

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

Date of Request: 10/7/24

Academic Year 24/25

Special Education Cooperative	<b>GRREC</b>		
District:	Simpson County	District Number:	535
Director of Special Education:	Kelly Baker	Phone Number:	270-586-8877
School:	Lincoln Elementary		
Principal:	Joyce Pais		

Student Information			
Full Name:	<i>I</i>	Disability:	Autism
Age:	9	SSID:	2120751280

Teacher Information			
Full Name:	Caleb Crabtree	Grade Taught:	4 through 5
Classroom Type:	Behavior		
Special Education Code:	6042		

**Type of Request** (Check all that apply):

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Shortened Week

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Shortened Day

**Shortened School Week (SSW):**

1a. What are the days of attendance for this student according to current IEP?

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

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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**:

In order to best support \_\_\_\_\_ transition to a new school and promote pro-social behaviors in the academic setting, a shortened school day transition process will allow staff to incorporate behavior strategies and training as necessary. The plan will strategically increase his tolerance for school related academic tasks as well as the structure of the school day. In order to end his initial learning experiences in a new school on a positive notes, a shortened school day is recommended temporarily to establish instructional control as well as build Aiden's tolerance.

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: 8:30

ENDING TIME: 9:55

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

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Yes

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No

If yes, describe circumstances:

4. Identify steps the ARC will take to promote full attendance for this student in the future?

This plan is aa 4 week transition plan that is based on / \_\_\_\_\_ 's performance and tolerance of the school day. It is fluid in nature and flexible depending on how / \_\_\_\_\_ tolerates the process weekly.

Aug. 21 - 23 8:30 - 9:55; Aug. 26-30 8:30-12:15; Sept 2-6 8:30 - 1:15; Sept 9 - ongoing Full Days

5. Has a shortened school day been requested for this student in previous school years?

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Yes

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No

If yes, list the previous school year(s):

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**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.

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**FOR LOCAL USE ONLY**

LOCAL BOE APPROVED:

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Yes

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No

DATE: \_\_\_\_\_

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**FOR KDE USE ONLY**

WAIVER NO.: \_\_\_\_\_

DATE: \_\_\_\_\_

RECEIVED AT KDE: \_\_\_\_\_

DATE: \_\_\_\_\_

(Reviewer's Initials)