

Kentucky Department of Education
Division of Learning Services Services
NOTICE OF SHORTENED SCHOOL DAY and/or WEEK
2016-2017

Date of Request: 2/16/17

Special Education Cooperative	Central Kentucky Educational Cooperative		
District:	Nelson	District Number:	451
Director of Special Education:	Cheryl Pile	Phone Number:	502-349-7000
School:	Foster Heights		
Principal:	Jeremy Hill		

Student Information			
Full Name:	[REDACTED]	Disability:	[REDACTED]
Age:	7	SSID:	[REDACTED]

Teacher Information			
Full Name:	[REDACTED]	Grade Taught:	1 through 1
Classroom Type:	Regular Education Class (Co-Teaching)		
Special Education Code:	6263 - Co-Teaching Model		

Type of Request (Check all that apply):

☐ Shortened Week ☒ Shortened Day

Shortened School Week (SWD):

1a. What are the days of attendance for this student according to current IEP?

--

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

--

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**:

Student had Chiari 1 Malformation with recent spinal decompression surgery - He returned full time starting February 3 and was not able to handle a full day so Dr recommendation is half day until symptom resolution or cleared by office.

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

BEGINNING TIME: 8:10 ENDING TIME: 3:15

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

BEGINNING TIME: 8:10 ENDING TIME: 11:50

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

☒

Yes

☐

No

If yes, describe circumstances:

Student went from Home hospital to a full school day on Feb 3 but is not able to handle a full day.

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

ARC will reconvene once student is cleared by physician.

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):

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

RECEIVED AT KDE:

DATE:

RECEIVED AT KDE:

DATE:

(Reviewer's Initials)

U of L Physicians

U of L Physicians Neurosurgery & Rehab - KY

220 Abraham Flexner, Suite 1200

Louisville, KY 40202

Phone: (502) 584-3377/Fax: (502) 584-3480

MRN: 10000825843

Encounter Date: 02/13/2017 10:00AM

Patient Information

[REDACTED]
[REDACTED]

DOB: [REDACTED]

Phone: (H) (502) 827-3260

Message

[REDACTED] is able to return to school with the following restrictions:

[REDACTED] to attend school half days only until symptom resolution or until cleared by this office to resume full days. Continue current IEP plan and accommodations. He is not to be penalized for any time missed. Please call office with any questions/concerns.

Sincerely,

Katy Thompson APRN

Katy Thompson, APRN

Signatures

Electronically signed by : Kathryn Thompson, APRN; Feb 13 2017 10:50AM EST

KTH
2/14/17

Phelps

Student Name [REDACTED]

DOB: [REDACTED]

KY IEP, Page 1

Date of ARC: 02/03/2017

Individual Education Program (IEP)

Nelson County
288 Wildcat Ln
Bardstown, KY 400045277
(502)349-7000x2330

Plan Information

Meeting Date: 02/03/2017	Start Date: 02/16/2017	End Date: 10/27/2017
Special Ed Status: Active		Special Ed Setting: (age 6-21) >80% of day in general ed programs
Primary Disability: [REDACTED]		

Plan Amendments

Amended Section	Reason for Amendment
Education Plan	amending to add shortened school day in SAS and LRE
Supp. Aids and Services	adding shortened school day
Least Restrictive Environment	adding shortened school day information

Student Information

Student Name: [REDACTED]	[REDACTED]	Student ID: [REDACTED]
Address: [REDACTED]	District of Residence: [REDACTED]	
School of Attendance: FOSTER HEIGHTS ELEMENTARY SCHOOL	Grade: 01	Gender: M Race (Ethnicity Code): White

Present Level of Academic Achievement and Functional Performance

Present Levels of Academic Achievement and Functional Performance, including how the disability affects the student's involvement and progress in the general curriculum:

(For preschool children include the effect on participation in appropriate activities. Beginning in the child's 8th grade year or when the child has reached the age of 14, a statement of transition needs is included.)

Communication Status

- ☐ Performance commensurate with similar age peers

At time of evaluation, [REDACTED] is a 6 year, 10 month old male, who was referred for language evaluation by his Admissions and Release Committee following difficulty with the PLS-5 language screening which was completed following concerns noted in his kindergarten classroom, difficulties with his initial kindergarten language screening and parents providing an outside psychoeducational evaluation. [REDACTED] classroom teacher reported that [REDACTED] exhibited difficulties in the classroom related to his ability to ask and answer questions, formulate sentences, telling stories and elaborating on content at the same level as his peers. [REDACTED] articulation, voice and fluency were deemed age appropriate by speech/language pathologist at time of screening and this was confirmed by Ms. Tindle, his Kindergarten classroom teacher at time of referral.

Screening and observations completed before surgery suggest that language difficulties seen post-surgery were also present before surgery.

LANGUAGE ASSESSMENT:

[REDACTED] was administered 2 standardized language measures. Detailed subtest scores can be found on the attached Language Assessment Summary; however, on both measures of comprehensive language skills, the Oral and Written Language Scales – 2nd edition (OWLS II), and the Clinical Evaluation of Language Fundamentals (CELF-5) his scores fell in the low average to mildly impaired range for both his overall language scores as well as the majority of administered subtests. [REDACTED] Core Language and Index Scores consistently fell in the 76 to 79 Standard Score range (percentiles of 5-8), suggesting that [REDACTED] language skills do fall within the mildly impaired range when compared to same aged peers.

Further analysis of [REDACTED] performance on both measures suggests a relative strength in the area of receptive language, especially on tasks in which he was given answers to choose from as opposed to when he was asked to formulate answers on his own without choices. Word meaning/semantics, also known as vocabulary skills are also a relative strength for [REDACTED]. Tasks which were more difficult for [REDACTED] included those which relied heavily on short term/working memory and recall. Within the realm of receptive language/listening comprehension; recalling sentences verbatim, for example, was more difficult for him than following directions. Expressively [REDACTED] performed much better on

Present Level of Academic Achievement and Functional Performance

syntactic/grammar tasks when given a model or prompt. However, when he was asked to come up with his own sentence, he exhibited grammar errors that were not seen in the more modeled/repetitive grammar tasks. Some pragmatic areas of difficulty are noted, especially during observations, where [REDACTED] appeared to have difficulty remaining on topic during even short discussions. He will often start answering/conversing on topic, but his mind quickly appears to move on to another subject before his original thought/answers are fully communicated. It is unclear at this time whether this is due to his underlying language impairment or attention/focus/executive functioning difficulties noted to increase since his surgery this summer. Along these same lines, during observations, it was noted that [REDACTED] will often ask questions, but then will not wait for a complete response before moving on to another topic. This type of difficulty with attention to speaker/attention to task is noted consistently throughout his observations and speaks to difficulties not seen during the structured standardized testing environment. When looking at [REDACTED] overall language skills a combination of language strengths and weaknesses suggest his overall language abilities fall in the mildly impaired range. Areas of greatest need appear to be grammar related difficulties, especially when asked to formulate complete sentences independently and staying on topic when answering questions. Other language weaknesses are seen intermittently throughout testing; however, these are two areas in which he appears to have consistent difficulty.

ADVERSE IMPACT/SUMMARY/RECOMMENDATIONS:

When considering standardized test measures, observations and teacher/parent interviews, it is the professional opinion of this evaluator that [REDACTED] performance is indicative of mildly impaired language skills which adversely impact his education by making it difficult for him to understand longer length material in the classroom and communicate his knowledge at an age appropriate level in the classroom environment.

Academic Performance

- ☒ Performance commensurate with similar age peers

Health, Vision, Hearing, Motor Abilities

- ☐ Not an area of concern at this time

[REDACTED] past medical history is remarkable for diagnoses of seizures and Chiari 1 Malformation with recent spinal decompression surgery. He has Rolandic epilepsy and takes seizure medication twice per day. See Neuro-psychological Report from Norton Neuroscience Institute for more details. Parents report that his seizure activity has increased since his surgery; however, they only occur at night. She states that his seizures look like uncontrolled shaking but [REDACTED] is still able to communicate during these episodes. She states that if this occurs at school, it is important to try to take [REDACTED] through it to keep calm. It should also be noted that parents do report there has been some apparent decrease in executive functioning/attention and visual spatial skills since surgery this summer, but these difficulties appear to come and go from day to day. They also report sensory processing disorder.

Social and Emotional Status

- ☒ Performance commensurate with similar age peers

General Intelligence

- ☒ Performance commensurate with similar age peers

Functional Vision/Learning Media Assessment

- ☒ Not an area of concern at this time

Functional Hearing, Listening, & Communication Assessment

- ☒ Not an area of concern at this time

Student Name: [REDACTED]
DOB: [REDACTED]

KY IEP, Page 3
Date of ARC: 02/03/2017

Present Level of Academic Achievement and Functional Performance

Transition Needs

- ☒ Not an area of concern at this time (Checking this box is not an option when the student is in the 8th Grade or 14 years or older because transition must be addressed for these students)

Check all areas of need as identified by the Admissions and Release Committee (More than one area may be checked.)

- | | |
|---|--|
| <input type="checkbox"/> Instruction | <input type="checkbox"/> Related services |
| <input type="checkbox"/> Community Experiences | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Daily Living Skills | <input type="checkbox"/> Post School Adult Living Objectives |
| <input type="checkbox"/> Functional Vocational Evaluation | |

Consideration of Special Factors for IEP Development

(The ARC MUST address each question below and consider these issues in the review and revision of the IEP.)

Does the child's behavior impede his/her learning or that of others?

- ☐ Yes ☒ No

If Yes, consider, if appropriate, strategies, including positive behavioral intervention strategies and supports to address that behavior.

Does the child have limited English proficiency?

- ☐ Yes ☒ No

If Yes, what is the relationship of language needs to the IEP?

Is the child blind or visually impaired? ☐ Yes ☒ No If Yes, the IEP Team must consider:

- Is instruction in Braille needed? ☐ Yes ☐ No
- Is use of Braille needed? ☐ Yes ☐ No
- Will Braille be the student's primary mode of communication? ☐ Yes ☐ No

(See evaluation data for supporting evidence.)

For Math & Science, student will need: (Please check one)

- ☐ Unified English Braille (UEB) only
☐ Unified English Braille (UEB) w/Nemeth Code

Does the child have communication needs? ☒ Yes ☐ No If Yes, specify below:

- ☒ See Present Levels for Communication Status

☐ Other (Specify):

Is the child deaf or hard of hearing? ☐ Yes ☒ No If Yes, the IEP Team must consider:

- The child's language and communication needs; Describe:
 - ☐ See Present Levels for Communication Status and Functional Hearing, Listening and Communication Assessment.
 - ☐ Other (Specify):
- Opportunities for direct communications with peers and professional personnel in the child's language and communication mode, academic level and full range of needs; Describe:
- Any necessary opportunities for direct instruction in the child's language and communication mode. Describe:

Student

KY IEP, Page 4

DOB

Date of ARC: 02/03/2017

Consideration of Special Factors for IEP Development

(The ARC MUST address each question below and consider these issues in the review and revision of the IEP.)

Are assistive technology devices and services necessary in order to implement the child's IEP?

☐ Yes ☒ No

If Yes, include appropriate devices in the 'Statement of Devices/Services' below.

Statement of Devices/Services: If the ARC answers Yes to any of the questions above, include a statement of services and or devices to be provided to address the above special factors.

- ☒ See Specially Designed Instruction
☒ See Supplemental Aids and Services
☐ See Behavior Intervention Plan
☐ Other (Specify):

Measurable Annual Goals and Benchmarks**Annual Measurable Goal (# 1):**

When participating in therapeutic tasks, [redacted] will give a grammatically correct and on topic answer to questions he is asked, with 80% accuracy across 3 consecutive weeks, as measured by ongoing progress data.

Method(s) of Measurement:

Direct Measures

Specially Designed Instruction:

direct instruction in grammar skills, direct instruction in understanding and use of listening strategies, question answering strategies (ex. turning question around into statement as a starter phrase), and strategies to help him remain on topic, visual strategies and cueing

For the IEP to be in effect by the child's 16th birthday and thereafter:

This annual goal will reasonably enable the student to meet the student's postsecondary goal in the area(s) of:

- ☐ Education/training ☐ Employment ☐ Independent living

Benchmarks/Short-Term Instructional Objectives

1. When participating in therapeutic tasks, [redacted] will produce a grammatically correct sentence in response to a picture prompt, with 80% accuracy across 3 consecutive weeks, as measured by ongoing progress data.
2. When given visual prompt and short paragraph read to him, [redacted] will answer WH-s related to material with 80% accuracy across 3 consecutive weeks, as measured by ongoing progress data.
3. When presented with visual cues and prompts during therapeutic language tasks, [redacted] will remain on topic for a total of 6 conversational turns (3 turns Caleb/3 turns peer or SLP) with 80% accuracy across 3 consecutive weeks, as measured by ongoing progress data.
4. When participating in therapeutic tasks, [redacted] will be able to state and exhibit understanding of language strategies that have been taught to him (ex. listening, answering questions, remaining on topic), with 80% accuracy across 3 consecutive weeks, as measured by ongoing progress data.

Reporting Progress

- ☒ Concurrent with the issuance of Report Cards
☐ Other, specify

Student Name [REDACTED]

DOB: [REDACTED]

KY IEP, Page 5

Date of ARC: 02/03/2017

Supplementary Aids and Services

Statement of Supplementary Aids and Services, to be provided to the child or on behalf of the child.

Due to [REDACTED] language impairment and resultant grammar weaknesses he requires emphasis of grammatical markers and cues to correct grammar errors in his conversational speech in the general education classroom. Difficulties in answering questions, especially about paragraph length or longer material also suggest a need for frequent checks for understanding and employing the use of multiple choice type questions when wanting to assess [REDACTED] true knowledge about content. Visual prompting and cueing

Due to his medical diagnosis, he does not need to engage in rough play or contact sports in PE or recess or lift heavy objects (nothing over 5 pounds).

[REDACTED] will participate in a shortened school day. His school day will end at 11:50am.

Accommodations for Administration of State Assessments and Assessments in the Classroom

☒ ARC determined no accommodations needed.

In order to justify appropriateness of accommodations for any state mandated tests, the testing accommodations must be used consistently as part of routine instruction and classroom assessment as well as meet all additional requirements established by the *Inclusion of Special Populations in the State-Required Assessment and Accountability Programs, 703 KAR 5:070* document.

NOTE: The Kentucky Administrative Regulations regarding accommodations on state testing dictate whether a student may use a particular accommodation during the administration of state tests. Any IEP test accommodation that the regulations determine will invalidate a particular test or type of test shall not be utilized in administration of such tests to the student.

- | | |
|---|---|
| <input type="checkbox"/> Readers | <input type="checkbox"/> Scribes |
| <input type="checkbox"/> Paraphrasing | <input type="checkbox"/> Calculator |
| <input type="checkbox"/> Reinforcement and behavior modification strategies | <input type="checkbox"/> Use of Technology |
| <input type="checkbox"/> Manipulatives | <input type="checkbox"/> Braille |
| <input type="checkbox"/> Interpreters | <input type="checkbox"/> Extended time |
| <input type="checkbox"/> Other, specify: | <input type="checkbox"/> Time and a Half <input type="checkbox"/> Double Time |

Program Modifications/Supports for school personnel that will be provided

Supports for school personnel:

☒ Not needed at this time

Least Restrictive Environment (LRE) and General Education

Explain the extent, if any, to which the student will not participate in general education (content area):

[REDACTED] will only be pulled from his general education environment 8x25 minutes per month, in order to receive intensive therapeutic language interventions which cannot be successfully provided within the general education environment due to extensive numbers of scaffolded language productions and grammar models and repetitions needed to elicit change in expressive language skills.

[REDACTED] will need to not engage in rough play or contact sports during PE or recess.

[REDACTED] will participate in a shortened school day. His school day will end at 11:50am.

Special Education Services

Type of Service	Anticipated Frequency and Duration of Service					Service Provider (by Position)	Location (e.g., Regular Classroom, Resource Room, Separate Class)
	Service Minutes (Per Service Frequency)	Service Frequency (Number of times provided per Service Period)	Service Period (Daily, Weekly, Monthly, Annually)	Start Date	End Date		
Special Education	25.0 minutes	8.0 times per	month	02/16/2017	10/27/2017	Speech	speech resource

Student [REDACTED]
DOB [REDACTED]

KY IEP, Page 6
Date of ARC: 02/03/2017

Extended School Year

Are extended school year services required for this student?

☐ Yes ☒ No ☐ More data needed

If the ARC determines ESY services are to be provided, describe the service and indicate to which annual goal or goals the service is related. If the ARC determines no ESY services are to be provided, please document the reason(s) for this decision.

This [REDACTED] initial IEP; therefore there is no data with which to determine need for ESY.

Nelson County
288 Wildcat Ln
Bardstown, KY 400045277
(502)349-7000x2330

**CONFERENCE SUMMARY
REPORT**

Student's Full Name: [REDACTED] [REDACTED] ARC Date: 02/16/2017

Date of Birth: [REDACTED] Grade: 01

School: FOSTER HEIGHTS ELEMENTARY SCHOOL

BASIS FOR THE ARC DECISIONS

I. DESCRIPTION OF EACH EVALUATION PROCEDURE, TEST, RECORD, OR REPORT USED AS BASIS FOR THE ARC DECISIONS. The following items were considered. (See attached explanation of evaluation procedures.):

- | | | |
|---|--|--|
| <input type="checkbox"/> Written Assessment Report Date: | <input type="checkbox"/> Developmental Assessment | <input type="checkbox"/> Academic Performance Assessment |
| | <input type="checkbox"/> Behavior Observations | <input type="checkbox"/> Physical Therapy Assessment |
| <input checked="" type="checkbox"/> Student Progress in Achieving IEP Goals | <input type="checkbox"/> Communication Assessment | <input type="checkbox"/> Occupational Therapy Assessment |
| <input type="checkbox"/> Intervention Data | <input type="checkbox"/> Receptive Language Assessment | <input type="checkbox"/> Assistive Technology Evaluation |
| <input type="checkbox"/> Referral | <input type="checkbox"/> Expressive Language Assessment | <input type="checkbox"/> Social/Cultural Factors |
| <input type="checkbox"/> Educational History | <input type="checkbox"/> Speech Sound Production Assessment | <input type="checkbox"/> Behavior Rating Scales |
| <input type="checkbox"/> Developmental History | <input type="checkbox"/> Oral Mechanism Evaluation | <input type="checkbox"/> Adaptive Behavior Scale |
| <input type="checkbox"/> Vision Screening | <input type="checkbox"/> Fluency Evaluation | <input type="checkbox"/> Social Competence Assessment (Emotional/Behavioral) |
| <input type="checkbox"/> Hearing Screening | <input type="checkbox"/> Voice Evaluation | <input type="checkbox"/> Behavioral Data/Logs |
| <input type="checkbox"/> Health Screening | <input type="checkbox"/> Augmentative Comm. Assessment | <input type="checkbox"/> Discipline Referral(s) |
| <input type="checkbox"/> Communication Screening | <input type="checkbox"/> Hearing Evaluation | <input type="checkbox"/> Functional Behavior Assessment (FBA) |
| <input type="checkbox"/> Cognitive Screening | <input type="checkbox"/> Vision Evaluation | <input type="checkbox"/> Technical/Vocational Assessment |
| <input type="checkbox"/> Academic Performance Screening | <input type="checkbox"/> Braille Skills Inventory | <input type="checkbox"/> Individual Family Service Plan (IFSP) |
| <input type="checkbox"/> Motor Screening | <input type="checkbox"/> Individual Learning Plan (ILP) | <input type="checkbox"/> Orientation and Mobility Assessment |
| <input type="checkbox"/> Social/Emotional Competence Screening | <input type="checkbox"/> Functional Vision/Learning Media Assessment | <input type="checkbox"/> Health/Medical Evaluation or Statement |
| <input type="checkbox"/> Motor Abilities | <input type="checkbox"/> Perceptual Abilities Assessment | <input type="checkbox"/> Cognitive/Intellectual Assessment |
| <input type="checkbox"/> Multi-Year Course of Study | <input type="checkbox"/> Other Data: (Specify Below if Any) | |

II. DOCUMENT PARENT CONCERNS AND INPUT

Mr. Shain brought in updated doctor statement in order to discuss a shortened school day.

III. OPTIONS/ACTIONS CONSIDERED AND REASONS FOR THE DECISIONS

E. IEP DEVELOPED/REVIEWED/REVISED

• (A new IEP must be developed at least annually for continued eligibility).

- ☒ An Individual Education Program has been developed, reviewed, or revised.
- ☐ An Individual Education Program has been reviewed and remains appropriate until Annual Review.

E. IEP DEVELOPED/REVIEWED/REVISED

☐ An Individual Education Program has NOT been developed, reviewed, or revised.

F. PLACEMENT OPTIONS AND DECISIONS

• Based on the review of assessment data and the completed IEP, the ARC discussed the following placement option(s):

Placement Option Considered	Accepted	Reason Accepted/Rejected
Full time general education environment (Participation only in the regular education environment, including classes with co-teaching)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Progress data support [REDACTED] cannot be successful in the general education environment without the support of supplementary aids and services and specially designed instruction. With the support of supplementary aids and services and specially designed instruction, [REDACTED] can be successful in the combination of the general setting with support through co-teaching and the resource therapy setting.
Part-time general education and Part-time special education environment. (Participation in regular education, which may include co-teaching, and special education environments; any time the student is removed from regular education, regardless of the amount of time).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Progress data support [REDACTED] cannot be successful in the general education environment without the support of supplementary aids and services and specially designed instruction. With the support of supplementary aids and services and specially designed instruction, [REDACTED] can be successful in the combination of the general setting with support through co-teaching and the resource therapy setting.
Full-time special education environment (Participation only in a special education environment; no participation with non-disabled peers for any part of school day)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Consideration of Potential Harmful Effects

- ☒ There are no potential harmful effects of the placement on the child or on the quality of services needed by the child.
- ☐ Potential harmful effects identified and modifications to compensate are outlined below:

VI. OTHER FACTORS RELEVANT TO THE ACTION

Identified factors relevant to the action as follows specified below:

- ☒ None identified
- ☐ Identified factors relevant to the action as follows:

SUMMARY NOTES**Purpose of Meeting**

- To develop, review, and/or revise the student's IEP and make placement decisions
- Other: review physician's statement

SUMMARY NOTES**Summary Notes**

Purpose of meeting: To review Physician's statement and make revise the IEP as necessary

In Attendance: [REDACTED], Mary Beth Clements (ARC Chair), Debbie Buckman (SLP), and Whitley Phelps (General ed. teacher).

Introductions were made and purpose of meeting was stated. A Copy of procedural safeguards were offered and explained [REDACTED]

The committee met at the request [REDACTED] to review a new physician's statement regarding [REDACTED] health and participation in the full time school setting. The committee met on February 3, 2017 and determined at that time that [REDACTED] would return to school full time after being on home/hospital since the beginning of the school year.

The doctors recommendation stated [REDACTED] needs to participate in a shortened school day until symptom resolution or until cleared by the doctor [REDACTED] tried to participate in the full time school day, however, it was too much [REDACTED] to handle at this point. The committee discussed which portion of the day would be best for [REDACTED] to attend. Dad stated he does best in the mornings. The committee agreed that [REDACTED] would attend school in the morning for a half day. His school day would end at 11:50am. The IEP was amended to reflect the shortened school day in the supplementary aids and services and LRE.

The committee will reconvene when the doctor feels [REDACTED] is ready to return to full school days.

Minutes reviewed. There were no further questions/concerns. Conference summary signed by members present.

Student Full Name: [REDACTED]

[REDACTED]

Bi: [REDACTED] ARC Date: 02/16/2017

VII. ADMISSIONS AND RELEASE COMMITTEE MEMBERS

I have been advised, in my native language, and I understand the contents of this notice. I have a copy and have received an explanation of my procedural safeguards as parent of a student with a disability or as a student with a disability. I understand that I can receive an additional copy of my procedural safeguards, a further explanation of my rights, or assistance in understanding the content of this notice by contacting the student's school or the Director of Special Education.

Parent(s)/Student*: [Signature] ☐ Parent participated via alternate means.

Typed/Printed Name(s): Andrew Shain

*(if age 18 or older or younger if appropriate)

☐ Parents did not attend meeting. A copy of Parent Rights, if necessary, and appropriate Due Process forms were:

Date: _____

☐ Mailed ☐ Delivered by school personnel ☐ Sent home with student

☐ Emailed ☒ Sent by fax

Mary Beth Clements

[Signature]
Signature

Debbie Buckman

[Signature]
Signature MS CCC SLP

ARC Chair

Speech Therapist (SLP)

Whitley Phelps

[Signature]
Signature

General Education
Teacher

EVALUATION, PROCEDURE, TEST, RECORD, OR REPORT

Oral Mechanism Evaluation measures the ability of the oral motor structure and function to support speech.

Orientation and Mobility Assessment measures the ability of the student with visual limitations to travel safely and efficiently in familiar and unfamiliar environments.

Perceptual Abilities Assessment measures the student's visual-motor integration abilities.

Rating Scales measure a student's behavior in a variety of areas such as hyperactivity, inattention, impulsivity, depression and inappropriate behaviors across settings.

Receptive Language Assessment measures the ability to process and understand language as well as same age peers of the same community and examines the skills in the area of listening.

Referral means information about a student suspected of having a disability that is used by the ARC to help determine the need for an evaluation.

Screening means a systematic effort to identify physical and mental health barriers impacting the learning of an individual student.

Social Competence Assessment (emotional/behavioral) measures the student's adaptive behaviors in social situations and social skills that enable the student to meet environmental demands and to assume responsibility for his/her own welfare.

Social/Cultural Factors include relationships with peers, family, and others; dominant language of the student and the family and any cultural factors; expectations of the parents for the student in the home, school and community environments; services received in the community; economic influences; and the impact of home, school, and community.

Speech Sound Production is a disorder of the phonological system and/or its articulatory aspect and is characterized by speech that is difficult to understand or that calls attention to the production of speech. An evaluation includes but is not limited to administration of norm-referenced measure and functional procedures which assess use of speech sounds in conversation.

Student Progress in Achieving IEP Goals refers to data collected related to the performance of the student toward mastery of the IEP objectives.

Technical/Vocational Assessment may include general work habits; dexterity; following directions; working independently or with job support or accommodation(s); job interests or preferences; abilities (aptitude); other special needs; job-specific work skills; interpersonal relationships and socialization; and related work skills.

Vision Evaluation may include vision screening, functional vision evaluation, visual examination, and/or medical examination.

Voice Evaluation measures respiration, phonation and resonance regarding vocal quality and the appropriate use of voice throughout the day. This also includes a physical examination of the oral structure and a medical examination conducted by an appropriate medical professional (e.g. otolaryngologist).

Voice Evaluation measures respiration, phonation and resonance regarding vocal quality and the appropriate use of voice throughout the day. This also includes a physical examination of the oral structure and a medical examination conducted by an appropriate medical professional (e.g. otolaryngologist).

Written Assessment Report includes interpretations of each test or procedure used and gives an analysis of the student's strengths and weaknesses as they relate to his or her educational needs.

EVALUATION, PROCEDURE, TEST, RECORD, OR REPORT

Academic Performance Assessment is a systematic appraisal and analysis of a student's educational achievement in such areas as basic and content reading; reading comprehension; mathematics calculation, reasoning and application; written expression; oral expression; listening comprehension, learning preference and style, and work samples.

Adaptive Behavior Scales provides information relating to the attainment of skills that lead to independent functioning as an adult.

Assistive Technology Evaluation may include a functional evaluation in a child's customary environment, a determination of the type of technology required, and/or the need for instruction in the use of the assistive technology.

Augmentative Communication Assessment evaluates the need for an alternative system to support, enhance, or supplement the communication of a student.

Behavioral Data/Logs is a systematic method of documenting problematic behaviors over an extended period of time.

Behavioral Observations provide written documentation of a current pattern of behavior over time and across settings, including targeted behaviors, and are conducted in the environment in which the targeted behaviors occur.

Braille Skills Inventory is an assessment of a student's potential for reading and writing in Braille.

Cognitive/Intellectual Assessment gives an appraisal of the mental processes by which an individual acquires knowledge, including thinking, reasoning, and problem solving skills.

Communication Assessment measures any means (e.g., speech, sign language, gestures, and writing) by which a student relates experiences, ideas, knowledge, and feelings to another.

Developmental Assessment (Early Childhood) measures a preschool student's educational/developmental abilities in the areas of cognition, social-emotional, adaptive behavior, language, and motor.

Developmental History provides written documentation from parent/guardian regarding health or medical information; family factors; developmental milestones; relationships with peers/family and others; and parental observations and expectations of the child in the home, community, and school.

Discipline Referral(s) is a written report of behavior violation that is submitted to a principal or other school administrator for a decision of disciplinary action, if classroom discipline measures do not correct the misconduct or if the behavior is a serious offense.

Educational History may include school(s) attended, patterns of attendance, current level or grade placement, achievement data and grades, programs attended, and other relevant data.

Expressive Language Assessment measures the ability to process and express thought through language as well as same age peers of same community and examines the skills in the area of speaking.

Fluency Evaluation measures the flow or smoothness of connected speech.

Functional Behavior Assessment (FBA) analyzes the student's behavior to determine the function the behavior serves for the student. An FBA is a problem solving approach that enables the examiner to determine what is triggering and maintaining the inappropriate behavior.

Functional Vision/Learning Media Assessment includes formal and informal evaluation of the student's use of vision in performing a variety of activities throughout the school day (e.g., completion of tasks presented at a distance, travel through school). It is an objective process of systematically selecting learning and literacy media (e.g. effective print size and contrast and lighting requirements).

Health/Medical Evaluation or Statement refers to a report/documentation of (an) examination(s) by a licensed physician or other qualified health-care professional that verifies the diagnosis and nature of an illness or impairment and any limitations resulting from the illness or impairment.

Hearing Evaluation may include assessments of hearing acuity, speech discrimination, speech perception, and auditory processing. When the individual uses amplification, assessments may be conducted in both the unaided and aided conditions.

Individual Family Service Plan (IFSP) is a written plan based on family concerns that the parent(s) and those who provide First Steps services to a child develop to show what services the child will receive and how those services will help the child's developmental needs.

Intervention Data is a collection of ongoing progress monitoring data that provides objective information to determine which students are making adequate progress toward a specific goal and benefiting from the current intervention. These data assist with the decision to continue, modify, stop, or begin a different instructional intervention. Intervention data is collected weekly, biweekly, bimonthly or monthly, depending on the intensity of the intervention that is being provided. Sufficient data should be gathered to reliably determine progress.

Motor Abilities involve the capacity to execute any movement by maneuvering one's body and/or limbs, which is necessary and essential to basic learning for a student's growth and development. (May include Occupational Therapy and/or Physical Therapy Assessments related to educational performance.)

Multi-Year Course of Study is a description of coursework from the student's current school year to the anticipated exit year designed to achieve the student's desired post-school goals.

Date: 2/14/17 2/15/17

☒ First Notice

☒ Second Notice

☐ Third Notice

Nelson County

NOTICE OF ADMISSIONS AND RELEASE COMMITTEE MEETING

Dear _____,

I am inviting you to attend a conference to discuss the educational needs of: _____

Student's Full Name

Date of Birth

PURPOSE FOR CONFERENCE (Check all which apply):

- ☐ To discuss a referral for an individual evaluation
☐ To discuss results of an individual evaluation and develop an IEP if eligible
☒ To develop, review, and/or revise the student's IEP and make placement decisions
☐ To discuss post-secondary transition needs and/or services
☐ To determine reevaluation needs ☐ To discuss disciplinary action
☐ At your request to discuss: _____
☒ Other: Review Physician's statement

This conference has been scheduled for:

Date: Thur., Feb. 16, 2017

Time: 7:40 a.m.

Location: FHES

Address (Optional): _____

☒ Parent agreed to meet prior to 7 calendar days from the date of this notice.

Other persons who have been invited to attend this meeting include:

- ☒ Chairperson (or District Representative) ☒ Regular Education Teacher ☐ Special Education Teacher
☐ Educational Diagnostician ☒ Speech-Language Pathologist ☐ Physical Therapist
☐ School Psychologist ☐ Occupational Therapist ☐ Student
☐ Other (Specify): _____ ☐ Other (Specify): _____

Agencies that have been invited to send a representative to discuss Transition needs and/or services (Required, if appropriate, by the child's 16th birthday and thereafter)

☐ Vocational Rehabilitation ☐ Other (Specify): _____ ☒ Not Appropriate at this time

You are welcome to bring any information, including formal or informal test results, work samples, etc. to the meeting. You may bring someone who has knowledge or special expertise regarding the student or someone to assist you at the meeting if you would like.

If you need us to schedule the conference at a different time, date, or location or if you require an interpreter please:

- call the District Representative listed below at the telephone number provided, or
- complete the bottom of this form and return it to the District Representative.

Sincerely,
Amber Ervin

502-349-7030

Name of District Representative

Telephone Number

Call or complete and return to the student's school.

Name of Student: Caleb Anthony Shain

- ☐ I will be attending this meeting ☐ I will NOT be attending this meeting
☐ I would like this meeting rescheduled – Suggested Date, Time and Location:

Date: _____ Time: _____ Location: _____

- ☐ I need to participate through alternate means: ☐ Phone Conference – Phone No.: _____
☐ Other _____

☐ I need an interpreter to attend the ARC Meeting Type of Interpreter: _____

Parent Signature: _____ Date: _____