***Kentucky Department of Education***

***Division of Learning Services Services***

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

**2013-2014**

**Date of Request:** 8/19/13

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| Special Education Cooperative |  | | |
| District: | Elizabethtown Independent Schools | District Number: | 152 |
| Director of Special Education: | Kristin Froedge | Phone Number: | 270-769-2359 |
| School: | Elizabethtown High School | | |
| Principal: | Steve Smallwood | | |

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| --- | --- | --- | --- |
| **Student Information** | | | |
| Full Name: | Tyler Dewayne Dile | Disability: |  |
| Age: | 17 | SSID: | 1947910228 |

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| --- | --- | --- | --- |
| **Teacher Information** | | | |
| Full Name: | Holly Walker | Grade Taught: | 9 through 12 |
| Classroom Type: |  | | |
| Special Education Code: |  | | |

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

Shortened Week  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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| This student has a Traumatic Brain Injury. He recenty went to the doctor who recommended only 1/2 days for Tyler due to his medical condition. |

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

BEGINNING TIME: 7:50am ENDING TIME: 2:50 pm

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

BEGINNING TIME: 7:50am ENDING TIME: 11:30am

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

Yes  No

If yes, describe circumstances:

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| Last year Tyler was on Home Hospital. We are trying to integrate him back into the school, but doctor feels it is best to start slow. |

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

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| ARC will continue to monitor progress and determine if coming back to school for 1/2 day is appropriate for Tyler and if we can increase his time at school. |

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):

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| --- |
|  |

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:

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:  Yes  No DATE: 8/19/13

### FOR KDE USE ONLY

WAIVER NO.: DATE:

RECEIVED AT KDE: DATE:

*(Reviewer’s Initials)*