SPENCER COUNTY PUBLIC SCHOOLS
Board of Education Agenda Item

Item # _____ **Meeting Date** 9/28/2015

Topic/Title Shortened School Week/SCHS Student

Presenter _____

Origin

_____ **Topic presented for information only** ***(no board action required).***

____ **Action requested at this meeting.**

__X__ **Item is on the consent agenda for approval.**

_____ **Action requested at future meeting,** _____(date).

__X__ **Board review required by –**

__X__ **State or federal law or regulation**

_____ **Board of Education policy**

_____ **Other** _____

Previous Review, Discussion or Action

____X____ **No previous Board review, discussion or action**

_____ **Previous Review or Action**

Date: _____

Action: _____

Background/Summary of Information

Shortended School Week waiver requires BOE approval by KDE.

Impact on Resources (REQUIRES FINANCE OFFICER'S INITIALS OF REVIEW)

___ **Finance Officer**

SUPERINTENDENT'S RECOMMENDATION

Request approval for a shortened school week as required.

Kentucky Department of Education
Division of Learning Services Services
NOTICE OF SHORTENED SCHOOL DAY and/or WEEK
2015-2016

Date of Request: 9/21/15

Special Education Cooperative	Ohio Valley Educational Cooperative		
District:	Spencer County Schools	District Number:	541
Director of Special Education:	Todd Russell	Phone Number:	502-477-6787
School:	Spencer County High School		
Principal:	Curt Haun		

Student Information			
Full Name:	[redacted]	Disability:	[redacted]
Age:	[redacted]	SSID:	[redacted]

Teacher Information			
Full Name:	Amanda Bruce	Grade Taught:	9 through 14
Classroom Type:	Resource Room		
Special Education Code:	6010		

Type of Request (Check all that apply):

☒ Shortened Week ☐ Shortened Day

Shortened School Week *(SWD)*:

1a. Check the days of attendance for this student according to their current IEP?

☒	Monday	☐	Tuesday	☒	Wednesday	☐	Thursday	☒	Friday

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

The student is in grade 14 and will be transitioning to the Apple Patch program for next school year (16-17). The ARC decided that it would be best for the student if he attended the Apple Patch 2 days a week and SCHS 3 days a week at this time, in order to help with the transition for next school year.

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

BEGINNING TIME: 7:40am ENDING TIME: 2:30pm

1d. Provide the beginning and ending times for this student according to current IEP?

BEGINNING TIME: 7:40am ENDING TIME: 2:30pm

Shortened School Day *(SSD)*:

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

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

BEGINNING TIME: ENDING TIME:

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

BEGINNING TIME: ENDING TIME:

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 student is in grade 14 and will transition to the Apple Patch program full-time next school year (16-17).

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):

N/A

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)