

**Kentucky Department of Education
Division of Learning Services Services
NOTICE OF SHORTENED SCHOOL DAY and/or WEEK
2019-2020**

Date of Request: 9/10/19

Special Education Cooperative	Ohio Valley Education Coor		
District:	Spencer County	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:	Rachel Coleman	Grade Taught:	9 through 14
Classroom Type:	Resource Room		
Special Education Code:	6122 - FMD Resource		

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?

Tuesday and Thursday

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

The physician statement states, "allow child to attend school on 2 days per week between 11:30am and close of school, due to tube feeding schedule".
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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: 11:30am

ENDING TIME: 2:30pm

Shortened School Day (SSD):

2a. Describe the reason(s) why this student requires a **Shortened School Day**:

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:

Student was on Home/ Hospital Instruction due to medical issues and tube feeding schedule.

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

Student is a Senior and is on track to graduate with an Alternate Diploma.

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):

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

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No

DATE:

FOR KDE USE ONLY

WAIVER NO.:

DATE:

RECEIVED AT KDE:

DATE:

(Reviewer's Initials)