**Board Memo**

**DATE:** 8/3/2023

**AGENDA ITEM DETAILS:**

**School/Department**

Special Education

**Product Vendor or Grant Issuer**

Shorten Day for Students

**Product or Grant Name**

N/A

**Date/Term (Beginning and End Dates/Year)**

23-24 School Year

**APPLICABLE BOARD POLICY & STRATEGIC PLAN GOAL:**

9.1221

**DESCRIBE USE OF CONTRACT/PURCHASE/AGREEMENT**

The district is requesting approval for a shortened day for ten students for the 2023-2024 school year due to medical needs.

If you have any questions please contact Jodi Hall, Director of Special Education.

**FUNDING FOR PURCHASES AND OTHER REQUESTS:**

**Total Cost**

N/A

**Funding Source**

N/A

 **\*If more than one funding source, list below along with amount or percent for each source**

N/A

**IF THIS IS A GRANT, ENTER AMOUNT TO BE AWARDED:**

N/A

**RECOMMENDATION:**

I recommend the board approve this item as presented.

Dr. Jim Detwiler, Deputy Superintendent/CAO

**CONTACT PERSON: (submitter)**

Jodi Hall, Director of Special Education