

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

Date of Request: 9/23/24

Academic Year 24/25

Special Education Cooperative	GRREC		
District:	Simpson County	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:	Autism
Age:	9	SSID:	2120995343

Teacher Information

Full Name:	Stacy Graves	Grade Taught:	1	through 3
Classroom Type:	MMD			
Special Education Code:	6030			

Type of Request (Check all that apply):

	Shortened Week	<input checked="" type="checkbox"/>	Shortened Day
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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**:

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

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

BEGINNING TIME: 8:00 a.m.

ENDING TIME: 3:00 p.m.

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

BEGINNING TIME: 8:00 a.m.

ENDING TIME: 11:30 p.m.

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?

See attached paperwork. A levelized 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?

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Yes

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No

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

22/23, 23/24

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:

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Yes

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No

DATE:

FOR KDE USE ONLY

WAIVER NO.:

DATE:

RECEIVED AT KDE:

DATE:

(Reviewer's Initials)