and motivate and engage the students, and to support them and the school in learning the skills necessary for their related areas of interest.

LEADERSHIP

Ability to manage multiple aspects and individuals at a time while maintaining a macro view of the end goals in conjunction with effectively managing the micro aspects of projects.

DORIS ANN LEAHY

MASTER STYLIST

_____, PA

XXX.XXX.XXXX

email address

CORE COMPETENCIES

Lesson plan development

Classroom management

Curriculum delivery

Student assessment

Demonstration of techniques

Advanced hair cutting

Coloring and styling

Chemical applications

Manicuring and pedicuring

Pennsylvania State Board regulations

Sanitation and safety protocols

EDUCATION

Wilfred Beauty Academy
Philadelphia, PA
1983 – 1985

LICENSES & CERTIFICATIONS

Cosmetology Teachers License (PA)

Child Abuse History Certificate (Pennsylvania Act 151 Clearance)

Criminal Record Check (Pennsylvania State Police Background Check, Act 34)

Certification ID and PDE ID available upon request.

PROFESSIONAL PROFILE

Licensed Cosmetology Teacher with over 40 years of salon experience and a lifelong commitment to the beauty industry. Adept at mentoring new cosmetologists through both practical and theoretical training, with a strong background in salon management and state board regulations. Eager to contribute to the CMTHS program and inspire the next generation of professionals.

PROFESSIONAL EXPERIENCE

THE HAIR DESIGNER **2006– PRESENT**
Conshohocken, PA

Doris Ann provides a full range of cosmetology services, specializing in advanced cutting, coloring, and styling that foster a loyal client base. She mentors junior stylists and salon assistants, sharing best practices in technique, customer service, and industry standards. In addition, she manages scheduling and inventory to ensure smooth daily salon operations.

Provided a full range of cosmetology services, including advanced cutting, coloring, and styling, while building and maintaining a loyal client base.

Mentored junior stylists and salon assistants on customer service, technique, and industry practices.

Managed client scheduling and inventory, ensuring smooth and efficient salon operations.

COMMAND PERFORMANCE/HAIR PRO **1988 – 2006**
Philadelphia, PA

During her tenure, Doris Ann built and maintained a strong client book, consistently exceeding expectations and enhancing the salon's reputation. She expanded her expertise across diverse styling techniques and product applications. Her commitment to sanitation and safety upheld compliance with all state board requirements.

Built and grew a successful client book, consistently exceeding client expectations and contributing to the salon's strong reputation.

Developed expertise in wide variety of hair styling techniques and product knowledge.

Maintained strict sanitation and safety protocols in compliance with state board regulations.

ELEANOR HAYDEN **1984 – 1986**
Wynnewood, PA

Beginning her career at Eleanor Hayden, Doris Ann gained valuable hands-on experience immediately after licensing. She supported senior stylists while delivering a wide range of hair care services. This early role laid the foundation for her long-term success in the cosmetology field.

Professional Improvement Conference/Workshop Request Form

General Info

User	**Kendall Wilson**
Building	Central Montco Technical High School
Employee ID	428299
Submitted	7/9/2025 2:24 pm
Dates	9/16/2025 to 9/16/2025
Reference ID	D22963-A0-S-L136801637

File Attachment

Please check off supporting documentation:

Activity Information

Name of Conference or Workshop:	Safety-Care (v7) ' Recertification
Brief Description of Conference/Workshop:	Safety-Care is more than crisis management training; it provides the skills and competencies necessary to effectively prevent, minimize, and manage behavioral challenges with dignity, safety, and the possibility of change.
Purpose or reason for attending this conference/workshop	To remain certified to teach the Safety-Care curriculum to CMTHS staff.
Other attendees: (they will fill out THEIR OWN FORMS to gain permission to attend):	N/A
Conference/Workshop URL:	https://qbs.com/safety-care-crisis-prevention-training/

Dates, Times, Location, Sub needed?

# of Meetings = # of Days for the Conference/Workshop

Any canceled meeting dates will not update on this page. Always reference the original activity information for up-to-date session details.

# of Meetings 1

#	Date	Time	Location
1.	Tue Sep 16, 2025	8:30 am to 4:30 pm	Location: King of Prussia

Provider of Training

Provider:	
Other Provider	QBS Safety Care

Estimated Expenses:(to be completed when submitting application for approval)

Registration Fee:	799.00
Transportation :	0.00
Lodging (include all taxes):	0.00
Meals:	0.00

Mileage (Multiply the amount of miles to the activity minus the amount of miles from home to work by .70 and put the dollar amount here))	0.00
Total Estimated Cost for Conference/Workshop:	799.00
Enter the Total # of Miles	0

Number of Act 48 hours you are seeking

Total Act 48 Hours:	0.00

Purpose(s)

Purpose:	✔ **Not for Act 48**

Source of Funding

Budgeted General Funds:
Check #:
Amount:

Finish

Administrator's Section

Approval Summary

Administrator	Approval Type	Status	Date
King, Angela	PRIOR	APPROVED7/28/2025 8:10 am	
MacInnes, Carol	PRIOR	PENDING	
Popov, Valerie	PRIOR		
King, Angela	FINAL		

Comments

From Kendall Wilson (Form originally submitted on 7/9/2025 2:24 pm)
0

Expenses

Description	Requested	Approved	Final
Registration	$799.00	----------	----------
Transportation	$0.00	----------	----------
Meals	$0.00	----------	----------
Lodging	$0.00	----------	----------
Other Expenses	$0.00	----------	----------
Totals	$799.00		

Evaluation(s)

Received	Not Completed - 2024-2025 Workshop Evaluation Form

Class Information

Class Name
Safety-Care (v7) | Recert | King of Prussia, PA

Class Start Date and Time
9/16/2025, 08:30 AM

Class End Date and Time
9/16/2025, 04:30 PM

Address
301 West Dekalb Pike, King of Prussia, Pennsylvania, 19406

Availability
1

Recert
$799.00

Training Description

The 1-day Safety-Care® trainer recerfication class provides attendees with review, Q&A, practice, and assessment of the skills necessary to effectively teach the Safety-Care curriculum. It covers the core curriculum in an accelerated format with particular focus on competencies, role plays, teaching procedures, and training standards.

This is certification class requires participants to fully attend, actively participate, learn, and demonstrate proficiency with verbal and physical skills in order to pass. Safety-Care trainers may only conduct training for staff within their organization of record. For more detail, visit our Safety-Care website or call 855-QBS-MAIN.

Register for Event

Professional Improvement Conference/Workshop Request Form

General Info

User	**Joedy Johnson**
Building	Central Montco Technical High School
Employee ID	827519
Submitted	9/10/2025 11:09 am
Dates	9/24/2025 to 9/24/2025
Reference ID	D22963-A0-S-L138986335

File Attachment

Please check off supporting documentation:

Activity Information

Name of Conference or Workshop:	Anti-Terrorism
Brief Description of Conference/Workshop:	planning and securing large-scale school events
Purpose or reason for attending this conference/workshop	Professional Development Training
Other attendees: (they will fill out THEIR OWN FORMS to gain permission to attend):	n/a

Dates, Times, Location, Sub needed?

# of Meetings = # of Days for the Conference/Workshop

Any canceled meeting dates will not update on this page. Always reference the original activity information for up-to-date session details.

# of Meetings 1

#	Date	Time	Location
1.	Wed Sep 24, 2025	7:30 am to 3:00 pm	Location: 1001 N. Delaware Avenue, Philadelphia PA 19125

Provider of Training

Provider:	
Other Provider	Pennsylvania State Police

Estimated Expenses:(to be completed when submitting application for approval)

Registration Fee:	0.00
Transportation :	0.00
Lodging (include all taxes):	0.00
Meals:	0.00
Mileage (Multiply the amount of miles to the activity minus the amount of miles from home to work by .70 and put the dollar amount here))	21.00

Total Estimated Cost for Conference/Workshop:	0
Enter the Total # of Miles	30

Number of Act 48 hours you are seeking

Total Act 48 Hours:	6.50

Purpose(s)

Purpose:	✔ **Not for Act 48**

Source of Funding

Budgeted General Funds:
Check #:
Amount:

Finish

Administrator's Section

Approval Summary

Administrator	Approval Type	Status	Date
King, Angela	PRIOR	APPROVED9/12/2025 2:53 pm	
Popov, Valerie	PRIOR	APPROVED9/15/2025 7:42 am	
King, Angela	FINAL		

Comments

From Joedy Johnson (Form originally submitted on 9/10/2025 11:09 am)
30

Expenses

Description	Requested	Approved	Final
Registration	$0.00	----------	----------
Transportation	$0.00	----------	----------
Meals	$0.00	----------	----------
Lodging	$0.00	----------	----------
Other Expenses	$0.00	----------	----------
Totals	$21.00	$0.00	

Evaluation(s)

Received	Not Completed - 2024-2025 Workshop Evaluation Form