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?

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

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 <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?

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):

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 and;
- A copy of the student's IEP documenting the shortened school day.

FOR LOCAL USE ONLY

LOCAL BOE APPROVED: ☐   Yes   ☐   No   DATE:

FOR KDE USE ONLY

WAIVER NO.:   DATE:

RECEIVED AT KDE: DATE:
                                  (Reviewer's Initials)