***Kentucky Department of Education***

***Division of Learning Services Services***

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

**2013-2014**

**Date of Request:** 8/7/14

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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: | TK Stone Middle School |
| Principal: | Beth Mather |

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| **Student Information** |
| Full Name: |       | Disability: |  |
| Age: | 12 | SSID: | 1948844392 |

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| **Teacher Information** |
| Full Name: | Glenn Petersen | Grade Taught: | 6 through 8 |
| 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 met to discuss Bradly's IEP and schedule for 2014-2015 school year. Last year Bradly was home schooled due to extreme anxiety and aggerssion/violent behavior at home in relationship to coming to school. Mom wants to try public school again, but doctor recommends a shortened school day to help relieve the anxiety. The ARC agreed to the recommendation.  |

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

BEGINNING TIME: 7:55am ENDING TIME: 2:55pm

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

BEGINNING TIME: 11:45am ENDING TIME: 2:55pm

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

[ ]  Yes [x]  No

If yes, describe circumstances:

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

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| The ARC decided to conduct a full evaluation for Bradly, within the next 60 school days. Once the evaluation is complete and progress monitoring data collected during that time, the ARC will meet back to determin if Bradly is ready to attend full days or what we need to do to best serve him.  |

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: [ ]  Yes [ ]  No DATE:

### FOR KDE USE ONLY

WAIVER NO.: DATE:

RECEIVED AT KDE: DATE:

 *(Reviewer’s Initials)*