



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):**

Approve the submission of notice to KDE for Students with Disabilities who require a shortened school day or school week based upon their IEP and physician recommendation for the 2023-2024 school year.

**Applicable State or Regulations:**

707 KAR 1:320 Individual Education Program (Statutory 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 confidential requirements. Admissions and Release Committees at Prestonsburg Elementary, Allen Elementary School, May Valley Elementary, Adams Middle and Betsy Layne Elementary 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 or 504 plan as recommended by the Admissions and Release Committee.

**Contact Person(s):**

Cinda Francis, Chief of Special Education 606.886.2354

NA  
Principal

Cinda Francis  
Director

Anna W. Shepherd  
Superintendent

**Date:**

11-7-23



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AES

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.

History of heart transplant & recurrent ear infections/otitis media. He is on tacrolimus plus sirolimus & 1 chewable aspirin.

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

9am - 1pm every week day

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

Accommodations for the child should be made to reduce stress & prevent exercise & exertion.

*[Handwritten Signature]*  
Physician's Signature

8/7/23  
Date

Physician's Name - Printed or Typed

Telephone Number

Physician's Mailing Address:

City

Zip Code

Paintsville Pediatrics  
Yassin Khattab, MD  
822 South Wyo Trail  
Paintsville KY 41240

APES



FLOYD COUNTY BOARD OF EDUCATION  
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**LENGTH OF SCHOOL DAY - PHYSICIAN'S STATEMENT**

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Date of Birth: \_\_\_\_\_

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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.

It's to come in @ 9:05 AM.

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

end of school year.

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

Due to autism and poor sleeping habits, patient could have increased irritability or aggression or worsening behaviors

Physician's Signature

Antoin Hane

Physician's Name - Printed or Typed

8/4/23

Date

Telephone Number

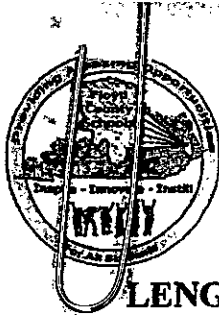
Physician's Mailing Address:

Procter Medical Associates &  
Tender Care Practice  
806 E. Mountain Parkway  
Balsamville, KY 41002  
(606) 426-4200 Office Box  
(606) 342-8450 Fax

City

State

Zip Code



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AES

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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

Receives ABA therapy according to the following schedule

Monday - throughout the day, Tuesday - Morning until 12:30pm, Wednesday - Mornings until 12:30pm, Thursday - Afternoon beginning at 1pm, Friday - Mornings until 12:30pm

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

1 year - entire school year

Schedule: Monday - 07:00 - 12:45  
 Tuesday - 07:00 - 12:45  
 Wednesday - 07:00 - 12:45  
 Thursday - 10:30 - 12:00  
 Friday - 07:00 - 12:45

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

Worsening Behavior and anxiety

*K Shuttles MD*

Physician's Signature

Kristy Kate Shuttles, MD

Physician's Name - Printed or Typed

8-3-2023

Date

( )

Telephone Number

Physician's Mailing Address: \_\_\_\_\_ Street or Post Office Box

City

State  
 Eastern Ky Tender Care Pediatrics  
 400 University Drive, STE 101  
 Prestonsburg, KY 41653  
 P: 606-886-1173  
 F: 606-886-2193

Zip Code



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 106 North Front Avenue  
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 www.floyd.kyschools.us

PES

**LENGTH OF SCHOOL DAY – PHYSICIAN’S STATEMENT**

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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.

ADHD, Anxiety, Sensory Processing Disorder,  
 Frustration & Anxiety

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

1 year

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

Increased anxiety, poor focus. She needs  
 shortened school days Monday - Thursday  
 to independently complete therapeutic activities.

K Shuttz, MD  
 Physician's Signature

8-09-2023  
 Date

Kate Shuttz, MD  
 Physician's Name – Printed or Typed

(606) 886-1173  
 Telephone Number

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



FLOYD COUNTY BOARD OF EDUCATION  
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 www.floyd.kyschools.us

MVE

LENGTH OF SCHOOL DAY/WEEK PHYSICIAN'S STATEMENT

\* Tuesday \*  
 9.10 \*

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.

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Autism Dx - Becomes fatigued due to over-stimulation and over stimulation. This can lead to meltdowns, difficulty transitioning, and establishing a positive rapport w/ school.

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

1x/week ~ 2-3 hours throughout the school year

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

Could regress in areas that have improved developmentally.

J. Kristi Hill, APRN  
 Physician's Signature

9.29.23

Date

Kristi Hill  
 Physician's Name Printed or Typed

(cell) 531-4040

Telephone Number

Physician's Mailing Address

Compassion Pediatrics of  
 Wayland LLC

2843 King Kelly Coleman Blvd Post Office Box  
 Wayland, KY 41668

City

R 606-531-4040 F 606-284-2030

State

Zip Code

Mara Childers MS, OTR/K, MBA  
 530 S Lake Dr.  
 Prestonsburg, Ky 41653

Mara Childers  
 (606) 886-1416 Ext. 103



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Developmental Delay, Chromosomal Abnormality  
 Recommend Jacob attend school two days per week,  
 3 hours each day, depending on therapists schedule.

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

1 year, 2023-2024 school year

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

Fatigue, Seizures, Agitation

K Shuttz MD  
 Physician's Signature

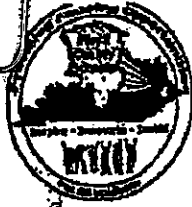
07/24/23  
 Date

Kate Shuttz  
 Physician's Name - Printed or Typed

(606) 886-1173  
 Telephone Number

Physician's Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Eastern Ky Tender Care Secret Post Office Box  
 400 University Drive, STE 101  
 Prestonsburg, KY 41633  
 P: 606-886-1173  
 F: 606-886-2193



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AES

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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.

f 84.0 Autism

f 80.9 Speech Delay

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

Entire School year  
 220 mins per day

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

Negative emotional effects very likely  
 if pt required to attend school on  
 a regular schedule. Currently on waitlist for AVA center.

Nakeesha Layne, PA-C  
 Physician's Signature

8/9/23  
 Date

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

( )  
 Telephone Number

Physician's Mailing Address: \_\_\_\_\_

Eastern Ky Board of Special Pediatrics  
 400 University Drive, STE 101  
 Prestonsburg, KY 41653  
 P: 606-886-1173  
 F: 606-886-2193

City

State

Zip Code





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Adams

**LENGTH OF SCHOOL DAY/WEEK - PHYSICIAN'S STATEMENT**

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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.

Intractable Lennox-Constant Syndrome with Status epilepticus.  
Miley has frequent/daily seizures with multiple seizure types. His seizures are triggered by sleep deprivation and worsened when he is tired

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

Until the end of school year 2024. Will reassess @ end of year for next year

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

He will fall asleep @ school & sleep most of the day. He will likely have more seizures which will disrupt his learning & potentially affect his attendance

*David M. Ritter*  
\_\_\_\_\_  
Physician's Signature

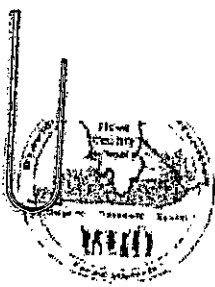
10/2/23  
\_\_\_\_\_  
Date

David M. Ritter MD PhD  
\_\_\_\_\_  
Physician's Name - Printed or Typed

(513) 636-4222  
\_\_\_\_\_  
Telephone Number

Physician's Mailing Address: 3333 Burrett Ave  
\_\_\_\_\_  
Street or Post Office Box

Cincinnati OH 45229  
\_\_\_\_\_  
City State Zip Code



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BLE

LENGTH OF SCHOOL DAY/WEEK - PHYSICIAN'S STATEMENT

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is a complex medical patient with cerebral palsy, quadriplegia, Seizure disorder, dysphagia, constipation, she will <sup>care</sup> require frequent

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

Life, 8am - 12pm

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

will be impacted by, having need of medications, exhaustion, feeding and potentially overstimulation

[Handwritten Signature]

Physician's Signature

Keshia Ann Dotson MD

Physician's Name - Printed or Typed

8/9/2023

Date

(606) 478 2200

Telephone Number

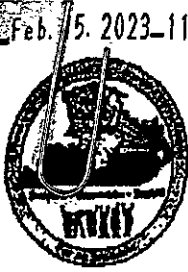
Physician's Mailing Address: \_\_\_\_\_

Street or Post Office Box

City

State

Zip Code



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Handwritten initials: AA

Handwritten initials: PES

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Autism Spectrum Disorder. Shortened days are needed to decrease frustration and anxiety.

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

all school year. Patient has speech therapy on Mondays at 2 pm. Friday he comes in by 9:30 am due to speech & OT.

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

patient will not get recommended therapy needed to improve his Dx.

\_\_\_\_\_  
Physician's Signature

Antonio Hana, MD  
Physician's Name - Printed or Typed

\_\_\_\_\_  
Date  
(circle) 880-1173  
Telephone Number

Physician's Mailing Address: 400 University Drive  
Prestonsburg Ky Street or Post Office Box  
City State Zip Code 41653



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PEB

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*Non-hemorrhagic Stroke, hemiparesis of left side, dysphagia, seizures. [redacted] will need shortened school day due to complexity of medical issues, fatigue and therapies.*

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

*1 year*

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

no Does not have shortened school days  
due to his fatigue he will experience regression of progress and

Megan Tackett, APRN  
Physician's Signature

8-16-23  
Date

Megan Tackett, APRN  
Physician's Name - Printed or Typed

Megan Tackett, APRN (note) 886-8992  
Physicians for Families Telephone Number

Physician's Mailing Address:

23 Willow Drive  
Auxier, KY 41602  
Street or P.O. Office Box  
605-886-8997

City

State

Zip Code