

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

Date of Request: 10/18/21

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?

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

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

BEGINNING TIME: 7:40am

ENDING TIME: 2:35pm

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

BEGINNING TIME: 7:40am

ENDING TIME: 10:30am

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?

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?

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Yes

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No

If yes, list the previous school year(s):

The student transferred to us from JCPS. The student was on SSD there as well. 1st year in Spencer County Schools.

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: 10/25/21

FOR KDE USE ONLY

WAIVER NO.:

DATE:

RECEIVED AT KDE:

DATE:

(Reviewer's Initials)