

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

Date of Request:

Academic Year _____

Special Education Cooperative			
District:		District Number:	
Director of Special Education:		Phone Number:	
School:			
Principal:			

Student Information			
Full Name:		Disability:	
Age:		SSID:	

Teacher Information			
Full Name:		Grade Taught:	through
Classroom Type:			
Special Education Code:			

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**:

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?

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:

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Yes

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No

DATE:

FOR KDE USE ONLY

WAIVER NO.:

DATE:

RECEIVED AT KDE:

DATE:

(Reviewer's Initials)