

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

Date of Request: 5/5/24

Academic Year 23/24

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

Student Information			
Full Name:		Disability:	Autism
Age:	8	SSID:	

Teacher Information			
Full Name:	Preston Graves	Grade Taught:	2 through 2
Classroom Type:	LBD Resource Room		
Special Education Code:	6C		

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**:

Student has a diagnosis of Autism and displays behaviors that prevent him from attending school on a full time basis. He can present aggressive behavior that is harmful to himself and others.

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

BEGINNING TIME: 8:00 am

ENDING TIME: 3:00 pm

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

BEGINNING TIME: 8:00 am

ENDING TIME: 11:30 am

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?

See attached paperwork. A leveled system will be implemented to re-establish instructional control and utilize effective use of reinforcement to best guide desired behavior to consequently decrease the need for problematic behavior. The behavior plan is attached.

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):

2022-2023

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)