***Kentucky Department of Education***

***Division of Learning Services Services***

**NOTICE OF SHORTENED SCHOOL DAY and/or WEEK**

**2012-2013**

**Date of Request:** 1/14/13

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| Special Education Cooperative |  |
| District:  | Elizabethtown Independent Schools | District Number: | 052 |
| Director of Special Education: | Kristin Froedge | Phone Number: | 270-769-2359 |
| School: | Valley View Education Center |
| Principal: | Kristin Froedge |

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| **Student Information** |
| Full Name: |       | Disability: |  |
| Age: | 11 | SSID: | 2120363062 |

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| **Teacher Information** |
| Full Name: | Leslie Addison | Grade Taught: | 1 through 6 |
| Classroom Type: |  |
| Special Education Code: |  |

**Type of Request** (Check all that apply):

[ ]  Shortened Week [x]  Shortened Day

**Shortened School Week *(SWD)*:**

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

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

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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**:

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| The ARC determined that Anthony could benefit from the Child Therapuetic Rehabilitation Program. This program is for students in grades 1-6 and housed at the Vally View Education Center and provides intense group and individual counseling as well as academics. |

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

BEGINNING TIME: 7:50 ENDING TIME: 2:55

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

BEGINNING TIME: 7:45 ENDING TIME: 2:00

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

[x]  Yes [ ]  No

If yes, describe circumstances:

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| Anthony has just been released from Lincoln Trail Behavioral Hospital. In transitioning him back into the regular ed setting, the ARC felt that he needed intense therapy and time to focus on behavior in addition to his academics prior to going back to TK Stone Middle School. |

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

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| The ARC will reconviene to discuss transition back to TK Stone once Anthony has completed the program. Program staff will meet monthly to discuss progress.  |

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

[ ]  Yes [x]  No

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

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6. Is there a signed Physician statement:

[x]  Yes [ ]  No

### IMPORTANT

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

1. Approval by the Local Board of Education (**STUDENT CONFIDENTIALITY** procedures **MUST** be followed when listing student information in the Local Board Minutes.);
2. Minutes of the ARC meeting documenting the ARC decision that a shortened school day is needed;
3. A copy of the student’s IEP documenting the shortened school day; and
4. A copy of the Physician statement of the medical need.

### FOR LOCAL USE ONLY

LOCAL BOE APPROVED: [x]  Yes [ ]  No DATE: 1/22/13

### FOR KDE USE ONLY

WAIVER NO.: DATE:

RECEIVED AT KDE: DATE:

 *(Reviewer’s Initials)*