

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

**Date of Request:** 10-23-2023

**Academic Year:** 2023-2024

|                                |                    |                  |              |
|--------------------------------|--------------------|------------------|--------------|
| Special Education Cooperative  | GRREC              |                  |              |
| District:                      | Simpson            | District Number: |              |
| Director of Special Education: | Kelly Baker        | Phone Number:    | 270-586-8877 |
| School:                        | Simpson Elementary |                  |              |
| Principal:                     | Mr. Barnum         |                  |              |

| Student Information |   |             |        |
|---------------------|---|-------------|--------|
| Full Name:          |   | Disability: | Autism |
| Age:                | 8 | SSID:       |        |

| Teacher Information     |                |               |     |
|-------------------------|----------------|---------------|-----|
| Full Name:              | Ms. DarBy Haas | Grade Taught: | 1-3 |
| Classroom Type:         | MSD            |               |     |
| 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?

|  |
|--|
|  |
|--|

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

|  |
|--|
|  |
|--|

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**:

Cannot handle the stimulating environment and work expectations during a full day of school is harmful to himself, peers, and to adults as documented by the ABC chart.

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

BEGINNING TIME: 8:00am

ENDING TIME: 3:00pm

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

BEGINNING TIME: 8:00am

ENDING TIME: 10:30am

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

☐

Yes

☒

No

If yes, describe circumstances:

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

Mon-Fri

8-10:30am Now until Dec 31, 2023

8-12:30pm January 1- March 1, 2024

8-1:30 pm March 4- April 7 2024

Full day April 8- End of 2023/2024 school year

We will continue to work with GRREC to implement strategies for behavior as well as provide SDI for We will keep documentation of behaviors as well as progress monitoring.

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:



8:00-8:30 Bathroom, morning music, social skills

8:30-9:00 Calendar, morning work at his seat

- 1 name sheet
- Morning sheet
- One task

When he is done, 5 minute break

9:15-9:30 Break with whole class, bathroom

9:30-9:45 1:1 task work with DarBy

9:45-10:00

Math- one worksheet

One folder task or work with number manipulatives

5 minute Break

10:00-10:20

Reading- one letter worksheet

One letter folder task

ABA style touch \_ touch. then increase letters of his  
first name ( )

10:20-10:30

Bathroom, work on colors

Student Name:

DOB:

KY IEP, Page 1

Date of ARC: 09/05/2023

### Individual Education Program (IEP)

Simpson County  
430 S College St  
Franklin, KY 42135  
(270)586-8877

#### Plan Information

Meeting Date:

09/05/2023

Start Date:

09/05/2023

End Date:

09/04/2024

Special Ed Status:

Active

Special Ed Setting:

(K-14) <40% of the day general ed programs

Primary Disability:

Autism

#### Plan Amendments

Amended Section

Reason for Amendment

Present Levels of Academic Achievement and Functional Performance

will require a harness on the bus for safety as transportation staff have concerns of harm from observing him head banging on the window.

Alternate Assessment Participation Guidelines

After observing since his move to KY and looking at work samples, will best show his knowledge of content through taking the alternate assessment.

#### Student Information

Student Name:

DOB:

Student Number:

Address:

638 Morgantown Rd #60, Franklin, KY 42134

District of Residence:

School of Attendance:

Simpson Elementary School

Grade:

03

Gender:

M

Race (Ethnicity Code):

Black or African  
American

#### Present Level of Academic Achievement and Functional Performance

**Present Levels of Academic Achievement and Functional Performance, including how the disability affects the student's involvement and progress in the general curriculum:**

(For preschool children include the effect on participation in appropriate activities. Beginning in the child's 8th grade year or when the child has reached the age of 14, a statement of transition needs is included.)

**Communication Status**

☐ Performance commensurate with similar age peers

### Present Level of Academic Achievement and Functional Performance

recently transferred from Guild Elementary School in Tennessee. His strengths, as determined by SLP informal observation, include; voice. Articulation and fluency can not be determined at this time due to ' limited verbal expression. was receiving speech therapy service at his previous school in order to address his overall communication and language skills. The following in goals and data from his previous school IEP.

**Communication Goal-** Given pictures, will make a choice for preferred item/activity, choice a picture and exchanging it with a communication partner 4 out of 5 opportunities over 3 consecutive sessions as measured by SLP data collection.  
Recent data: No data - It was noted in previous IEP that " uses vocalizations to express likes and dislikes. He does not use words or signs. He has a communication device, but he refuses when it is presented to him to work on. He will throw it or hit it on the desk. He struggles with consistently exchanging the picture with a communication partner"

**Language Goal -** Given picture/words, will identify the requested items by pointing/handling the requested items with 80% accuracy over 3 consecutive session as measured by SLP data collection.  
Recent data: 30-50% accuracy April 2023

#### New Goal:

When given visual and verbal cues will increase communication skills by completing expressive/receptive language tasks (communicate wants/needs, identify objects, make choices for preferred item/activity) verbally/non verbally with 70% accuracy, over 3 sessions as measured on frequency counts collected 2 times monthly.

Baseline: August 2023 10% accuracy

**Baseline Analysis/Projected Mastery:** IEP has recently been updated with a new goal for expressive/receptive language. The baseline for his new language goal is at 10% accuracy. : previous IEP noted he had a communication device. He has not had a communication device since transferring. Per , teacher, Ms. DArby, his device was recalled. Teacher is currently working with the parent to find out when the company will be returning the communication device.

**IMPACT** language delay impact his ability to communicate his wants/thoughts/needs in the education setting. This is specifically due to his difficulty to verbally and/or non verbally communicating his wants/needs, making choices and identifying functional items.

#### Academic Performance

☐ Performance commensurate with similar age peers

See TN IEP

#### Health, Vision, Hearing, Motor Abilities

☒ Not an area of concern at this time

is currently transported on a special needs bus without a lift. The bus driver has observed ' having outbursts on the bus which includes slamming his head into the window, jumping out of seat, and standing up while the bus is moving. For safety, will wear a harness daily to and from school when on the bus.

#### Social and Emotional Status

☐ Performance commensurate with similar age peers

See TN IEP

#### General Intelligence

☐ Performance commensurate with similar age peers

See TN IEP

#### Functional Vision/Learning Media Assessment

☒ Not an area of concern at this time

#### Functional Hearing, Listening, & Communication Assessment

### Present Level of Academic Achievement and Functional Performance

☐ Not an area of concern at this time

See TN IEP

#### Transition Needs

☒ Not an area of concern at this time (Checking this box is not an option when the student is in the 8th Grade or 14 years or older because transition must be addressed for these students)

Check all areas of need as identified by the Admissions and Release Committee (More than one area may be checked.)

☐ Instruction

☐ Related services

☐ Community Experiences

☐ Employment

☐ Daily Living Skills

☐ Post School Adult Living Objectives

☐ Functional Vocational Evaluation

### Consideration of Special Factors for IEP Development

(The ARC MUST address each question below and consider these issues in the review and revision of the IEP.)

Does the child's behavior impede his/her learning or that of others?

☒ Yes ☐ No

If **Yes**, consider, if appropriate, strategies, including positive behavioral intervention strategies and supports to address that behavior.

See TN IEP

Does the child have limited English proficiency?

☐ Yes ☒ No

If **Yes**, what is the relationship of language needs to the IEP?

Is the child blind or visually impaired?

☐ Yes ☒ No

If **Yes**, the IEP Team must consider:

• Is instruction in Braille needed?

☐ Yes ☒ No

• Is use of Braille needed?

☐ Yes ☐ No

• Will Braille be the student's primary mode of communication?

☐ Yes ☐ No

(See evaluation data for supporting evidence.)

For Math & Science, student will need: (Please check one)

☐ Unified English Braille (UEB) only

☐ Unified English Braille (UEB) w/Nemeth Code

Does the child have communication needs? ☒ Yes ☐ No

If **Yes**, specify below:

☒ See Present Levels for Communication Status

☐ Other (Specify):

Is the child deaf or hard of hearing? ☐ Yes ☒ No

If **Yes**, the IEP Team must consider:

• The child's language and communication needs; Describe:

☐ See Present Levels for Communication Status and Functional Hearing, Listening and Communication Assessment.

☐ Other (Specify):

Student Name:

KY IEP, Page 4

DOB:

Date of ARC: 09/05/2023

### Consideration of Special Factors for IEP Development

(The ARC MUST address each question below and consider these issues in the review and revision of the IEP.)

- Opportunities for direct communications with peers and professional personnel in the child's language and communication mode, academic level and full range of needs; Describe:
- Any necessary opportunities for direct instruction in the child's language and communication mode. Describe:

Are assistive technology devices and services necessary in order to implement the child's IEP?

☒ Yes ☐ No

If **Yes**, include appropriate devices in the 'Statement of Devices/Services' below.

See TN IEP for communication device and sensory needs.

**Statement of Devices/Services:** If the ARC answers Yes to any of the questions above, include a statement of services and or devices to be provided to address the above special factors.

- ☒ See Specially Designed Instruction
- ☒ See Supplemental Aids and Services
- ☐ See Behavior Intervention Plan
- ☐ Other (Specify):

### Measurable Annual Goals and Benchmarks

#### Annual Measurable Goal (# 1):

When given visual and verbal cues, will increase communication skills by completing expressive/receptive language tasks (communicate wants/needs, identify objects, make choices for preferred item/activity) verbally/non verbally with 70% accuracy, over 3 sessions as measured on frequency counts collected 2 times monthly.

#### Method(s) of Measurement:

Direct Measures

#### Specially Designed Instruction:

picture prompts, visual/verbal cues, modeling, tactile cues

#### For the IEP to be in effect by the child's 16th birthday and thereafter:

This annual goal will reasonably enable the student to meet the student's postsecondary goal in the area(s) of:

☐ Education/training ☐ Employment ☐ Independent living

#### Benchmarks/Short-Term Instructional Objectives

1. will communicate wants and needs with use of verbal and non-verbal communication skills.
2. will identify common objects.
3. will make a choice for preferred task from a choice board.

#### Annual Measurable Goal (# 2):

When presented with manipulatives and a ten frame, will count objects 1-10 and match to the appropriate number with 80% accuracy measured every other week by teacher made assessments with manipulatives.

#### Method(s) of Measurement:

Direct Measures, Indirect Measures

#### Specially Designed Instruction:

Small group instruction, color coding, visuals, graphic organizer, manipulatives, direct instruction

Student Name: ..

DOB:

Date of ARC: 09/05/2023

### Measurable Annual Goals and Benchmarks

**For the IEP to be in effect by the child's 16th birthday and thereafter:**

This annual goal will reasonably enable the student to meet the student's postsecondary goal in the area(s) of:

☐ Education/training ☐ Employment ☐ Independent living

#### Benchmarks/Short-Term Instructional Objectives

1. will identify numbers 0-10.
2. will demonstrate 1:1 correspondence with manipulatives up to 5.
3. will demonstrate 1:1 correspondence with manipulatives up to 10.

#### Annual Measurable Goal (# 3):

Given the letters in his name, will sequence the letters in his name to spell with 80% accuracy measured every other week by teacher observation and data collection.

#### Method(s) of Measurement:

Indirect Measures, Direct Measures

#### Specially Designed Instruction:

Small group instruction, sensory strategies/breaks, visuals, direct instruction, graphic organizer, color coding

**For the IEP to be in effect by the child's 16th birthday and thereafter:**

This annual goal will reasonably enable the student to meet the student's postsecondary goal in the area(s) of:

☐ Education/training ☐ Employment ☐ Independent living

#### Benchmarks/Short-Term Instructional Objectives

1. will place letters of his nickname in order,
2. will write his nickname independently.
3. will place the letters of his full first name in order.

#### Annual Measurable Goal (# 4):

When given instruction in the classroom, will begin the task with only 1 prompt within 1 minute of receiving the instruction at 80% accuracy on weekly probes as measured by checklist.

#### Method(s) of Measurement:

Direct Measures, Indirect Measures

#### Specially Designed Instruction:

Small group instruction, timers, visuals, graphic organizer, direct instruction, repetitive practice, most to least prompts

**For the IEP to be in effect by the child's 16th birthday and thereafter:**

This annual goal will reasonably enable the student to meet the student's postsecondary goal in the area(s) of:

☐ Education/training ☐ Employment ☐ Independent living

#### Benchmarks/Short-Term Instructional Objectives

1. will begin task with 3 or less prompts within 1 minute.
2. will begin task with 2 or less prompts within 1 minute.
3. will begin task with 1 or less prompts within 1 minute.

#### Annual Measurable Goal (# 5):

Student Name:

KY IEP, Page 6

DOB

Date of ARC: 09/05/2023

### Measurable Annual Goals and Benchmarks

Given a task or experience that is non-preferred that lasts up to 3 minutes, \_ \_ will self-regulate with only one verbal prompt to maintain safe hands, feet, and a quiet voice as measured by teacher checklist every week to reach 80% accuracy over 3 consecutive monitoring periods.

**Method(s) of Measurement:**

Direct Measures, Indirect Measures

**Specially Designed Instruction:**

Small group, Social Stories, role play, visuals, timers, sensory items, teaching of replacement behaviors that are appropriate

**For the IEP to be in effect by the child's 16th birthday and thereafter:**

This annual goal will reasonably enable the student to meet the student's postsecondary goal in the area(s) of:

☐ Education/training ☐ Employment ☐ Independent living

### Benchmarks/Short-Term Instructional Objectives

1. \_ \_ will remain in seat to complete a task.
2. \_ \_ will remain in his seat with hands and feet to self to complete task.
3. \_ \_ will remain in seat with hands and feet to self with a quiet voice up to 1:30.
4. \_ \_ will remain in seat with hands and feet to self with a quiet voice for up to 3 minutes to complete the task.

### Reporting Progress

- ☒ Concurrent with the issuance of Report Cards
- ☐ Other, specify

### Supplementary Aids and Services

Statement of Supplementary Aids and Services, to be provided to the child or on behalf of the child.

TN IEP does not specify however since his time at SES the following have been used and will continue to be used.  
Technology for working towards independence, visuals for tasks/choices/communication, graphic organizers, defined work space, sensory breaks inside and outside, para-educator or teacher within close proximity at all times

### 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

Student Name:

KY IEP, Page 7

DOB:

Date of ARC: 09/05/2023

### Accommodations for Administration of State Assessments and Assessments in the Classroom

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.

- ☒ Paraphrasing
 ☒ Scribes  
☒ Manipulatives
 ☒ Use of Technology  
☐ Braille
 ☐ Large Print  
☒ Reinforcement and behavior modification strategies  
☒ Readers (Select one)
 ☒ Extended time (Select one)  
     ☐ Online/Text Reader
 ☐ Time and a Half  
     ☒ Human Reader
 ☒ Double Time  
☐ Interpreters (Select one)
 ☐ Calculator (Select one)  
     ☐ American Sign Language
 ☐ Online Calculator  
     ☐ Other Language, specify:
 ☐ Handheld Calculator  
     ☐ Special Calculator, specify:  
☒ Other, specify:  
     Sensory items

### Kentucky Alternate Assessment Participation Guidelines Documentation Form

**\*\*For further clarification of terms used in this worksheet, please refer to the Guidance for Admissions & Release Committee (ARCs) on Participation Decisions for the KY Alternate Assessment.**

**\*\*All answers to Participation Criterion *must* be answered Yes in order to be eligible to participate in the KY Alternate Assessment.**

| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   | <p>The parent was provided a copy of the Alternate Assessment Parent Guide with an opportunity to ask questions. <b>If yes</b>, indicate below when the Guide was provided to the parents. <b>If no</b>, provide a copy of the Alternate Assessment Parent Guide and an opportunity to ask questions.</p> <p> <input type="checkbox"/> Prior to Meeting<br/> <input checked="" type="checkbox"/> During Meeting<br/> <input type="checkbox"/> Other         </p> <p>Date Guide Provided to Parents: <u>10/11/2023</u></p> |   |
|---|---|---|
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   | <p>The Admissions and Release Committee has explained the difference between an <b>Alternative High School Diploma (704 KAR 3:305)</b> and a <b>Regular High School Diploma</b> to all members of the ARC.</p> <p>Participation in the KY Alternate Assessment is stated in the IEP and based on the annual review.</p>   |   |
| Participation Criterion #1<br>(questions to determine eligibility):   | Response (Answer to Criterion):   | Sources of Evidence and Justification (Check and complete after sources have been reviewed and documented in the conference summary)  |
| <p>1. Has the student been determined to be a student with a disability eligible to receive special education services under the Individuals with Disabilities Education Act (IDEA)?</p> <p><input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</p> | <p><input type="checkbox"/> <b>If NO to either question. Stop here.</b> The student must meet Special Education Determination for Eligibility criteria in one or more disability categories defined in Kentucky Administrative Regulations (KAR). The</p>   | <p><input checked="" type="checkbox"/> Evaluation Data<br/>Date: 04/23/2021</p> <p><input checked="" type="checkbox"/> Disability Eligibility Determination Form (required)</p> |



DOP

Date of ARC: 09/05/2023

| <p>2. Is a current Individual Education Program (IEP) in place or being developed for the student?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>   | <p>student is <b>not eligible</b> to participate in the KY Alternate Assessment. The ARC <b>must</b> determine state approved accommodations (as set forth in 703 KAR 5:070) in the general assessment, if any, refer to the accommodations and modifications form. Document on IEP and conference summary.</p> <p><input checked="" type="checkbox"/> <b>If YES to both.</b> If the student meets the Special Education Determination for Eligibility criteria in one or more disability categories, <b>continue to Criterion #2.</b></p>  | <p>Date:<br/>04/23/2021</p> <p><input checked="" type="checkbox"/> Individual Education Program (required)</p> <p>Date:<br/>09/05/2023</p> <p><input type="checkbox"/> Other</p>  |
|---|---|---|
| Participation Criterion #2:   | Response (Answer to Criterion):   | Sources of Evidence and Justification   |
| <p>1. The student's demonstrated cognitive functioning <b>and</b> adaptive behavior in the home, school and community environments are significantly below age expectations, <b>even with</b> program modifications and accommodations.</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. ARC reviewed current and longitudinal data across settings (age appropriate home, school, and community environments) in all academic areas AND adaptive behavior(s), to inform the ARC decision.</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p><input type="checkbox"/> <b>If NO to either question. Stop here.</b> The student does not have a significant cognitive disability. The student is not eligible to participate in the KY Alternate Assessment. The ARC must determine state approved accommodations (as set forth in 703 KAR 5:070) in the general assessment, if any, refer to the accommodations and modifications form. Document on IEP and conference summary.</p> <p><input checked="" type="checkbox"/> <b>If YES to both. Continue to Criterion #3.</b></p>  | <p><input checked="" type="checkbox"/> Evaluation Data (required)</p> <p>Date:<br/>04/23/2021</p> <p><input checked="" type="checkbox"/> Individual Education Program (required)</p> <p>Date:<br/>09/05/2023</p> <p><input checked="" type="checkbox"/> Previous IEP (required if available)</p> <p>Date:<br/>04/20/2023</p> <p><input checked="" type="checkbox"/> Progress Monitoring Data (required)</p> <p>ABC chart as well</p> <p><input type="checkbox"/> Teacher Observations (optional)</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Supporting Comments (optional)</p> |
| Participation Criterion #3:   | Response (Answer to Criterion):   | Sources of Evidence and Justification   |
| <p>1. Does the student require extensive individual direct instruction across multiple settings, utilizing intensive accommodations, modifications and assistive technology to access and make progress on the Kentucky Academic Standards and to maintain and generalize learning.</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. ARC reviewed current and longitudinal data across settings (age appropriate home, school, and community environments) to inform the ARC decision.</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>     | <p><input type="checkbox"/> <b>NO to either question. Stop here.</b> The ARC determines that the student <b>does not</b> require direct instruction across multiple settings and/or accommodations, modifications, and supports that exceed what is allowed on the general assessments for students as described in the "Inclusion Document" and set forth in 703 KAR 5:070. The student is <b>not eligible</b> to participate in the KY Alternate Assessment. The ARC <b>must</b> determine state approved accommodations (as set forth in 703 KAR 5:070) in the general assessment, if any,</p> | <p><input checked="" type="checkbox"/> Evaluation Data</p> <p>Date:<br/>04/23/2021</p> <p><input checked="" type="checkbox"/> Disability Eligibility Determination Form</p> <p>Date:<br/>04/23/2021</p> <p><input checked="" type="checkbox"/> Individual Education Program (required)</p> <p>Date:<br/>09/05/2023</p> <p><input checked="" type="checkbox"/> Progress Monitoring (required)</p>  |

|  | <p>refer to the accommodations and modifications form. Document on IEP and conference summary.</p> <p><input checked="" type="checkbox"/> <b>Yes to both.</b> The student requires extensive direct individual instruction in multiple settings and substantial supports to achieve measurable gains in the grade and age appropriate curriculum that <b>do exceed</b> what is allowed on the general assessments for students as described in the "Inclusion Document" and set forth in 703 KAR 5:070, <b>Continue to Criterion #4.</b></p>  | <p>has not made progress towards his current IEP goals however from previous reports from TN and current work observations, is learning to match colors and pictures but continues to struggle. requires 1:1 instruction for all activities, chunking of work, sensory breaks, manipulatives, and adapted tools to complete daily work.</p> <p><input type="checkbox"/> Assistive Technology Consideration Guide (optional)<br/>Date:</p> <p><input checked="" type="checkbox"/> Documentation of Accommodations Determination (required)<br/>Date:<br/>10/11/2023</p> <p><input checked="" type="checkbox"/> Parent Input (required)<br/>Parent wants to be safe and to learn what he can</p> <p><input type="checkbox"/> Teacher Observations</p> <p><input type="checkbox"/> Other</p> |
|--|---|---|
| Participation Criterion #4:  | Response (Answer to Criterion):   | Sources of Evidence and Justification   |
| <p>1. Did the ARC carefully consider (check as considered) each of these items:</p> <p><input checked="" type="checkbox"/> Excessive or extended absences</p> <p><input checked="" type="checkbox"/> Disability related to visual or auditory disabilities, emotional-behavioral disabilities, specific learning disabilities, speech and language impairment</p> <p><input checked="" type="checkbox"/> Native language, social, cultural, and economic differences</p> <p><input checked="" type="checkbox"/> Those identified as English Language Learners (ELL)</p> <p><input checked="" type="checkbox"/> Pre-determined poor performance on the grade-level assessment</p> <p><input checked="" type="checkbox"/> The student displays disruptive behaviors or experiences emotional duress during testing</p> <p><input checked="" type="checkbox"/> Administrator decision</p> <p><input checked="" type="checkbox"/> Educational placement or instructional setting</p> <p>2. The ARC's decision for the student to participate in the KY Alternate Assessment is not primarily the result of any of the exclusions listed above.</p> | <p><input type="checkbox"/> <b>If NO to either question. Stop here.</b> Any criterion that is not checked means that the student is not eligible to participate in the KY Alternate Assessment. The student is <b>not eligible</b> to participate in the KY Alternate Assessment. The ARC <b>must</b> determine state approved accommodations (as set forth in 703 KAR 5:070) in the general assessment, if any, refer to the accommodations and modifications form. Document on IEP and conference summary.</p> <p><input type="checkbox"/> <b>If YES to both.</b> All necessary exclusions were considered. <b>Continue to ARC Eligibility Determination.</b></p> | <p><input checked="" type="checkbox"/> Supporting Comments (optional)</p> <p>is moving to a shortened school day as he can not tolerate a full day at school as documented on his ABC chart. harms himself, his peers, and staff when pushed and it learning to tolerate a full day of instruction.</p>   |

Student Name:

DOB:

Date of ARC: 09/05/2023

☒ Yes (Agree) ☐ No

**Kentucky Department of Education definition of a student with a significant cognitive disability:**

As outlined in the Kentucky Alternate Assessment Participation Guidelines Documentation form, students with the most significant cognitive disabilities:

- Meet eligibility criterion in one or more of the existing categories of disabilities under IDEA (e.g., intellectual disabilities, autism, multiple disabilities),
- Have cognitive and adaptive behavior functioning preventing them from attaining grade level achievement standards, even with program modifications and accommodations,
- Require extensive individual instruction across multiple settings to access and make progress in the Kentucky Academic Standards, and to maintain, generalize and demonstrate learning,
- Have a significant cognitive disability that is not primarily the result of:
  - excessive or extended absences
  - disability related to visual or auditory disabilities, emotional-behavioral disabilities, specific learning disabilities, speech and language impairment
  - native language, social, cultural, and economic differences,
  - those identified as English Learners (EL)
  - pre-determined poor performance on the grade-level assessment
  - the student displays disruptive behaviors or experiences emotional duress during testing
  - administrator decision
  - educational environment or instructional setting

**Program Modifications/Supports for school personnel that will be provided**

Supports for school personnel:

School personnel will need to be aware of de-escalation strategies, how to implement visuals and reward systems, training for use of sensory breaks and objects. As a communication system is established all staff will need to be aware of how to communicate with

☐ 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):

- will attend special area with adult supervision for support as well as lunch with support for safety of himself and others.
- will receive all academic content knowledge, functional skills, and social skills in a small group setting in a special education classroom.

**Special Education Services**

| Type of Service   | Anticipated Frequency and Duration of Service |  |  |            |            | Service Provider<br>(by Position) | Location<br>(e.g., Regular Classroom, Resource Room, Separate Class) |
|-------------------|---|--|--|------------|------------|-----------------------------------|--|
|                   | Service Minutes<br>(Per Service Frequency)    | Service Frequency<br>(Number of times provided per Service Period) | Service Period<br>(Daily, Weekly, Monthly, Annually) | Start Date | End Date   |                                   |  |
| Special Education | 15 minutes                                    | 1 times per  | Day  | 09/05/2023 | 09/04/2024 | Special Education Teacher         | Resource Writing   |

Student Name:

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DOB:

Date of ARC: 09/05/2023

**Special Education Services**

|                   |            |             |     |            |            |                           |                     |
|-------------------|------------|-------------|-----|------------|------------|---------------------------|---------------------|
| Special Education | 45 minutes | 1 times per | Day | 09/05/2023 | 09/04/2024 | Special Education Teacher | Resource Math       |
| Special Education | 45 minutes | 1 times per | Day | 09/05/2023 | 09/04/2024 | Special Education Teacher | Resource Reading    |
| Special Education | 10 minutes | 1 times per | Day | 09/05/2023 | 09/04/2024 | Special Education Teacher | Resource Social     |
| Special Education | 15 minutes | 1 times per | Day | 09/05/2023 | 09/04/2024 | Special Education Teacher | Resource Functional |

**Related Services**

| Type of Service                | Anticipated Frequency and Duration of Service |  |  |            |            | Service Provider<br>(by Position) | Location<br>(e.g., Regular Classroom,<br>Resource Room,<br>Separate Class) |
|--------------------------------|---|--|--|------------|------------|-----------------------------------|--|
|                                | Service Minutes<br>(Per Service Frequency)    | Service Frequency<br>(Number of times provided per Service Period) | Service Period<br>(Daily, Weekly, Monthly, Annually) | Start Date | End Date   |                                   |  |
| Speech/<br>Language<br>Therapy | 25 minutes                                    | 5 times per  | Month  | 09/05/2023 | 09/04/2024 | Speech Language Pathologist       | resource   |
| Transportation<br>(No Lift)    | 10 minutes                                    | 2 times per  | Day  | 09/05/2023 | 09/04/2024 | Bus Driver                        | Transport  |
| Occupational<br>Therapy        | 15 minutes                                    | 3 times per  | Month  | 09/05/2023 | 09/04/2024 | Occupational Therapist            | Collaboration  |

**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.

Information from TN IEP

**Simpson County**  
430 S College St  
Simpson County  
Franklin, KY 42135  
(270)586-8877

## CONFERENCE SUMMARY REPORT

Student's Full Name:

SSID:

ARC Date: 10/04/2023

Date of Birth:

Grade: 03

School: Simpson 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 type="checkbox"/> Developmental Assessment                      | <input type="checkbox"/> Academic Performance Assessment                     |
|   | <input checked="" type="checkbox"/> Behavior Observations              | <input type="checkbox"/> Physical Therapy Assessment                         |
| <input checked="" type="checkbox"/> Student Progress in Achieving IEP Goals | <input type="checkbox"/> Communication Assessment                      | <input type="checkbox"/> Occupational Therapy Assessment                     |
| <input type="checkbox"/> Intervention Data                                  | <input type="checkbox"/> Receptive Language Assessment                 | <input type="checkbox"/> Assistive Technology Evaluation                     |
| <input type="checkbox"/> Referral   | <input type="checkbox"/> Expressive Language Assessment                | <input type="checkbox"/> Social/Cultural Factors                             |
| <input type="checkbox"/> Educational History                                | <input type="checkbox"/> Speech Sound Production Assessment            | <input type="checkbox"/> Behavior Rating Scales                              |
| <input type="checkbox"/> Developmental History                              | <input type="checkbox"/> Oral Mechanism Evaluation                     | <input type="checkbox"/> Adaptive Behavior Scale                             |
| <input type="checkbox"/> Vision Screening                                   | <input type="checkbox"/> Fluency Evaluation                            | <input type="checkbox"/> Social Competence Assessment (Emotional/Behavioral) |
| <input type="checkbox"/> Hearing Screening                                  | <input type="checkbox"/> Voice Evaluation                              | <input type="checkbox"/> Behavioral Data/Logs                                |
| <input type="checkbox"/> Health Screening                                   | <input type="checkbox"/> Augmentative Comm. Assessment                 | <input type="checkbox"/> Discipline Referral(s)                              |
| <input type="checkbox"/> Communication Screening                            | <input type="checkbox"/> Hearing Evaluation                            | <input type="checkbox"/> Functional Behavior Assessment (FBA)                |
| <input type="checkbox"/> Cognitive Screening                                | <input type="checkbox"/> Vision Evaluation                             | <input type="checkbox"/> Technical/Vocational Assessment                     |
| <input type="checkbox"/> Academic Performance Screening                     | <input type="checkbox"/> Braille Skills Inventory                      | <input type="checkbox"/> Individual Family Service Plan (IFSP)               |
| <input type="checkbox"/> Motor Screening                                    | <input type="checkbox"/> Individual Learning Plan (ILP)                | <input type="checkbox"/> Orientation and Mobility Assessment                 |
| <input type="checkbox"/> Social/Emotional Competence Screening              | <input type="checkbox"/> Functional Vision/Learning Media Assessment   | <input type="checkbox"/> Health/Medical Evaluation or Statement              |
| <input type="checkbox"/> Motor Abilities                                    | <input type="checkbox"/> Perceptual Abilities Assessment               | <input type="checkbox"/> Cognitive/Intellectual Assessment                   |
| <input type="checkbox"/> Multi-Year Course of Study                         | <input checked="" type="checkbox"/> Other Data: (Specify Below if Any) |  |

Transportation Input about safety concerns on the bus.

### II. DOCUMENT PARENT CONCERNS AND INPUT

Parent concerns are listed in the conference summary notes.

### 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.

## SUMMARY NOTES

## Summary Notes

## Members:

Mr. Barnum- Chairperson

Ms. DarBy- Special Education

Mrs. Creasey- Transportation

Mrs. Wright- Regular Education

Mrs. Gomez- Speech Teacher

mother (communicated with Ms. DarBy for the meeting to take place without her and to send the paperwork home.)

Introductions were made and all members of the ARC were present.

## Parental Safeguards:

Parent(s) were provided a copy of the procedural safeguards with a verbal explanation of those rights offered by Ms. DarBy. Parent was also informed that Parental Rights could be accessed at any time on the Simpson County Schools District website under Menu, Programs and then Special Education. Parent 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 was sent a copy of parent rights in the students take home folder.

## Purpose of Meeting:

The purpose of this meeting is to change daily schedule, add a harness for the bus, and discuss alternate assessment.

## Ms. Creasey discussed bus safety concerns:

will hit his head on the window of the bus causing himself harm. Wearing the harness prevents him from being able to reach the window and helps him to stay seated during the bus ride.

The harness will be put on as he leaves school and parent will need to put it on him each morning before he gets on the bus.

## Ms. DarBy discussed progress, concerns, and changes to be made.

has been at SES since August and we have been able to observe his work, his behavior, and how he interacts with others. Due to safety concerns for both peers, and adults we are suggesting a shortened school day for at this time.

has had several negative behaviors such as head butting, hitting himself in the head with his fist, urinating on the floor or in his pants, screaming, slamming his chair up and down, throwing objects, and running away both inside and outside of the building.

Strategies: We have implemented someone being with informally 1:1 to help reduce his aggressive behaviors, visuals such as first/then board, communication boards, timers, sensory breaks, sensory objects, choice boards, chunking of work, token system, reward system, and reducing the rigor of work to enforce positive task completion. We have had specialist from Green River Regional Educational Cooperative observe and off input and suggestions which were applied but strategies were not successful in reducing negative behaviors. Ms. DarBy is attaching the ABC chart she has been keeping to document behaviors for

## Shortened School Day:

The ARC members are discussing a shortened school day that follows the timeline listed.

October- Dec 31

Attending school riding his am bus arriving close to 8:00 am and leaving school at approximately 10:30am. will be provided with breakfast at school and he will be able to take home a lunch prepared by the cafeteria daily.

Tentative Timeline: The following timeline will allow integration into full time in- persone education

January 1- March 1

8:00 am - 12:30 pm

March 4- April 7

## SUMMARY NOTES

8:00am -1:30pm

April 8- End of 2023/2024 School year- 8:00 am - 3:00pm

The transition times are tentative and can be adjusted based on [redacted] tolerance. Data will be kept to help determine tolerance and the ARC will meet to discuss progress before increasing [redacted] time.

Tolerance for increasing the school day will be related to a reduction in negative behaviors which include but are not limited to:

- physical harm of others ( head butting)
- screaming
- running away from adults
- throwing objects
- hygiene control ( not urinating for attention)

The goal will be to increase the on task time and reduce to off task negative behaviors for safety of CJ, peers, and staff.

#### Alternate Assessment:

Ms. DarBy explained the difference between alternate assessment and the regular state mandated testing for third grade students. [redacted] will best be able to express his knowledge of content with the alternate assessment test. Currently [redacted] lacks self control and academic competence for academic work completion and will be working towards increasing his endurance for academics. Ms. DarBy discussed her concerns of pushing [redacted] to learn standards for any type of testing due to the negative behaviors that occur when he is pushed to do academic work. Ms. DarBy feels that it may be necessary to explore the option of a medical exemption for [redacted] to allow him to not test this school year. [redacted] will need to take [redacted] to a doctor to receive a medical statement explaining how pushing academics at a rigorous standard will increase the negative harmful behaviors putting [redacted] his peers, and staff at risk of physical harm.

Ms. DarBy sent home with [redacted] the Ky Alternate Assessment guide which will allow her to understand the terms, purpose, and testing scenario for alternate assessment.

Mr. Barnum noted that MedCenter Health is very willing to help [redacted] switch from TENNCare to Medicaid and see [redacted] in their office located at FSMS. Salita Hogan, APRN is able to see [redacted] and [redacted] at their convenience. Mrs. Hogans number is 270.586.7380. Her nurse, Amanda, has spoken to [redacted] on the phone regarding the proper steps to complete the transition and help [redacted] with his insurance needs.