



FLOYD COUNTY BOARD OF EDUCATION
Larry Hammond, Interim Superintendent
442 KY RT 550
Eastern, KY 41622
Telephone (606) 886-2354 Fax (606) 886-4550
www.floyd.kyschools.us

William Newsome, Jr., Board Chair - District 3
Linda C. Gearheart, Vice-Chair - District 1
Dr. Chandra Varia, Member - District 2
Keith Smallwood, Member - District 4
Steve Slone, Member - District 5

Consent Agenda Item (Action Item):

Approve the submission of notice to KDE for Students with Disabilities who require a shortened school day or school week based upon their IEP and physician recommendation for the 2024-2025 school year.

Applicable State or Regulations:

707 KAR 1:320 Individual Education Program (Statutory Authority: KRS 156.070, 156.060, 157.220 and 167.015)

Fiscal/Budgetary Impact:

None

History/Background:

Each Admissions and Release Committee (ARC) shall ensure that the length of the instructional / school day for each child or youth with a disability is the same as for children without disabilities except as specified in an Individual Education Plan (IEP) or 504 plan. An ARC may determine that the length of the school day can be changed for a child or youth if the medical condition (provided by the physician) of the child or youth indicates that the instructional day or week needs to be altered based upon written evidence. The local education agency shall submit request for shortened school day to the local Board of Education for approval prior to notification to the Kentucky Department of Education. Board action shall be subject to confidential requirements. Admissions and Release Committees at Prestonsburg Elementary, Allen Elementary School, May Valley Elementary, Duff Allen Central Elementary and South Floyd Elementary have addressed recommendations involving a shortened school day / week for students enrolled at these schools.

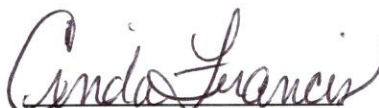
Recommended Action:


The Floyd County Board of Education approves a shortened school day / week for a student with special needs as specified in the student's respective IEP or 504 plans as recommended by the Admissions and Release Committee.

Contact Person(s):

Cinda Francis, Chief of Special Education 606.886.2354


Principal


Director


Superintendent

Date:

10-3-2024



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LENGTH OF SCHOOL DAY/WEEK - PHYSICIAN'S STATEMENT

Evidence must be submitted from a physician and an Admissions and Release Committee in order to determine approval or disapproval for waivers related to length of school day/week. The information described below is to be provided to the ARC by the physician of the child or youth in order to assist in making determination.

Student Name: _____

Date of Birth: _____

1. A statement that specifies why a shortened school day/week is required
 - a. Describing the medical condition of the child or youth and
 - b. Describing the impact of the medical condition on the ability of the child or youth to participate in a full instructional day/week.

Autism Spectrum disorder, Shortened days are needed to decrease anxiety & frustration

2. The anticipated duration of the need for an altered length of school day/week

All school year, PT has speech, OT, & PT @ 2pm on Monday. Regular schedule Tues-Friday.

3. Any harmful effects on the child or youth if the length of the school day/week is not altered

PT will not get recommended therapy needed to improve his dx.

Nakeesha Layne, PA-C

Physician's Signature

8/10/24

Date

Nakeesha Layne, PA-C

Physician's Name - Printed or Typed

()

Telephone Number

Physician's Mailing Address: _____

Street or Post Office Box

City

State

Zip Code

Eastern Ky Tender Care Pediatrics
400 University Drive, STE 101
Prestonsburg, KY 41653
P: 606-886-1173
F: 606-886-2193



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 - b. Describing the impact of the medical condition on the ability of the child or youth to participate in a full instructional day/week.

1. Diagnosed with Autism Spectrum Disorder
Currently attending with program 3 days/week for a
total of 9 hrs/week Tues, Wed, Thurs from 1:00-5:00

- 2. The anticipated duration of the need for an altered length of school day/week

2024-2025 school year

- 3. Any harmful effects on the child or youth if the length of the school day/week is not altered

if the day is not altered, child will not be able to
attend school which will have a negative impact on
his education and social skills.

Ashley Clark
 Physician's Signature

9/3/24
 Date

Ashley Clark, MS, UPP, BCBA
 Physician's Name - Printed or Typed

(606) 372-1239
 Telephone Number

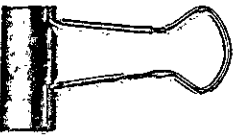
Physician's Mailing Address: 713 Broadway St Suite 203

Paintsville
 City

KY
 State

Street or Post Office Box

41240
 Zip Code



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 - b. Describing the impact of the medical condition on the ability of the child or youth to participate in a full instructional day/week.

Autism

Receives therapy at AVA center 1:15-5:40 on Tuesday & Thursday

2. The anticipated duration of the need for an altered length of school day/week

Monday, Wednesday & Friday Regular Schedule.
 Tuesday and Thursday 8am to 12:30pm

3. Any harmful effects on the child or youth if the length of the school day/week is not altered

Worsening behavior, delay in progress

K. Shuttz, MD
 Physician's Signature

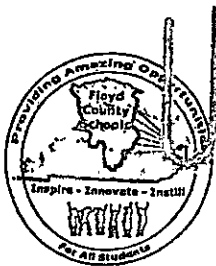
8/15/24
 Date

Kate Shuttz
 Physician's Name - Printed or Typed

(606) 886-1173
 Telephone Number

Physician's Mailing Address: _____
 Eastern Ky Tender Care Pediatrics
 400 University Ave, Suite 100 Office Box
 Prestonsburg, KY 41653
 P: 606-886-1173
 State: 606-886-2193

City _____ Zip Code _____



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Autism - requires ABA therapy, recommended by physician

2. The anticipated duration of the need for an altered length of school day/week

2 days - Monday and Friday

3. Any harmful effects on the child or youth if the length of the school day/week is not altered

decrease in everyday function

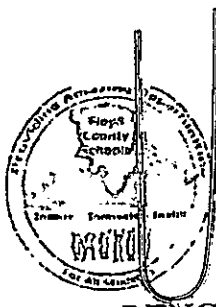
Whitney Nelson APRN
 Physician's Signature

9/4/24
 Date

Whitney Nelson
 Physician's Name - Printed or Typed

606 298-2520
 Telephone Number

Physician's Mailing Address: 104 Kirk Plaza
 Inez City Ky 41224
 Street or Post Office Box Zip Code



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 - b. Describing the impact of the medical condition on the ability of the child or youth to participate in a full instructional day/week.

Dawn Syndrome

2. The anticipated duration of the need for an altered length of school day/week

5 days a week, will attend 8:00 - 12:00 noon
daily

3. Any harmful effects on the child or youth if the length of the school day/week is not altered

patient has therapy Appts. daily.

[Signature]

Physician's Signature

08.17.2024

Date

Antonia Hines

Physician's Name – Printed or Typed

(606) 886-1173

Telephone Number

Physician's Mailing Address: 400 University Dr.

Street or Post Office Box

Prestonsburg

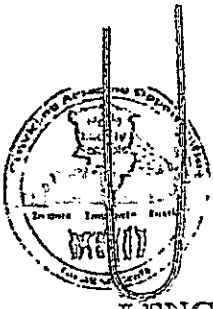
City

Ky

State

41623

Zip Code



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 - b. Describing the impact of the medical condition on the ability of the child or youth to participate in a full instructional day/week.

Autism - Attends AVA Center for therapy

2. The anticipated duration of the need for an altered length of school day/week

Tuesday & Thursday 8am - 1245pm
 Monday, Wednesday, Friday normal schedule

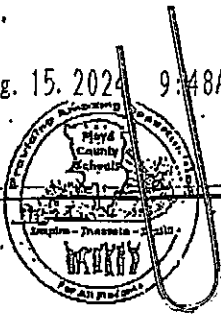
3. Any harmful effects on the child or youth if the length of the school day/week is not altered

worsening behavior
 delay in progress

Amanda Hester APRN _____
 Physician's Signature Date
Amanda Hester _____
 Physician's Name - Printed or Typed Telephone Number
 (606) 886-1173

Physician's Mailing Address: _____
Prestonsburg _____
 City State Zip Code
Ky _____
 State _____
41653 _____
 Zip Code

Eastern Ky Tender Care Pediatrics
 400 University Drive, STE 101
 Prestonsburg, KY 41653
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 F: 606-886-2193



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 - b. Describing the impact of the medical condition on the ability of the child or youth to participate in a full instructional day/week.

Autism-fatigue

2. The anticipated duration of the need for an altered length of school day/week

Monday - Friday 8am - 1:00 pm
2024-2025 School year

3. Any harmful effects on the child or youth if the length of the school day/week is not altered

Regression Aggression

K Shuttlesworth

Physician's Signature

6-28-2024

Date

Physician's Name - Printed or Typed

Telephone Number

Physician's Mailing Address:

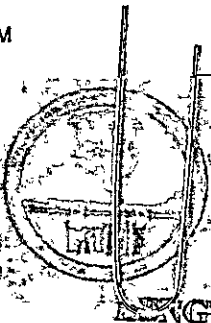
Street or Post Office Box

City

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Zip Code

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F: 606-886-2199



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has non-medical origin. The impact would be
excessive fatigue leading to increased self-harm, which would
cause safety concerns for the child & possible regression of gains

- The anticipated duration of the need for an altered length of school day/week

Monday - Thursday until 12:45pm

Friday until 3pm or end of school day.

- Any harmful effects on the child or youth if the length of the school day/week is not altered

+ increase in self-harm (head-hitting)

+ fatigue leading to irritability

+ potential regression due to fatigue / emotional stress

K. Shuttles

8/15/24

Physician's Signature

Date

Kate Shuttles

(code) 856-1173

Physician's Name - Printed or Typed

Telephone Number

Physician's Mailing Address:

Street or Post Office Box

Eastern KY Tender Care Pediatrics
400 University Drive, Ste 101

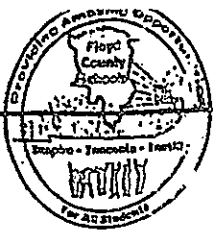
City

Proctorville, MS 41653

Zip Code

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F: 606-856-2193



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 - b. Describing the impact of the medical condition on the ability of the child or youth to participate in a full instructional day/week.

Autism - fatigue

2. The anticipated duration of the need for an altered length of school day/week

Monday through Friday 8am - 12:30pm

3. Any harmful effects on the child or youth if the length of the school day/week is not altered

worsening behavior, delay in progress

K Shuttles

Physician's Signature

8/20/24

Date

Kate Shuttles

Physician's Name - Printed or Typed

(606) 886-1173

Telephone Number

Physician's Mailing Address: _____

Eastern Ky Tender Care Pediatrics
400 University Drive, STE 101

Presonsburg, KY 40369 or Post Office Box

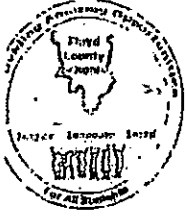
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F: 606-886-2188

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State

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Speech Apraxia

2. The anticipated duration of the need for an altered length of school day/week

will leave on Tuesdays at 12:00
for speech and OT Services at McDowell H2H

3. Any harmful effects on the child or youth if the length of the school day/week is not altered

Delayed Speech Development

K. Shuttles, M.D.
 Physician's Signature

3/5/24
 Date

Kate Shuttles
 Physician's Name – Printed or Typed

()
 Telephone Number

Physician's Mailing Address: 400 University Dr
 Street or Post Office Box

Prestonsburg Ky 41623
 City State Zip Code



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Autism

has trouble focusing for long periods

2. The anticipated duration of the need for an altered length of school day/week

ABA therapy Monday - Thursday 1:30 - 5:00

at Frontier Behavioral Health - leave school at 1:00

3. Any harmful effects on the child or youth if the length of the school day/week is not altered

worsening behavior

Increased aggression

Kate Shotts, MD

Physician's Signature

Kate Shotts

Physician's Name - Printed or Typed

8/5/24

Date

()

Telephone Number

Physician's Mailing Address:

410 University Dr

Street of Post Office Box

Prestonsburg

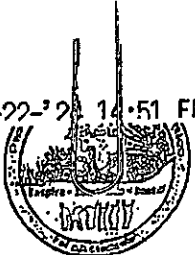
City

Ky

State

41653

Zip Code



KENTUCKY BOARD OF EDUCATION
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is a former premature infant. has multiple
Developmental issues that require multiple appointments
from different doctors. She has outside therapy appointments

2. The anticipated duration of the need for an altered length of school day/week

This will need to continue throughout the year
Tuesdays

3. Any harmful effects on the child or youth if the length of the school day/week is not altered

The child needs to be able to complete work
as needed when absent from school. The child does
not need to be punished for attending appointments.
Missing these appointments would be detrimental to health.

Debra R. B...
Physician's Signature
Debra R. B...
Physician's Name - Printed or Typed

8/22/14
Date
(606) 480-2230
Telephone Number

Physician's Mailing Address: 238 Cassidy Blvd
Pikeville KY 41501
City State Zip Code



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Autism

Behavior impedes learning and learning of others

2. The anticipated duration of the need for an altered length of school day/week

Monday - Thursday 11:30am - 2:30pm due to therapies in mornings
No school days on Friday to not disrupt routine.

3. Any harmful effects on the child or youth if the length of the school day/week is not altered

[Signature]
 Physician's Signature

9.3.24
 Date

Katherine Cornett, APRN
 Physician's Name - Printed or Typed

(606) 830-2255
 Telephone Number

Physician's Mailing Address: 484 Tollage Crk. Pileville, KY 41501
 Street or Post Office Box

City

State

Zip Code



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442 KY RT 550

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Autism
ADHD

2. The anticipated duration of the need for an altered length of school day/week

1 year - school schedule, begin with 2-3 days per week from 9:00 to 12:00pm, gradually increasing as tolerated by student.

3. Any harmful effects on the child or youth if the length of the school day/week is not altered

Worsening behaviors increased irritability

K. Shuttles, MD

Physician's Signature

1-9-24

Date

Kate Shuttles

Physician's Name - Printed or Typed

(606) 886-1173

Telephone Number

Physician's Mailing Address: _____

Street or Post Office Box

City

Eastern Ky Tender Care Pediatrics
400 University Drive PO Box 101
Prestonsburg, KY 41653
P: 606-886-1173
F: 606-886-2193

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 - b. Describing the impact of the medical condition on the ability of the child or youth to participate in a full instructional day/week.

_____ is autistic, struggles with meltdowns and not listening to teachers if the days are not shortened.

2. The anticipated duration of the need for an altered length of school day/week

For the 24-25 school year

3. Any harmful effects on the child or youth if the length of the school day/week is not altered

It will be detrimental on _____ as _____ is prone to having more meltdowns if not.

school days will be as follows: M, W, F, Full days
 Tues, Th, shortened (8am-12pm)

Nakeesha Layne, PA-C
 Physician's Signature

 Date

Nakeesha Layne, PA-C
 Physician's Name - Printed or Typed

(606) 880-1173
 Telephone Number

Physician's Mailing Address: 400 University Dr.
 Street or Post Office Box

Prestonsburg
 City

KY
 State

41653
 Zip Code