

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

Date of Request: 9/22/21

Academic Year 21-22

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:	Rachel Coleman	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?

M, Tu, Th, and F

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

The student is in Grade 11 and receives multiple therapies every Wednesday throughout the school year.
--

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 11 and will continue the 4 day a week schedule until he graduates in 2023.

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):

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: 9/27/21

FOR KDE USE ONLY

WAIVER NO.:

DATE:

RECEIVED AT KDE:

(Reviewer's Initials)

DATE:

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

Date of Request: 9/22/21

Academic Year 21-22

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?

M, Tu, W, and F

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

The student is in Grade 14 and recieves a schedule of therapies on Thursday.
--

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 will be exiting school on his 21st birthday.

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, 20-21

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: 9/27/21

FOR KDE USE ONLY

WAIVER NO.: _____

DATE: _____

RECEIVED AT KDE: _____

(Reviewer's Initials)

DATE: _____

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

Date of Request: 9/22/21

Academic Year 21-22

Special Education Cooperative	OVEC		
District:	Spencer County	District Number:	541
Director of Special Education:	Todd Russell	Phone Number:	502-477-6787
School:	Spencer County Middle School		
Principal:	Matt Mercer		

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

Teacher Information			
Full Name:	Jamie Ware	Grade Taught:	6 through 8
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 Thursday

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

The student is in Grade 6 and due to the students medical constraints can only attend school on the noted schedule.

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:

The student was on home/hospital at the end of the 20-21 school year due to medical issues.

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

As the student continues to make positive progress medically, we will add days to the schedule in order to promote full attendance.

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):

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: 9/27/21

FOR KDE USE ONLY

WAIVER NO.:

DATE:

RECEIVED AT KDE:

(Reviewer's Initials)

DATE:
