

SPENCER COUNTY PUBLIC SCHOOLS
Board of Education Agenda Item

Item # _____ Meeting Date 9/28/2015

Topic/Title Shortened School Week /SCMS 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

_____ No previous Board review, discussion or action

X Previous Review or Action

Date: 10/27/2014

Action: approved for the 14-15 school year

Background/Summary of Information

Shortened school week waiver requires BOE approval by KDE.

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

_____ Finance Officer

SUPERINTENDENT'S RECOMMENDATION

Recommend 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 Middle School		
Principal:	Matt Mercer		

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

Teacher Information			
Full Name:	Tammy Hawkins	Grade Taught:	6 through 8
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?

<input checked="" type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input checked="" type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input checked="" type="checkbox"/> Friday
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1b. Describe the reason(s) why this student requires a **Shortened School Week**:

The student transitioned back from home/hospital at the end of the 13-14 school year for 2 days a week. Last school year (14-15), the ARC made the decision to up her schedule to 3 days a week. The physician has recommended her to stay at 3 days a week for this school year (15-16) as medical issues still are present.

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?

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Yes

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No

If yes, describe circumstances:

The student was on home/hospital for medical issues during the 13-14 school year.

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

The ARC, pending physician approval, would like to add more days in the near future as the students medical conditions improve.

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

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Yes

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No

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

13-14 Bullitt County (2 days a week)
14-15 Spencer County (3 days a week)

6. Is there a signed Physician statement:

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Yes

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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)