

Kentucky Department of Education
Division of Learning Services Services
NOTICE OF SHORTENED SCHOOL DAY and/or WEEK
2018-2019

Date of Request: 10/18/18

Special Education Cooperative	Ohio Valley Educational Cooperative		
District:	<u>Spencer County</u>	District Number:	541
Director of Special Education:	Todd Russell	Phone Number:	502-477-6787
School:	Spencer County High School		
Principal:	Steve Webb		

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

Teacher Information			
Full Name:	Derek Cruise	Grade Taught:	9 through 9
Classroom Type:	Regular Education Class (Co-Teaching)		
Special Education Code:	6263 - Co-Teaching Model		

Type of Request (Check all that apply):

☐ Shortened Week (See #1,3-6) ☒ Shortened Day (See #2-6)

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**:

The student based upon physician recommendation will be on shortened school days through December 2018. The recommendation is based upon the students disability and home school status for multiple years.

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

BEGINNING TIME: 7:40am ENDING TIME: 2:30pm

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

BEGINNING TIME: 7:40am ENDING TIME: 11:30am

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

☐

Yes

☒

No

If yes, describe circumstances:

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

At the most recent ARC meeting on 10/10/18, a transition plan was put in place to have the student start full days in January 2019.

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:

10/22/18

FOR KDE USE ONLY

WAIVER NO.:

DATE:

RECEIVED AT KDE:

DATE:

(Reviewer's Initials)