

**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	<b>GAAREC</b>		
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:	Developmental Delay
Age:	8	SSID:	2121109348

Teacher Information			
Full Name:	Tamara Gann	Grade Taught:	1 through 3
Classroom Type:	LBD- Resource		
Special Education Code:	6062		

**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**:

1's diagnosis of pervasive development disorder causes him to be highly dysregulated emotionally and behaviorally. This dysregulation results in aggressive behavior and emotional outbursts. The shortened school day is at the recommendation of 1's psychiatrist - Dr. Charu Raghuvanshi, with Riverdell Behavioral Health. The ARC agrees with this recommendation.

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?

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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?

As 1's aggressive behaviors and emotional outbursts decrease, his school day will increase as tolerated in order to build back to a full day.

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:

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(Reviewer's Initials)