

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

Date of Request: 4/19/21

Academic Year 20-21

Special Education Cooperative	OVEC		
District:	Spencer County	District Number:	541
Director of Special Education:	Todd Russell	Phone Number:	(502)477-6787
School:	Taylorsville Elementary		
Principal:	Steve Rucker		

Student Information			
Full Name:	[REDACTED]	Disability:	[REDACTED]
Age:	[REDACTED]	SSID:	[REDACTED]

Teacher Information			
Full Name:	Dianna Lockwood	Grade Taught:	K through 2
Classroom Type:	PASS Classroom		
Special Education Code:			

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**:

Student will attend school full-time like normal on Monday, Wednesday, and Friday.
Student will attend school on a part-time basis on Tuesday and Thursday based upon ARC decision.
This is based upon behavior therapy in the afternoon on Tuesday and Thursday.

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

BEGINNING TIME: 8:50am

ENDING TIME: 3:40pm

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

BEGINNING TIME: 8:50am

ENDING TIME: 11:30am

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?

The student will attend school on a full-time/ 5 day a week basis starting at the beginning of the 21-22 school year.

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:

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Yes

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No

DATE: _____

FOR KDE USE ONLY

WAIVER NO.: _____

DATE: _____

RECEIVED AT KDE: _____

(Reviewer's Initials)

DATE: _____