

**Kentucky Department of Education
Division of Learning Services Services
NOTICE OF SHORTENED SCHOOL DAY and/or WEEK**

Date of Request: 3/6/2024

Academic Year: 2023/2024

Special Education Cooperative	GRREC		
District:	Simpson	District Number:	535
Director of Special Education:	Kelly Baker	Phone Number:	270 586-8877
School:	Simpson Elementary		
Principal:	Michael Barnum		

Student Information			
Full Name:		Disability:	Developmental Delay
Age:	7	SSID:	

Teacher Information			
Full Name:	Heather Cassity	Grade Taught: 1st	through 1st
Classroom Type:	Resource		
Special Education Code:			

Type of Request (Check all that apply):

- Shortened Week x 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: 8:00 ENDING TIME: 10:00

Shortened School Day (SSD):

2a. Describe the reason(s) why this student requires a **Shortened School Day**:

_____ has been diagnosed with pervasive development disorder. _____ has difficulty regulating emotions. His dysregulation results in aggression and emotional outbursts. It is recommended by Dr. Ragu that he not attend more than 2 hours a day.

2b. Provide the typical beginning and ending time for students in this school?

BEGINNING TIME: 8:00 ENDING TIME: 3:00

2c. Provide the beginning and ending times for this student according to current IEP?

BEGINNING TIME: 8:00 ENDING TIME: 10:00

3. Is this student returning to school after being in a Home/Hospital Instruction Program?

Yes No

If yes, describe circumstances:

Rivendell Behavioral Health Services of Kentucky

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):

6. Is there a signed Physician statement:

Yes 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: Yes No DATE: _____

FOR KDE USE ONLY

WAIVER NO.: _____ DATE: _____

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