

**Kentucky Department of Education
Division of IDEA Monitoring and Results
NOTICE OF SHORTENED SCHOOL DAY and/or WEEK**

Date of Request: 08/26/2020

Academic Year 2020-2021

Special Education Cooperative	GRREC		
District:	Simpson County	District Number:	535
Director of Special Education:	Steve Cauley	Phone Number:	(270) 586-8877
School:	Franklin-Simpson Middle School		
Principal:	Jaxon Grover		

Student Information

Full Name:	[REDACTED]	Disability:	Autism
Age:	13	SSID:	2120091920

Teacher Information

Full Name:	Peyton Hughs	Grade Taught:	6	through	8
Classroom Type:	MSD				
Special Education Code:	6120				

Type of Request (Check all that apply):

☐ Shortened Week ☒ Shortened Day

Shortened School Week (SSW):

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**:

The student has a medical diagnosis of Autism and Impulse Control Disorder. He also suffers from anxiety and conduct disorder. He can demonstrate aggressive behaviors such as hitting, biting, head banging, and kicking. The student often gets over stimulated in the school environment and is unable to finish a full day of school successfully. A shortened school day will allow him needed time to reduce occurrences of above behaviors and improve his overall physical and mental well-being.

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

BEGINNING TIME: 8:00

ENDING TIME: 3:00

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

BEGINNING TIME: 12:00

ENDING TIME: 3:00

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?

See Word Document Attachment

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):

2019-2020

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:

RECEIVED AT KDE:

DATE:

(Reviewer's Initials)

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 day for the student by 30 minute increments every 4 weeks upon meeting objectives/benchmarks. The student will be able to redirect and acquire coping skills to reduce frequency and severity of emotional situations. Success will mean that staff will be able to pull out, teach skills and the student will then be able to return to the classroom. Social stories will be presented to the student when the day will be extended so anxiety is not increased. A visual schedule will travel between school and home to help transition the extended day as needed. Sensory breaks will be incorporated as needed to calm anxiety from the classroom. A paraprofessional will help facilitate breaks as well as reduce anxiety from 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 behavior issues. The RAC will reconvene after 10 weeks to determine student success based on ongoing progress monitoring.



CABINET FOR HEALTH AND FAMILY SERVICES
Office for Children with Special Health Care Needs

Andy Beshear
Governor

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Eric C. Friedlander
Acting Secretary

Ivanora O. Alexander
Executive Director

08/12/2020

To Whom it May Concern:

[REDACTED] (DOB 7/20/2007)

[REDACTED] is a patient at the Office for Children with Special Healthcare Needs multidisciplinary Autism clinic. He is under the care of Dr. Gregory Barnes (Pediatric Neurologist) and Dr. Felissa Goldstein (Pediatric Psychiatry). [REDACTED] requires frequent consultations and visits with above providers, therapist, specialty providers and his pediatrician.

I am recommending [REDACTED] to have a shortened school day/week due to [REDACTED] medical diagnosis of Autism and Impulse Control disorder.

In my opinion, it is in the best interest for [REDACTED] to have a shortened school day/week. [REDACTED] exhibits poor impulse control, he can demonstrate aggressive behaviors such as has hitting/biting/head banging and kicking. A shortened school day/week will allow needed time to reduce occurrence of above behaviors and improve his overall physical/mental well being.

I am recommending [REDACTED] have a shortened school day as needed. This schedule will need to be from August 2020 through June 2021. If you have any further questions please contact me at the above phone number.

Sincerely,

Dr. Gregory Barnes
NCH Pediatric Neurology
Director of ULAC