Date of Request: 9	9/26/22
--------------------	---------

Academic Year 22 - 23

Date of Request.			
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 Scho	ool	
Principal:	Mike Phillips		
	Student Infor	A TELEPHONE SHOW THE SHOW THE THE THE THE SHOW T	
Full Name:		Disability:	
Age:		SSID:	
1000	Teacher Infor	rmation	
Full Name:	Destiny Walburn	Grade Taught:	9 through 14
Classroom Type:	Resource Room		
Special Education Code:	6122 - FMD Resource		
Type of Request (Check all the Shortened Week	at <u>app</u> ly): Shortened Day		
Shortened School Week (SSI) 1a. What are the days of att	W): tendance for this student according	to current IEP?	
		,	
1h Describe the recent(s)	why this student requires a Charte	and Sahaal Waak:	7
1b. Describe the reason(s)	why this student requires a Shorte	ned School Week.	
1c. Provide the typical beging BEGINNING TIME:	nning and ending time for students ENDIN	in this school? IG TIME:	
1d. Provide the <u>beginning</u> a BEGINNING TIME:	nd <u>ending</u> times for this student ac ENDIN	cording to current IEP?	

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 <u>beginning</u> and <u>ending</u> 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? Yes 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? 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: 9/26/22
FOR KDE USE ONLY WAIVER NO.: DATE:
DATE:

(Reviewer's Initials)

Date of Request: 9/26/22

Academic Year 22 - 23

Date of Request: 9/20/22		Adductific 1 Cc		
Special Education Cooperative	OVEC	7		
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	6		
	Student Informati			
Full Name:		Disability:		
Age:		SSID:		
	Teacher Informati	on		
Full Name:	Rachel Coleman	Grade Taught:	9 through 14	
Classroom Type:	Resource Room			
Special Education Code:	6122 - FMD Resource		ķ.	
Type of Request (Check all the Shortened Week Shortened School Week (SS)	Shortened Day			
	endance for this student according to c	urrent IEP?		
-	M, T, TH, and F			
1b. Describe the reason(s) v	why this student requires a Shortened s	School Week:		
The student is in Grade 1 year.	2 and recieves multiple therapie	s every Wednes	day throughout the school	
1c. Provide the typical begin BEGINNING TIME: 7:	nning and ending time for students in the 40am ENDING TII	is school? ME: 2:30pm		
1d. Provide the <u>beginning</u> and <u>ending</u> times for this student according to current IEP? BEGINNING TIME: 7:40am ENDING TIME: 2:30pm				

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:
Provide the <u>beginning</u> and <u>ending</u> times for this student according to current IEP? BEGINNING TIME: ENDING TIME:
 Is this student returning to school after being in a Home/Hospital Instruction Program?
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? Yes No If yes, list the previous school year(s):
21-22
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: 9/26/22
FOR KDE USE ONLY WAIVER NO.: DATE:
RECEIVED AT KDE: DATE: (Reviewer's Initials)

Date of Request: 9/26/22		Academic Yea	r <u>22 - 23</u>	
Special Education Cooperative	OVEC			
District:	Spencer County	District Number:	541	
Director of Special Education:	Todd Russell	Phone Number:	502-47	7-6787
School:	Spencer County Middle School			
Principal:	Matt Mercer			
	Student In	formation		
Full Name:		Disability:		
Age:		SSID:		
	Teacher In	formation		
Full Name:	Jamie Ware	Grade Taught:	6	through 8
Classroom Type:	Resource Room			
Special Education Code:	6122 - FMD Resource			
Shortened School Week (SSI) What are the days of att	Shortened Day	ling to current IEP?		
1b. Describe the reason(s)	why this student requires a Sho	rtened School Week:		
c. Provide the typical beging BEGINNING TIME:	nning and ending time for stude ENI	nts in this school? DING TIME:		

BEGINNING TIME:

ENDING TIME:

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

BEGINNING TIME:

ENDING TIME:

Shortened School Day (SSD): Describe the reason(s) why this student requires a **Shortened School Day**: 2a. 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 Provide the beginning and ending times for this student according to current IEP? 2c. BEGINNING TIME: 7:40am ENDING TIME: 12:00pm 3. Is this student returning to school after being in a Home/Hospital Instruction Program? Yes No If ves. 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? Yes If yes, list the previous school year(s): 1-22 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 Νo DATE: 9/26/22 FOR KDE USE ONLY

DATE:

DATE:

(Reviewer's Initials)

WAIVER NO .:

RECEIVED AT KDE:

Date of Request: 5	9/26/22
--------------------	---------

Academic Vear 22 - 23

Date of Request: 9/26/22		Academic Yea	<u> </u>
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 Inform	ation	
Full Name:		Disability:	
Age:		SSID:	
	Teacher Inform	ation	
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 Shortened Week Shortened School Week (SSM)	Shortened Day	•	
	endance for this student according to	current IEP?	
	TU and TH		
1b. Describe the reason(s) v	why this student requires a Shortene	d School Week:	
The student is in Kinderg throughout the school year	arten and recieves ABA thera ar.	oy every Monday, \	Wednesday, and Friday
1c. Provide the typical begin BEGINNING TIME: 8:	nning and ending time for students in 40am ENDING	this school? TIME: 3:30pm	
1d. Provide the <u>beginning</u> and <u>ending</u> 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:	
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?	
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? Yes If yes, list the previous school year(s):	
6. Is there a signed Physician statement: Yes No	200 X 200 in in
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	a designation of the second
LOCAL BOE APPROVED: Yes No DATE: 9/26/22	
FOR KDE USE ONLY WAIVER NO.: DATE:	
RECEIVED AT KDE: DATE: (Reviewer's Initials)	

Date of Request: 9/26/22

Academic Year 22 - 23

Bute of Request:				and the second of the second o
Special Education Cooperative	OVEC			
District:	Spencer County	District Number:	541	
Director of Special Education:	Todd Russell	Phone Number:	502-477-6787	
School:	Spencer County Elementar	ry		
Principal:	Jared Scott			
	Student Infor			
Full Name:		Disability:		<u> </u>
Age:		SSID:		
	Teacher Infor	mation		
Full Name:	Lindsey Jaroszek	Grade Taught:	K through 5	200000000000000000000000000000000000000
Classroom Type:	Resource Room			
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	Shortened Day	to current IEP?		
1b. Describe the reason(s)	why this student requires a Shorte	ned School Week:		
1c. Provide the typical beging BEGINNING TIME:	nning and ending time for students ENDIN	in this school? G TIME:		
1d. Provide the <u>beginning</u> a BEGINNING TIME:	nd <u>ending</u> times for this student acc ENDIN	cording to current IEP? G TIME:		

Shortened School Day (SSD): 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 Provide the beginning and ending times for this student according to current IEP? 2c. BEGINNING TIME: 10:50am ENDING TIME: 3:30pm 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? 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?

IMPORTANT

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

No

- 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

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

6. Is there a signed Physician statement: Yes

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:	(Reviewer's Initials)	DATE:	_	