

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

Date of Request: 8/17/22

Academic Year 2022-2023

Special Education Cooperative	Northern Kentucky		
District:	Dayton Independent	District Number:	147
Director of Special Education:	Nicole Ponting	Phone Number:	(859)491-6565
School:	Lincoln Elementary		
Principal:	Heather Dragan		

Student Information			
Full Name:	XXXXXXXXXX	Disability:	Autism
Age:	5	SSID:	2120917402

Teacher Information			
Full Name:	XXXXXXXX	Grade Taught:	K through 6
Classroom Type:	Resource Plan (mild-moderate)		
Special Education Code:	6062		

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?

Wednesday, Thursday, and
--------------------------

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

Jaxton is student with autism and has been receiving ABA therapy full time. His doctor and therapist feel he needs to continue this therapy to address his aggressive behaviors.
--

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

BEGINNING TIME: 8:00 am

ENDING TIME: 2:55 pm

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

BEGINNING TIME: 8:00 am (W, TH)

ENDING TIME: 2:55 pm

**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?

ARC team will continue to communicate with parents and therapists regarding Jaxton's progress and behaviors. ARC will increase days as physician and therapist recommend and when behaviors have improved. ARC will amend IEP as appropriate to reflect this as Jaxton progresses days.

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: \_\_\_\_\_

---

**FOR KDE USE ONLY**

WAIVER NO.: \_\_\_\_\_ DATE: \_\_\_\_\_

RECEIVED AT KDE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Reviewer's Initials)