***Kentucky Department of Education***

***Division of Learning Services Services***

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

**2015-2016**

**Date of Request:** 2/25/16

|  |  |
| --- | --- |
| Special Education Cooperative |  |
| District:  | Elizabethtown Independent Schools | District Number: | 152 |
| Director of Special Education: | Kristin Froedge | Phone Number: | 270-769-2359 |
| School: | Morningside Elementary School |
| Principal: | Karla Buckingham |

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| **Student Information** |
| Full Name: |       | Disability: |  |
| Age: | 10 | SSID: |       |

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| **Teacher Information** |
| Full Name: | Samantha Daniel | Grade Taught: | 1 through 5 |
| Classroom Type: |  |
| Special Education Code: |  |

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

 [ ]  Shortened Week [x]  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**:

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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 student's behavior has increased a great deal since September. It is thought that the length of the school day is causing him to be aggitated resulting in the increase in behaviors as the day progressses. Parent is working with doctor to discuss medication. Doctor agreed that at this time a shortened school day may benefit him.  |

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

BEGINNING TIME: 7:50pm ENDING TIME: 2:55pm

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

BEGINNING TIME: 12:00pm 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 will be in regular contact with parent to discuss medication and track his behavior. As he is able, we will integrate him back into a full school day.  |

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)*