

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

**Date of Request:** 10/19/2020

**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 Elementary		
Principal:	Rachel Wright		

**Student Information**

Full Name:	<del>Iwen Anderson Blackburn</del>	Disability:	Autism
Age:	6	SSID:	2120694056

**Teacher Information**

Full Name:	Toni Marvel	Grade Taught:	K through K
Classroom Type:	Resource		
Special Education Code:	0632		

**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 severe behavioral deficits and needs that negatively impacts his ability to learn and participate in the general education setting. He has limited exposure to outside environments and other students. Parents are extremely concerned with the transition to kindergarten due to the severity of student's autism symptoms. The student is attending ABA therapy 4 days a week at Hope Bridge in Bowling Green, Kentucky.

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: 8:00

ENDING TIME: 10:00

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 attached Word Document.

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

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**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.

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**FOR LOCAL USE ONLY**

LOCAL BOE APPROVED:

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Yes

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No

DATE: \_\_\_\_\_

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**FOR KDE USE ONLY**

WAIVER NO.: \_\_\_\_\_

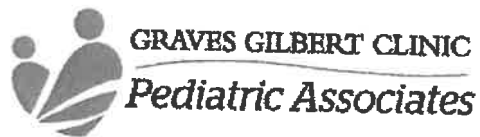
DATE: \_\_\_\_\_

RECEIVED AT KDE: \_\_\_\_\_

*(Reviewer's Initials)*

DATE: \_\_\_\_\_

The ARC has developed a plan for increasing the day by 30 minute increments after 4 weeks of meeting short term objectives/benchmarks. Beginning the school year, the student will attend school for two half days a week (two days are based on hybrid schedule). The student will be able to redirect and acquire coping skills without exhibiting aggressive behaviors. Success will mean that staff will be able to pull out, teach skills, and the student will then be able to return to class. A visual calendar or schedule will be presented to the student when the day will be extended so that anxiety is not increased. The ARC will reconvene after 12 weeks to determine success based on progress monitoring. The student will continue to attend Hope Bridge and receive ABA therapy when not in school to support the behavior issues. The school will continue to collaborate with the parents and providers to support a successful transition to school.



10/30/2020

RE: [REDACTED]

DOB: 05/15/2014

To Whom It May Concern:

I am writing this letter on behalf of [REDACTED]. I have been seeing [REDACTED] since 05/16/16. [REDACTED] carries the diagnosis of Autistic Spectrum Disorder.

A slow transition for starting 1<sup>st</sup> grade would be beneficial for [REDACTED]. I would recommend a shortened school week with a transition plan to increase days if [REDACTED] is successful, tolerating the instructional time and as he begins to successfully complete goals that are set. A reassessment at that time will be done to determine if [REDACTED] can tolerate further extension in school.

I am looking forward to working with you for a successful transition to pre-school for [REDACTED]. If you have any questions or concerns, please feel free to contact my office at 270-782-8700

Sincerely,

A handwritten signature in black ink, appearing to read "J. Bitterling".

Jeffrey L. Bitterling, MD

1211 Ashley Circle ~ Bowling Green, KY 42104-3399  
Phone: 270-782-8700 ~ Fax: 270-782-8704  
Z.G. Fraser, M.D. ~ J.C. Smith, M.D. ~ J.L. Bitterling, M.D. ~ Lauren Wheeler, MD

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Z.G. Fraser, M.D. ~ J.C. Smith, M.D. ~ J.L. Bitterling, M.D. ~ L.E. Wheeler, M.D.



ATTN:

FAX: 270-586-2042

FROM: Dr. Jeffrey Bitterling

DATE:

RE: Owen Blackburn 5/15/14

PAGES:

☐

URGENT

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FOR REVIEW

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PLEASE COMMENT

☐

PLEASE REPLY

NOTES / COMMENTS:

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Thank you.