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

Date of Request: 10/19/20 **Academic Year** 2020-2021

Special Education Cooperative	OVEC		
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 Walburn	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 *(SSW)*:

1a. What are the days of attendance for this student according to current IEP?

Tuesday and Friday

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

The student is in Grade 14 and receives a full schedule of therapies on Monday, Wednesday, and Friday.

1c. Provide the typical beginning and ending time for students in this school?
BEGINNING TIME: 7:40am ENDING TIME: 2:35pm

1d. Provide the beginning and ending times for this student according to current IEP?
BEGINNING TIME: 7:40am ENDING TIME: 2:35pm

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?
☐ Yes ☑ No
If yes, describe circumstances:

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

The student is in Grade 14 and the 2 days that he spends ar school will be focused on transition from school to semi-independent living.

5. Has a shortened school day been requested for this student in previous school years?
☑ Yes ☐ No
If yes, list the previous school year(s):

16-17, 17-18, 18-19, 19-20

6. Is there a signed Physician statement:
☑ Yes ☐ 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: 10/26/20

FOR KDE USE ONLY

WAIVER NO.: _____ DATE: _____

RECEIVED AT KDE: _____ DATE: _____
(Reviewer's Initials)