

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

Date of Request: 10/3/19

Special Education Cooperative	Green River Regional Educational Conference		
District:	Simpson County	District Number:	535
Director of Special Education:	Whitney Maxwell	Phone Number:	270-586-8877
School:	Franklin Elementary		
Principal:	Rachel Wright		

Student Information			
Full Name:		Disability:	Autism
Age:	5	SSID:	

Teacher Information			
Full Name:	Morgan Williams	Grade Taught:	K through K
Classroom Type:	Resource Room		
Special Education Code:	6032 - MMD Resource/Itinerant		

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?

Monday, Wednesday, Friday

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

The student has a current diagnosis of Autism and has been receiving therapy at the Hopebridge Autism Therapy Center. The student continues to need applied behavior analysis comprehensive 1-on-1 therapy to target techniques and strategies to promote positive change and independence. The therapist at Hopebridge has visited the school and the teachers from Franklin Elementary have visited Hopebridge to help create a cohesive environment that implements the same strategies at both settings. With the focus on early intensive behavioral interventions, the student will be able to master a variety of skills in and out of the classroom and home.

1c. Provide the typical beginning and ending time for students in this school?

BEGINNING TIME: 8:00 ENDING TIME: 3:00

1d. Provide the beginning and ending times for this student according to current IEP?

BEGINNING TIME: 8:00 ENDING TIME: 3:00

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:

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

The ARC has developed a plan for increasing the week by 1 day every quarter when goals/benchmarks are met. The student will be able to redirect and acquire coping skills to be successful in the classroom. Success will mean that staff will be able to pull out, teach skills and the student will then be able to implement those skills in the classroom. Social Stories will be presented to the student when the weeks will be extended so that anxiety is not increased. Sensory breaks will be given as needed to calm anxiety and reduce stress within the classroom. The school will continue to collaborate with the parents and providers to support a successful transition to school. The student will continue to receive ABA therapy to support the behavior issues through Hopebridge Autism Therapy Centers. The school and Hopebridge will continue to collaborate to put steps in place to provide strategies to help the student be successful. The ARC will meet between 6-8 weeks after the implementation of the shortened week to determine success based on progress monitoring.

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

☐

No

DATE:

FOR KDE USE ONLY

WAIVER NO.:

DATE:



September 17, 2019

To Whom It May Concern:

I have been treating _____ for the following diagnoses:

Autistic disorder, F84.0 (ICD-10) (Active)

Due to his diagnosis, I feel shortened school days would be beneficial so he can continue to go to Hope Bridge for two of the 5 days of school.

If you have any other questions or concerns, please feel free to call my office at 270-418-6337.

Sincerely,

A handwritten signature in cursive script that reads "Mary K. Green APRN".

Mary K. Green, APRN
Psychiatric Mental Health Nurse Practitioner

