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

Date of Request: 10/29/19

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: Disability: SSID:  Teacher Information  Full Name: OPERITY Grade Taught: 9 through 142  Classroom Type: Resource Room  Special Education Code: 6122 - FMD Resource  ype of Request (Check all that apply): Shortened Week X Shortened Day  hortened School Week (SWD): a. What are the days of attendance for this student according to current IEP?	Special Education Cooperative	Ohio Valley Education Coo	C	
Director of Special Education:  School:  Spencer County High School  Steve Webb  Student Information  Full Name:  Destiny Perry  Classroom Type:  Resource Room Special Education Code:  6122 - FMD Resource  //Pe of Request (Check all that apply):  Shortened Week  Shortened Day  Interest of Special Education Code (SWD):  What are the days of attendance for this student according to current IEP?	District:			541
School: Spencer County High School  Principal: Steve Webb  Student Information  Full Name: Disability: SSID:  Teacher Information  Full Name: Destiny Perry Grade Taught: 9 through 14  Classroom Type: Resource Room  Special Education Code: 6122 - FMD Resource  //Pe of Request (Check all that apply): Shortened Week  Shortened Day  nortened School Week (SWD): What are the days of attendance for this student according to current IEP?	Director of Special Education:			
Student Information  Full Name:  Age:  Teacher Information  Full Name:  Destiny Perry  Grade Taught:  9 through 14  Classroom Type:  Resource Room  Special Education Code:  6122 - FMD Resource  ype of Request (Check all that apply):  Shortened Week  Shortened Day  nortened School Week (SWD):  What are the days of attendance for this student according to current IEP?	School:			502-477-6787
Full Name:  Age:  Teacher Information  Full Name:  Destiny Perry  Grade Taught:  Persource Room  Special Education Code:  G122 - FMD Resource  Shortened Week  Shortened Day  Character Information  Full Name:  Destiny Perry  Grade Taught:  9 through 14  Shortened Taught:  Shortened Taught:  Shortened Taught:  9 through 14  Shortened Taught:  Shortened Taught:  Shortened Taught:  9 through 14  Shortened Taught:  Shortened Taught:  What are the days of attendance for this student according to current IEP?	Principal:		J	
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Provide the typical beginning and ending time for students in this school?  BEGINNING TIME:  ENDING TIME:	. Provide the typical beginn	ing and ending time for students in t ENDING T	his school? TME:	

Shortened School Day (SSD): 2a. Describe the reason(s) why this student requires a Shortened School Day: Shortened School Day is being requested due to behavior concerns that arise in the afternoon. The student has been previously in residential hospitalization due to these behavior concerns. 2b. Provide the typical beginning and ending time for students in this school? BEGINNING TIME: 7:40am ENDING TIME: 2:30pm Provide the <u>beginning</u> and <u>ending</u> times for this student according to current IEP? 2c. BEGINNING TIME: 7:40am ENDING TIME: 11:00am 3. Is this student returning to school after being in a Home/Hospital Instruction Program? Yes If yes, describe circumstances: 4. Identify steps the ARC will take to promote full attendance for this student in the future? As the student's behavior improves, we will revisit the current placement in order to promote full attendance. Has a shortened school day been requested for this student in previous school years? Yes х If yes, list the previous school year(s): Is there a signed Physician statement: X 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

WAIVER NO .:

RECEIVED AT KDE:

LOCAL BOE APPROVED:

X

Yes

(Reviewer's Initials)

No

11/25/19

DATE:

DATE:

DATE:

FOR KDE USE ONLY