SPENCER COUNTY SCHOOLDISTRICT
Agenda Item

Item # _____ **Meeting Date** __9/26/2016__

Topic/Title ___Shortened School Day/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:

Impact on Resources (REQUIRES FINANCE OFFICER'S INITIALS OF REVIEW).
___ **Finance Officer**

Timetable for Review or Action.

SUPERINTENDENT'S RECOMMENDATION

Recommend approval as presented.

Date of Request: 8/30/16

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:	▓▓▓▓▓▓▓▓	Disability:	▓▓▓▓
Age:	▓▓	SSID:	▓▓▓▓▓▓

Teacher Information			
Full Name:	Kathy Fickel	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**:

N/A

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**:

The student was on Home Hospital from 1/5/16 through the end of the school year due to medical complications. She currently has daily medical treatment in the morning and will be attending once that is complete every school day (10:30am).

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

BEGINNING TIME: 10:30am   ENDING TIME: 2:30pm

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

BEGINNING TIME: 10:30am   ENDING TIME: 2:30pm

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

☒   Yes   ☐   No

If yes, describe circumstances:

The student was on Home Hospital from 1/5/16 through the end of the school year due to medical complications.

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

As the student recovers, gains stamina, and no longer requires morning medical treatment we will reconvenue the ARC to discuss full day attendance.

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):

SWD: 2014-2015 SWD: 2015-2016

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)

Notice of Shortened School Day / Week
2015-2016 *Rev 09/10/2015*