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	2			
District:	Spencer County District Number: 541				
Director of Special Education:	Todd Russell Phone Number: 502-477-6787			7-6787	
School:	Spencer County High School				
Principal:	Steve Webb				
	Student Information				
Full Name:		Disability:			
Age:		SSID:	1		
	Teacher Information		# 125		
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 <u>beginning</u> and <u>ending</u> 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 <u>beginning</u> and <u>ending</u> 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 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 DATE: 9/27/21
FOR KDE USE ONLY WAIVER NO.: DATE:
RECEIVED AT KDE: DATE: DATE:

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

	Date	of	Req	uest:	9/22/21
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Academic Year 21-22

STATE STATE OF THE					
Special Education Cooperative OVEC					
District:	Spencer County	541			
Director of Special Education:	Todd Russell	Todd Russell Phone Number:			
School:	Spencer County High Sch	nool			
Principal:	Steve Webb				
	Student Info	ormation			
Full Name:		Disability:	A state of the sta		
Age:		SSID:	and the second second	ALCON MA	
	Teacher Info				
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?					
The same are any are another the same or any are same and					
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.					
			1		
1c. Provide the typical beginning and ending time for students in this school? BEGINNING TIME: 7:40am ENDING TIME: 2:35pm					
1d. Provide the <u>beginning</u> and <u>ending</u> 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 <u>beginning</u> and <u>ending</u> 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)

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

Date of Reguest: 9/22/21	Academic Year 2	21-22
Date of Request. Steeler	, 100,001,110 100	

Date of Request: 3/22/21		Adductilio Tod	
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 Sc	hool	
Principal:	Matt Mercer		
	Student Infor	mation	
Full Name:		Disability:	
Age:		SSID:	
	Teacher Infor	mation	
Full Name:	Jamie Ware	Grade Taught:	6 through 8
Classroom Type:			
Special Education Code: 6122-FMD Resource			
Type of Request (Check all the Shortened Week	*,		
Shortened School Week (SSI) 1a. What are the days of att	(//): tendance for this student according	to current IEP?	
	Tuesday and Thurs	day	
1b. Describe the reason(s)	why this student requires a Shorte	ned School Week:	*
The student is in Grade 6 noted schedule.	3 and due to the students me	dical constraints car	only attend school on the
1c. Provide the typical begin BEGINNING TIME: 7	nning and ending time for students :40am ENDIN	in this school? G TIME: 2:35pm	
1d. Provide the <u>beginning</u> a BEGINNING TIME: 7	nd <u>ending</u> times for this student acc :40am ENDIN	cording to current IEP? G TIME: 2:35pm	

Shortened School Day (SSD): 2a. Describe the reason(s) why t	his student requires a Shortened Sch	ool Day:	
2b. Provide the typical beginning BEGINNING TIME:	and ending time for students in this se ENDING		TO SALES WATER CONTROL OF THE SALES WATER CONTRO
2c. Provide the <u>beginning</u> and <u>er</u> BEGINNING TIME:	nding times for this student according t ENDING		
 Is this student returning to school Yes If yes, describe circumstances: 	ol after being in a Home/Hospital Instru No	ection Program?	
The student was on home/ho	espital at the end of the 20-21 so	chool year due	e to medical issues.
4. Identify steps the ARC will take	to promote full attendance for this stud	ent in the future	?
As the student continues to r order to promote full attendar	nake positiive progress medical nce.	ly, we will add	I days to the schedule in
5. Has a shortened school day been Yes If yes, list the previous school year(s	en requested for this student in previou No S):	s school years?	
6. Is there a signed Physician state Yes	ement: No		
	IMPORTANT		
 Approval by the Local Board of Ecinformation in the Local Board Mir Minutes of the ARC meeting docu 	menting the ARC decision that a shortened schenting the shortened school day; and	edures MUST be fol	
	FOR LOCAL USE ONLY		
LOCAL BOE APPROVED:	Yes No DATE:	9/27/21	
WAIVER NO.:	FOR KDE USE ONLY DATE:		
RECEIVED AT KDE:(Revie	ewer's Initials)		