

**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

Special Education Cooperative	Ohio Valley Education Coop		
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:	Destiny Perry	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?

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

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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**:

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

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

BEGINNING TIME: 7:40am

ENDING TIME: 11:00am

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?

As the student's behavior improves, we will revisit the current placement in order to promote full attendance.

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:

11/25/19

**FOR KDE USE ONLY**

WAIVER NO.:

DATE:

RECEIVED AT KDE:

DATE:

(Reviewer's Initials)