

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

Date of Request: 3/13/23

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 Elementary		
Principal:	Jared Scott		

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

Teacher Information			
Full Name:	Roberta Brooks	Grade Taught:	K through 5
Classroom Type:	Resource Room		
Special Education Code:	6062 - LD 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?

Mon, Wed, and Fri.

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

The student is in 4th grade and is coming back from Home/ hospital. The student has a medical condition known as catatonia and ODD.

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: 11:30am

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:

Student was placed on Home/ hospital on 1/23/23 due to medical diagnosis of catatonia and ODD, which led to issues that did not allow the student to attend school.

4. Identify steps the ARC will take to promote full attendance for this student in the future?

As the student continues to make positive medical progress, we will add days and time 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

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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: 3/27/13

FOR KDE USE ONLY

WAIVER NO.: _____

DATE: _____

RECEIVED AT KDE: _____

(Reviewer's Initials)

DATE: _____