



FLOYD COUNTY BOARD OF EDUCATION
Anna Whitaker Shepherd, Superintendent
442 KY RT 550
Eastern, KY 41622
Telephone (606) 886-2354 Fax (606) 886-4550
www.floyd.kyschools.us

Linda C. Gearheart, Board Chair - District 1
William Newsome, Jr., Vice-Chair - District 3
Dr. Chandra Varia, Member- District 2
Keith Smallwood, Member - District 4
Steve Slone, Member - District 5

Consent Agenda Item (Action Item):

To approve a shortened school day / week for students with special needs.

Applicable State or Regulations:

707 KAR 1:320 Individual Education Program Authority: KRS 156.070, 156.060, 157.220, and 167.015

Fiscal/Budgetary Impact:

None

History/Background:

Each Admissions and Release Committee (ARC) shall ensure that the length of the instructional / school day for each child or youth with a disability is the same as for children without disabilities except as specified in an Individual Education Plan (IEP). An ARC may determine that the length of the school day can be changed for a child or youth if the medical condition (provided by the physician) of the child or youth indicates that the instructional day or week needs to be altered based upon written evidence. The local education agency shall submit request for shortened school day to the local Board of Education for approval prior to notification to the Kentucky Department of Education. Board action shall be subject to confidentially requirements. Admissions and Release Committees at Prestonsburg Elementary, Allen Elementary, Floyd Central High School, RLC, and May Valley Elementary School have addressed recommendations involving a shortened school day / week for students enrolled at these schools.

Recommended Action:

The Floyd County Board of Education approves a shortened school day / week for a student with special needs as specified in the student's respective IEP's and 504 plans as recommended by the Admissions and Release Committees.

Contact Person(s):

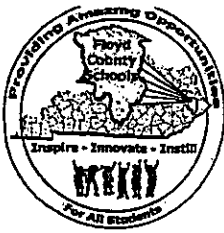
Cinda Francis, Chief Special Education Officer 606.886.2354

NA
Principal

Cinda Francis
Director

Anna W. Shepherd
Superintendent

Date: 9-12-23



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PES

LENGTH OF SCHOOL DAY/WEEK – PHYSICIAN’S STATEMENT

Evidence must be submitted from a physician and an Admissions and Release Committee in order to determine approval or disapproval for waivers related to length of school day/week. The information described below is to be provided to the ARC by the physician of the child or youth in order to assist in making determination.

Student Name: _____ Date of Birth: _____

1. A statement that specifies why a shortened school day/week is required
 - a. Describing the medical condition of the child or youth and
 - b. Describing the impact of the medical condition on the ability of the child or youth to participate in a full instructional day/week.

Autism

2. The anticipated duration of the need for an altered length of school day/week

1 year
8am-12:30pm Monday-Thursday

3. Any harmful effects on the child or youth if the length of the school day/week is not altered

emotional distress, a shortened day will allow him to receive therapy

Maheesha Layne, PA-C
Physician's Signature

8/15/23
Date

Maheesha Layne, PA-C
Physician's Name – Printed or Typed

(606) 886-1173
Telephone Number

Physician's Mailing Address: _____

City

Eastern Ky Tender Care Pediatric
400 University Drive, STE 101
Proctor, KY 41653
886-1173
886-2193

Zip Code



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MVE

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Brinley attends the ABA Ctr. Four days a week from 1:15 - 5:35 pm Monday - Thursday. + some Fridays.

2. The anticipated duration of the need for an altered length of school day/week

til the end of the school year 2024.

3. Any harmful effects on the child or youth if the length of the school day/week is not altered

Brinley needs the ABA therapy that she gets through the ABA Ctr. its crucial for her, to help deal with the Autism.

K Shuttles, MD

Physician's Signature

8-3-2023

Date

Kristy Kate Shuttles, MD

Physician's Name - Printed or Typed

()

Telephone Number

Physician's Mailing Address: _____ Street or Post Office Box

City

State

Zip Code



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 - b. Describing the impact of the medical condition on the ability of the child or youth to participate in a full instructional day/week.

Autism - patient gets over stimulated and will need to be picked up early from school on Monday and Wednesday at noon.

- 2. The anticipated duration of the need for an altered length of school day/week

2023-2024 School year

- 3. Any harmful effects on the child or youth if the length of the school day/week is not altered

Increased negative behavior
Increased anxiety

K Shuttles, MD
Physician's Signature

8/15/23
Date

K Shuttles, MD
Physician's Name - Printed or Typed

()
Telephone Number

Physician's Mailing Address: _____
City State Zip Code



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MVE
 Att: [Redacted]

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 - b. Describing the impact of the medical condition on the ability of the child or youth to participate in a full instructional day/week.

Patient has been diagnosed with Autism and developmental delay. He has been having difficulties on the bus which could cause harm to himself or other students.

2. The anticipated duration of the need for an altered length of school day/week

Rest of school year - school day should run 7:45 - 2:00

3. Any harmful effects on the child or youth if the length of the school day/week is not altered

Patient could cause serious harm to himself or other students on the bus.

M Jaafar MD/K3
 Physician's Signature

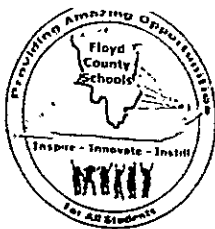
8/16/23
 Date

Mazen Jaafar MD
 Physician's Name - Printed or Typed

(606) 886-7635
 Telephone Number

Physician's Mailing Address: 5000 Ky Rt 321 Suite 3124
 Street or Post Office Box
Prestonsburg Ky 41653
 City State Zip Code

CHILDREN'S CARE
 OF EASTERN KENTUCKY
 MAZEN JAAFAR, M.D.
 5000 KY ROUTE 321
 SUITE 3124
 PRESTONSBURG, KY 41663
 (606) 886-7635



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a. Mason is a 9-year old boy that was diagnosed with autism.
 b. Child presents with communication, sensory, social, and emotional regulation needs.

2. The anticipated duration of the need for an altered length of school day/week

1x per week for the foreseeable future

3. Any harmful effects on the child or youth if the length of the school day/week is not altered

Skilled therapies is essential to promote communication skills, fine motor skills, social skills, and emotional regulation.

Hannah Osborn / Kristen Walters, OTR/L
 CCC-SLP Physician's Signature

8/21/23
 Date

Hannah Osborn / Kristen Walters, OTR/L
 CCC-SLP Physician's Name - Printed or Typed

(606) 430-9300
 Telephone Number

Physician's Mailing Address: 911 S Bypass Rd
 Pikeville KY 41501
 City State Zip Code

MVE



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- a. Describing the medical condition of the child or youth and
- b. Describing the impact of the medical condition on the ability of the child or youth to participate in a full instructional day/week.

Intermittent Explosive Disorder.
ADHD

2. The anticipated duration of the need for an altered length of school day/week

1 year
8am-1pm

3. Any harmful effects on the child or youth if the length of the school day/week is not altered

Emotional distress

K. Shuttles
Physician's Signature

8-15-23
Date

Kate Shuttles
Physician's Name - Printed or Typed

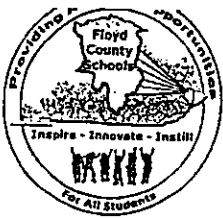
(606) 886-1173
Telephone Number

Physician's Mailing Address. _____

Eastern Ky Tender Care Registry Office Box
400 University Drive, Ste 101
Prestonsburg, KY 41653
E: 606-886-1173
F: 606-886-2193

City

Zip Code



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RIC

LENGTH OF SCHOOL DAY – PHYSICIAN’S STATEMENT

Evidence must be submitted from a physician and an Admissions and Release Committee in order to determine approval or disapproval for waivers related to length of school day. The information described below is to be provided to the ARC by the physician of the child or youth in order to assist in making determination.

Student Name: _____ Date of Birth: _____

1. A statement that specifies why a shortened school day is required
 - a. Describing the medical condition of the child or youth and
 - b. Describing the impact of the medical condition on the ability of the child or youth to participate in a full instructional day.

Autism Spectrum, Reaction Attachment Disorder, PTSD, Extreme anxiety triggering her PTSD.

2. The anticipated duration of the need for an altered length of school day

duration of school year

3. Any harmful effects on the child or youth if the length of the school day is not altered

Concerns that it will cause worsening anxiety or trigger her PTSD.

Angela Spurlock APRN
 Physician's Signature

08/02/23
 Date

Angela Spurlock, APRN
 Physician's Name – Printed or Typed

(606) 886-8466
 Telephone Number

Physician's Mailing Address: 535 N. Lake Dr.

Prestonsburg Ky 41653
 City State Zip Code



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Date of Birth: _____

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 - b. Describing the impact of the medical condition on the ability of the child or youth to participate in a full instructional day/week.

- Autism
 - Autism will cause significant difficulty to complete a full school day. Recommend 9A-1P

2. The anticipated duration of the need for an altered length of school day/week
 1 year

3. Any harmful effects on the child or youth if the length of the school day/week is not altered
 Extreme Anxiety
 Fatigue

K Shuttz MD

Physician's Signature

08/01/2023

Date

Kristy K Shuttz, MD

Physician's Name - Printed or Typed

()
Telephone Number

Physician's Mailing Address: _____

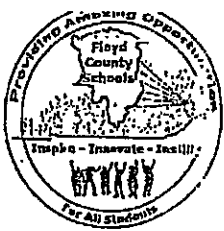
Street or Post Office Box

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Eastern Ky Tondor Care Pediatrics
 400 University Drive, STE 101
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 P: 606-886-1173
 F: 606-886-2193



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AES

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Hx of Kidney transplant nephrotic syndrome
 on immunosuppressants Follows w/ CGH closely

2. The anticipated duration of the need for an altered length of school day/week

Entire School Year
 Attend Mon, Tues., Wed. Absence Thurs. & Fri.

3. Any harmful effects on the child or youth if the length of the school day/week is not altered

- Increased tiredness
 - Increased stress

Nakesha Layne, PA-C
 Physician's Signature

8/30/23
 Date

Nakesha Layne, PA-C
 Physician's Name - Printed or Typed

(606) 886 1173
 Telephone Number

Physician's Mailing Address: 400 University Dr.
Prestonsburg Ky 41653
 City State Zip Code