

**Kentucky Department of Education
Division of Learning Services Services
NOTICE OF SHORTENED SCHOOL DAY and/or WEEK**

Date of Request: 8/4/23

Academic Year: 23-24

Special Education Cooperative	GRREC		
District:	Simpson County	District Number:	535
Director of Special Education:	Kelly Baker	Phone Number:	270-586-8877
School:	Franklin Elementary		
Principal:	J'Nora Anderson		

Student Information			
Full Name:		Disability:	Developmental Delay
Age:	5	SSID:	

Teacher Information			
Full Name:	Haley Arterburn	Grade Taught:	Kindergarten through
Classroom Type:	General Education Teacher		
Special Education Code:			

Type of Request (Check all that apply):

☐ Shortened Week ☒ Shortened Day

Shortened School Week (SSW):

1a. What are the days of attendance for this student according to current IEP?

N/A

1b. Describe the reason(s) why this student requires a **Shortened School Week**:

N/A

1c. Provide the typical beginning and ending time for students in this school?

BEGINNING TIME: ENDING TIME:

- 1d. Provide the beginning and ending times for this student according to current IEP?
BEGINNING TIME: ENDING TIME:

Shortened School Day (SSD):

2a. Describe the reason(s) why this student requires a **Shortened School Day**:

_____ has a diagnosis of Autism and Impulsive Control disorder as well as seizures. _____ is under the care of. Mark Lowry MD and Elizabeth Hawkins DNP. The medical professionals submitted a statement recommending a shortened school day due to aggressive behaviors such as biting, hitting, head banging, and kicking. It is felt the shortened school day will allow needed time to reduce occurrences of aggressive behaviors and improve his physical/mental well-being.

2b. Provide the typical beginning and ending time for students in this school?

BEGINNING TIME: 8:00 ENDING TIME: 3:00

2c. Provide the beginning and ending times for this student according to the current IEP?

BEGINNING TIME: 8:00 ENDING TIME: 11:00

3. Is this student returning to school after being in a Home/Hospital Instruction Program?

☐ Yes ☒ No

If yes, describe circumstances:

N/A

4. Identify steps the ARC will take to promote full attendance for this student in the future?

The ARC met on 5/19/2023 and 8/4/2023 in regards to transition plans for _____ moving from Cultivate to Franklin Elementary for Kindergarten. The ARC is determined to meet back every 6 weeks (estimate) to discuss behaviors, progress in the classroom, and progress toward IEP goals. These meetings will allow for discussion and plans to increase time at school for _____ when appropriate, upon success toward these goals.

The first meeting will be at the end of September. The ARC will discuss plans for next meeting dates.

Possible planned meeting dates may include: End of September, Middle of November, prior to Winter Break, mid- February, prior to Spring Break. These dates are subject to change concurrent with school and Cultivate data.

5. Has a shortened school day been requested for this student in previous school years?

☐ Yes ☒ No

If yes, list the previous school year(s):

6. Is there a signed Physician statement:

☒ Yes ☐ No

IMPORTANT

The district must maintain the following documentation for all Shortened School Days approved by the Local Board of Education:

Approval by the Local Board of Education (**STUDENT CONFIDENTIALITY** procedures **MUST** be followed when listing student information in the Local Board Minutes.);

Minutes of the ARC meeting documenting the ARC decision that a shortened school day is needed;

A copy of the student's IEP documenting the shortened school day; and

A copy of the Physician statement of the medical need.

FOR LOCAL USE ONLY

LOCAL BOE APPROVED:

☐

Yes

☐

No

DATE:

FOR KDE USE ONLY

WAIVER NO.:

DATE:

RECEIVED AT KDE:

DATE:

(Reviewer's Initials)

Simpson County 430 S College St Simpson County Franklin, KY 42135 (270)586-8877		CONFERENCE SUMMARY REPORT	
Student's Full Name:	SSID:	ARC Date: 08/04/2023	
Date of Birth:	Grade: 00		
School: Franklin Elementary School			

BASIS FOR THE ARC DECISIONS		
I. DESCRIPTION OF EACH EVALUATION PROCEDURE, TEST, RECORD, OR REPORT USED AS BASIS FOR THE ARC DECISIONS. The following items were considered. (See attached explanation of evaluation procedures.):		
<input type="checkbox"/> Written Assessment Report Date: <input checked="" type="checkbox"/> Student Progress in Achieving IEP Goals <input type="checkbox"/> Intervention Data <input type="checkbox"/> Referral <input type="checkbox"/> Educational History <input type="checkbox"/> Developmental History <input type="checkbox"/> Vision Screening <input type="checkbox"/> Hearing Screening <input type="checkbox"/> Health Screening <input type="checkbox"/> Communication Screening <input type="checkbox"/> Cognitive Screening <input type="checkbox"/> Academic Performance Screening <input type="checkbox"/> Motor Screening <input type="checkbox"/> Social/Emotional Competence Screening <input type="checkbox"/> Motor Abilities <input type="checkbox"/> Multi-Year Course of Study	<input type="checkbox"/> Developmental Assessment <input type="checkbox"/> Behavior Observations <input type="checkbox"/> Communication Assessment <input type="checkbox"/> Receptive Language Assessment <input type="checkbox"/> Expressive Language Assessment <input type="checkbox"/> Speech Sound Production Assessment <input type="checkbox"/> Oral Mechanism Evaluation <input type="checkbox"/> Fluency Evaluation <input type="checkbox"/> Voice Evaluation <input type="checkbox"/> Augmentative Comm. Assessment <input type="checkbox"/> Hearing Evaluation <input type="checkbox"/> Vision Evaluation <input type="checkbox"/> Braille Skills Inventory <input type="checkbox"/> Individual Learning Plan (ILP) <input type="checkbox"/> Functional Vision/Learning Media Assessment <input type="checkbox"/> Perceptual Abilities Assessment <input checked="" type="checkbox"/> Other Data: (Specify Below if Any)	<input type="checkbox"/> Academic Performance Assessment <input type="checkbox"/> Physical Therapy Assessment <input type="checkbox"/> Occupational Therapy Assessment <input type="checkbox"/> Assistive Technology Evaluation <input type="checkbox"/> Social/Cultural Factors <input type="checkbox"/> Behavior Rating Scales <input type="checkbox"/> Adaptive Behavior Scale <input type="checkbox"/> Social Competence Assessment (Emotional/Behavioral) <input type="checkbox"/> Behavioral Data/Logs <input type="checkbox"/> Discipline Referral(s) <input type="checkbox"/> Functional Behavior Assessment (FBA) <input type="checkbox"/> Technical/Vocational Assessment <input type="checkbox"/> Individual Family Service Plan (IFSP) <input type="checkbox"/> Orientation and Mobility Assessment <input type="checkbox"/> Health/Medical Evaluation or Statement <input type="checkbox"/> Cognitive/Intellectual Assessment
Information form BCBA		
II. DOCUMENT PARENT CONCERNS AND INPUT		
see summary notes		

III. OPTIONS/ACTIONS CONSIDERED AND REASONS FOR THE DECISIONS**D. DISCIPLINARY REVIEW**

*See Summary Notes Section

E. IEP DEVELOPED/REVIEWED/REVISED

- (A new IEP must be developed at least annually for continued eligibility).
 - ☐ An Individual Education Program has been developed, reviewed, or revised.
 - ☒ An Individual Education Program has been reviewed and remains appropriate until Annual Review.
 - ☐ An Individual Education Program has NOT been developed, reviewed, or revised.

F. PLACEMENT OPTIONS AND DECISIONS

- Based on the review of assessment data and the completed IEP, the ARC discussed the following placement option(s):

Placement Option Considered	Accepted	Reason Accepted/Rejected
Full time general education environment (Participation only in the regular education environment, including classes with co-teaching)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Data supports that _____ will require supports through special education services and a collaborative effort with Cultivate Behavior Therapy to allow him access to the general education curriculum and support his deficits. _____ will receive special education services and will be provided time within the general education setting.
Part-time general education and Part-time special education environment. (Participation in regular education, which may include co-teaching, and special education environments; any time the student is removed from regular education, regardless of the amount of time)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Data supports that _____ will require supports through special education services and a collaborative effort with Cultivate Behavior Therapy to allow him access to the general education curriculum and support his deficits. _____ will receive special education services and will be provided time within the general education setting.
Full-time special education environment (Participation only in a special education environment; no participation with non-disabled peers for any part of school day)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	This option is too restrictive to best meet _____ needs and to allow for socialization with same age peers.

Consideration of Potential Harmful Effects

- ☒ There are no potential harmful effects of the placement on the child or on the quality of services needed by the child.
- ☐ Potential harmful effects identified and modifications to compensate are outlined below:

V. MEDICAID

- ☒ Annual written notice was provided to the parent in order to submit claims for Medicaid Reimbursement.
- ☐ In addition to covered services on the student's IEP and/or covered evaluation outlined through evaluation planning, collateral services will be provided by qualified providers as needed.
- ☐ Student is not eligible for Medicaid.

VI. OTHER FACTORS RELEVANT TO THE ACTION**Identified factors relevant to the action as follows specified below:**☒ None identified☐ Identified factors relevant to the action as follows: _____**VII. ADMISSION AND RELEASE COMMITTEE MEMBERS**

I have been advised, in my native language, and I understand the contents of this notice. I have a copy and have received an explanation of my procedural safeguards as parent of a student with a disability or as a student with a disability. I understand that I can receive an additional copy of my procedural safeguards, a further explanation of my rights, or assistance in understanding the content of this notice by contacting the student's school or the Director of Special Education.

Parent(s)/Student*: _____☒ Parent participated via alternate means.**Typed/Printed Name(s):** _____***(if age 18 or older or younger if appropriate)**☐ Parents did not attend meeting. A copy of Parent Rights, if necessary, and appropriate Due Process forms were:**Date:** 08/04/2023 _____☒ Mailed☐ Delivered by school personnel☐ Sent home with student☐ Emailed☐ Sent by fax

J'Nora Anderson

Chairperson**Signature**

Chesley Craine

Counselor**Signature**

Haley Arterburn

**General Education
Teacher****Signature**

Morgan Williams

**Special Education
Teacher****Signature**

Kayla Meredith Velotta

BCBA**Signature**

Kelly Baker

**Director of Special
Education****Signature**

Chris Pyles

Assistant Principal**Signature****SUMMARY NOTES****Purpose of Meeting**

- At your request to discuss: Transition to Kindergarten - Follow-Up

SUMMARY NOTES

Summary Notes

Student: Date: 8/4/23

ARC Membership:

Members of the ARC Committee included:

Parent - ; via Google Meet

Chairperson - J'Nora Anderson

SPED teacher- Morgan Williams

General Education Teacher - Haley Arterburn

Kelly Baker, Director of Special Education

Chris Pyles, Assistant Principal

Kayla Meredith Velotta, BCBA (Cultivate)

Chesley Craine, School Counselor

Introductions were made and attendance was recorded for members of the ARC.

Meeting was scheduled between mom and school counselor, therefore no formal meeting notices were prepared. 7 Day meeting notice waiver was sent home for permission for meeting.

Parental Safeguards:

Parent(s) were provided a copy of the procedural safeguards with a verbal explanation of those rights offered by

Parent(s) were also informed that Parental Rights could be accessed at anytime on the Simpson County Schools District website under Menu, Programs and then Special Education. Parent(s) had no questions regarding their rights at this time but were encouraged to ask anything that might come up during the course of the meeting. Parent(s) accepted/ declined a copy of the procedural safeguards.

Purpose of Meeting:

The purpose of this ARC meeting was discussed as a transition meeting to transition the student from kindergarten to first grade and to discuss additional information on shortened school day and outside therapist attending school with

The IEP was reviewed and no changes were made at this meeting.

Parent Input: BCBA states he's done well. They just finished a reassessment. He scored 45 points higher over the last six months in various areas. Increase social growth...in a month and half have not had any really big outbursts. Hoping to keep that consistent with him transitioning to FES. Been identifying things, tracing, working on recall, recalling emergency information (city, state and will add school). Bathroom usage has improved...requests have been pretty good...still see behaviors with the use of no, aggression, property damage, etc...but have tried to work on modeling what it looks like in the classroom with lots of peers. Very new on raising hands...sitting at a desk is much better (30 minutes so far). Morgan-does he have any fidgets while he's sitting? BCBA- he doesn't really need them, we've faded them out, but if he's overwhelmed we try to redecorate him and give him something else to do.

Counselor- mom you shared some information health wise with Ms. Anderson at registration, can you share that with the team? Has anything changed since we met last time?

Mom-ummm no he hasn't had any new appointments. He has a neurologist appointment coming up next month. There has been an increase in his epilepsy meds, but that's about it.

Counselor-what was the reasoning for upping the meds

Mom-he was having seizures more at night. We have cameras to monitor him. He's usually more fatigued and easily aggressive when he's had a sleepless night because of seizures.

SUMMARY NOTES

Counselor- is he on meds for anything else?

Mom- adhd and he takes meds for iron. He doesn't seem as tired now since he's started the iron. He takes everything in the morning before school.

Morgan- please describe what a seizure looks like

Mom-he'll usually stop interacting and lose focus and like lean to either the left or right. He won't respond and won't answer you. He's pupils are not dilated. He usually throws up after a seizure.

Therapist coming to school- they are to be like a shadow to ensure they are not interfering with other kids in the room. Trained to crisis manage in case any aggressive behaviors occur. Trained to safely remove him from the room. Does self-harm usually biting on the wrist, so will try to interfere with that so he doesn't do that.

Shortened school day times would be 8:00a-11:00 and arrive at Cultivate for therapy sessions.

We can start him with half days right away and we'll go ahead and get that approved. But he can begin his half days before the board approval we just need the doctors statement.

Will need a plan put in place to fade his half days and return him to full days eventually before the end of the school year. Fridays work better for mom to meet and discuss progress. Next meeting will be sometime before Fall Break (9/22) to meet to discuss progress.

He'll go twice a week to work with a sped teacher in a small group on social skills. He will have reading and math resource times 30 minutes for each each day and then it will be time for him to go for the day.

Placement Considerations:

This meeting was a discussion of transition needs. No changes were made to the student's placement at this time.

All other aspects of the IEP remain intact.

Other factors: discussion of seizures and health needs. Mom agreed to take doctor statement to be completed for shortened school day waiver.

Options refused/rejected: none

Review of Notes:

The ARC offered to review the notes with members. Parents were asked if all questions and concerns were addressed. They replied no further questions.

Signatures:

ARC committee is in agreement and accepts the new IEP which begins on 5/18/2023. A copy of the IEP and Conference Summary will be sent home with the student.

Medicaid Notes

Provided at prior meeting

Student Name: _____

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DOB: _____

Date of ARC: 05/19/2023

Accommodations for Administration of State Assessments and Assessments in the Classroom☒ ARC determined no accommodations needed.

In order to justify appropriateness of accommodations for any state mandated tests, the testing accommodations must be used consistently as part of routine instruction and classroom assessment as well as meet all additional requirements established by the *Inclusion of Special Populations in the State-Required Assessment and Accountability Programs, 703 KAR 5:070* document.

NOTE: The Kentucky Administrative Regulations regarding accommodations on state testing dictate whether a student may use a particular accommodation during the administration of state tests. Any IEP test accommodation that the regulations determine will invalidate a particular test or type of test shall not be utilized in administration of such tests to the student.

- | | |
|---|---|
| <input type="checkbox"/> Paraphrasing | <input type="checkbox"/> Scribes |
| <input type="checkbox"/> Manipulatives | <input type="checkbox"/> Use of Technology |
| <input type="checkbox"/> Braille | <input type="checkbox"/> Large Print |
| <input type="checkbox"/> Reinforcement and behavior modification strategies | |
| <input type="checkbox"/> Readers (Select one) | <input type="checkbox"/> Extended time (Select one) |
| <input type="checkbox"/> Online/Text Reader | <input type="checkbox"/> Time and a Half |
| <input type="checkbox"/> Human Reader | <input type="checkbox"/> Double Time |
| <input type="checkbox"/> Interpreters (Select one) | <input type="checkbox"/> Calculator (Select one) |
| <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Online Calculator |
| <input type="checkbox"/> Other Language, specify: _____ | <input type="checkbox"/> Handheld Calculator |
| | <input type="checkbox"/> Special Calculator, specify: _____ |
| <input type="checkbox"/> Other, specify: _____ | |

Program Modifications/Supports for school personnel that will be provided

Supports for school personnel:

Staff will be trained in implementation of SDI. Special Education teacher will collaborate with general education teachers and OT to ensure the _____ needs are met in all environments. Staff will collaborate with representatives from Cultivate as needed.

☐ Not needed at this time**Least Restrictive Environment (LRE) and General Education**Explain the extent, if any, to which the student will **not** participate in general education (content area):

Due to behavior _____: ARC team has determined that it is appropriate and in the best interest of _____ for him to have an abbreviated school day at the beginning of the year and slowly transition to longer school days as his progress grows. _____ will begin attending FES for 1/2 days and we will use natural breaks within the school calendar to slowly increase the amount of time he is at school. _____

(_____ will participate in all regular education classes during the school day with the exception of 30 minutes a day of resource for ELA/Reading, 30 minutes a day of resource for math, and 10 minutes twice a week for social/emotional resource to address his social and cognitive deficits. _____ will also receive 10 minutes a day of collab/co-teaching in the general education classroom to address his deficits in social emotional skills (removed-see notes 8/25/23

0 and 5 minutes a day of collaboration in the resource for fine motor skills. _____ may also be pulled out for sensory breaks in a separate location.

Occupational Therapy: (_____ will be removed from the general education non-core classes 3 times monthly to receive Fine Motor services in the resource/occupational Therapist room for individual or small group therapy so he can focus on fine motor skills development with the direct support of the Occupational Therapist in a quiet environment.

8/25/23- When we met to transition (_____ initially, the times written on the IEP were times that were thought to be best for (_____. _____ has transitioned from an ABA clinic where he is used to very small group settings and at least 1-2 adults with him at all times. Transitioning to kindergarten in a larger setting with the ratio of students:adults has been challenging for _____. He has shown peer aggression, aggression toward adults, and other maladaptive behaviors when transitioning to other settings outside of the resource classroom. After close collaboration with his BCBA, the ARC determined that _____ will best benefit from remaining in the resource classroom, and work his

Student Name:

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DOB:

Date of ARC: 05/19/2023

Least Restrictive Environment (LRE) and General Education

way up to transitioning into another setting when appropriate. Therefore, the ARC agreed to remove collaboration time from his special education minutes on the IEP for now with the bigger goal of working times in other settings as is successful.

Special Education Services

Type of Service	Anticipated Frequency and Duration of Service					Service Provider (by Position)	Location (e.g., Regular Classroom, Resource Room, Separate Class)
	Service Minutes (Per Service Frequency)	Service Frequency (Number of times provided per Service Period)	Service Period (Daily, Weekly, Monthly, Annually)	Start Date	End Date		
Special Education	30.0 minutes	1.0 times per	day	08/25/2023	05/18/2024	Special Education Teacher	Kindergarten special education room(Math)
Special Education	30.0 minutes	1.0 times per	day	08/25/2023	05/18/2024	Special Education Teacher	Kindergarten special education room(ELA)
Special Education	10.0 minutes	2.0 times per	week	08/25/2023	05/18/2024	Special Education Teacher	Kindergarten special education room(Social Skills)
Special Education	50.0 minutes	1.0 times per	week	08/25/2023	08/25/2023	Special Education Teacher	Kindergarten classroom/co-teaching
Special Education	5.0 minutes	1.0 times per	day	08/25/2023	05/18/2024	Special Education Teacher	Resource- Fine Motor

Related Services

Type of Service	Anticipated Frequency and Duration of Service					Service Provider (by Position)	Location (e.g., Regular Classroom, Resource Room, Separate Class)
	Service Minutes (Per Service Frequency)	Service Frequency (Number of times provided per Service Period)	Service Period (Daily, Weekly, Monthly, Annually)	Start Date	End Date		
Occupational Therapy	25.0 minutes	3.0 times per	month	08/25/2023	05/18/2024	Occupational Therapist	Kindergarten Environment/OT/schoolwide

Extended School Year

Are extended school year services required for this student?

☐ Yes ☒ No ☐ More data needed

If the ARC determines ESY services are to be provided, describe the service and indicate to which annual goal or goals the service is related. If the ARC determines no ESY services are to be provided, please document the reason(s) for this decision.

Data collected towards the progress of previous IEP goals indicate that he has the ability to recoup progress after an extended break from school indicating that he will not require the use of Extended School year services at this time.



GRAVES GILBERT CLINIC

Franklin Elementary School
211 S Main Street
Franklin, KY 42134
(270) 586-3241

TO: Faculty and Staff

RE:

is a patient at the Office for Childcare with Special Needs Multidisciplinary Autism Clinic. He is under the care of Ms. Elizabeth Hawkins, APRN. requires frequent consultation and visits with the above providers, therapists, specialty providers, and his pediatrician. I am recommending have a shortened school day/week due to diagnosis of Autism and Impulsive Control Disorder.

In my opinion, it is in the best interest for to have a shortened school day/week. exhibits poor impulse control. He can demonstrate aggressive behaviors such as hitting, biting, head banging and kicking. A shortened school day/week will allow needed time to reduce occurrences of above behaviors and improve his overall physical/mental well-being. I am recommending have a shortened school day as needed. This schedule will need to be through June 2024.

If you have any questions, please contact me at 270-393-2720.

Sincerely,

Elizabeth Hawkins, DNP, APRN, C-PNP-PC, PM-HS

Elizabeth Hawkins, DNP, APRN, C-PNP-PC, PM-HS
Graves-Gilbert Clinic
Department of Pediatrics
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