

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

**Date of Request:** 1/11/16

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?

<input checked="" type="checkbox"/> Monday	<input checked="" 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 is in grade 14 and will be transitioning to a day program for next school year (16-17). The ARC decided that it would be best for the student if he attended the day program once a week and SCHS 4 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:

N/A

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:

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 a day program full-time next school year (16-17).

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):

N/A

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:

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(Reviewer's Initials)