

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

Date of Request: 02/23/2021

Academic Year 20202021

Special Education Cooperative	GRREC		
District:	Simpson	District Number:	535
Director of Special Education:	Steve Cauley	Phone Number:	(270) 586-8877
School:	Franklin Elementary School		
Principal:	Rachel Wright		

Student Information			
Full Name:	Niden M. Hemdon	Disability:	Autism
Age:	6	SSID:	2120751280

Teacher Information			
Full Name:	Morgan Williams	Grade Taught:	K through K
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?

See attached word doc.

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

See Attached Document

1c. Provide the typical beginning and ending time for students in this school?

BEGINNING TIME: 8:00

ENDING TIME: 3:00

1d. Provide the beginning and ending times for this student according to current IEP?

BEGINNING TIME: 8:00

ENDING TIME: 3:00

Shortened School Day (SSD):

2a. Describe the reason(s) why this student requires a **Shortened School Day**:

N/A

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

BEGINNING TIME: N/A

ENDING TIME: N/A

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

BEGINNING TIME: N/A

ENDING TIME: N/A

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

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)

#1a. Simpson County schools are currently on a hybrid schedule. The student attends school on Monday's and Wednesday's. Beginning March 8, 2021, Simpson County Schools will return to a Monday through Thursday in person schedule.

#1b. The student has a current diagnosis of Autism and has been receiving therapy at the Hopebridge Autism Therapy Center. The student has behavioral deficits and needs that negatively impacts his ability to learn and participate in the general education setting. The student continues to need applied behavior analysis comprehensive 1-on-1 therapy to target techniques and strategies to promote positive change and independence. With the focus on early intensive behavioral interventions, the student will be able to master a variety of skills in and out of the classroom and home.

#4. The ARC has developed a plan for increasing the week by 1 day every quarter when goals/benchmarks are met. The student will be able to redirect and acquire coping skills to be successful in the classroom. Success will mean that staff will be able to pull out, teach skills and the student will then be able to implement those skills in the classroom. Social Stories will be presented to the student when the weeks will be extended so that anxiety is not increased. Sensory breaks will be given as needed to calm anxiety and reduce stress within 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 the behavior issues through Hopebridge Autism Therapy Centers. The school and Hopebridge will continue to collaborate to put steps in place to provide strategies to help the student be successful. The ARC will meet between 6-8 weeks after the implementation of the shortened week to determine success based on progress monitoring.

February 19, 2021

[REDACTED]

To Whom It May Concern:

I am writing this letter on behalf of [REDACTED]. [REDACTED] has transitioned from the care of Dr. Sowell when she retired at the end of last year. Dr. Sowell was [REDACTED] pediatrician from birth until then. I have reviewed [REDACTED] medical record, and he carries the diagnosis of Autistic Spectrum Disorder.

Currently, [REDACTED] is attending Hopebridge every Tuesday, Thursday, and Friday for ABA therapy. He also attends Franklin Elementary every Monday and Wednesday. As [REDACTED] completes his goals with ABA therapy, a transition plan will be developed to increase his time at school.

I am looking forward to working with you for a successful transition back to school for [REDACTED]. If you have any questions or concerns, please feel free to contact my office at 270-393-2720.

Sincerely,

Elizabeth Hawkins, DNP, APRN, C-PNP-AC, PMHS

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