

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

Date of Request: 9/26/22

Academic Year 22 - 23

| | | | |
|--------------------------------|----------------------------|------------------|--------------|
| 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: | Mike Phillips | | |

| 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):

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Shortened Week

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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 10 and due to medical and behavioral concerns can only attend school on the noted schedule.

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

BEGINNING TIME: 7:40am

ENDING TIME: 2:30pm

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

BEGINNING TIME: 12:00pm

ENDING TIME: 2:30pm

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 with the concerns, we will lengthen his school day 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):

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:

☒

Yes

☐

No

DATE: 9/26/22

FOR KDE USE ONLY

WAIVER NO.:

DATE:

RECEIVED AT KDE:

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(Reviewer's Initials)

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Division of IDEA Monitoring and Results
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|--------------------------------|----------------------------|------------------|--------------|
| 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: | Mike Phillips | | |

| 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?

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| M, T, TH, and F |
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1b. Describe the reason(s) why this student requires a **Shortened School Week**:

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| The student is in Grade 12 and receives multiple therapies every Wednesday throughout the school year. |
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1c. Provide the typical beginning and ending time for students in this school?

BEGINNING TIME: 7:40am

ENDING TIME: 2:30pm

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

BEGINNING TIME: 7:40am

ENDING TIME: 2:30pm

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?

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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 is in Grade 12 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?

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Yes

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No

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

21-22

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

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Academic Year 22 - 23

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| 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 7 and due to medical concerns 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: 2:30pm

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

BEGINNING TIME: 7:40am

ENDING TIME: 12:00pm

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 lengthen his school day 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):

21-22

6. Is there a signed Physician statement:

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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.

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LOCAL BOE APPROVED:

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| Special Education Cooperative | OVEC | | |
| District: | Spencer County | District Number: | 541 |
| Director of Special Education: | Todd Russell | Phone Number: | 502-477-6787 |
| School: | Spencer County Elementary | | |
| Principal: | Jared Scott | | |

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

| Teacher Information | |
|-------------------------|---------------------|
| Full Name: | Lindsey Jaroszek |
| Grade Taught: | K through 5 |
| 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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| TU and TH |
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1b. Describe the reason(s) why this student requires a **Shortened School Week**:

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|---|
| The student is in Kindergarten and receives ABA therapy every Monday, Wednesday, and Friday throughout the school year. |
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1c. Provide the typical beginning and ending time for students in this school?

BEGINNING TIME: 8:40am

ENDING TIME: 3:30pm

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

BEGINNING TIME: 8:40am

ENDING TIME: 3:30pm

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?

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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 through the outside ABA therapy, we will add days to the students schedule.

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

☐

No

IMPORTANT

The district must maintain the following documentation for all Shortened School Days approved by the Local Board of Education:

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- 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.

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| Special Education Cooperative | OVEC | | |
| District: | Spencer County | District Number: | 541 |
| Director of Special Education: | Todd Russell | Phone Number: | 502-477-6787 |
| School: | Spencer County Elementary | | |
| Principal: | Jared Scott | | |

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

| Teacher Information | |
|-------------------------|---------------------|
| Full Name: | Lindsey Jaroszek |
| Grade Taught: | K through 5 |
| 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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| |
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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 4 and receives multiple therapies on the noted schedule per the physicians note. The student will miss 2 hours of school every Wednesday and Thursday per the schedule.

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

BEGINNING TIME: 8:40am

ENDING TIME: 3:30pm

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

BEGINNING TIME: 10:50am

ENDING TIME: 3:30pm

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?

At this time, the student will continue on this therapy schedule for the future. If there comes a time in which therapies are no longer needed, then full attendance will be promoted.

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:

☒

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.

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LOCAL BOE APPROVED:

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