

## 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 o 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

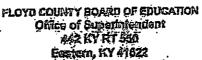
Principal

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Superintendent

Date:

10-3-2024



Eccieto, KY 4/622 Telephone (606) 886-2354 Fex (606) 886-4550 Www.floyd.liyechools.us

## LENGTH OF SCHOOL DAY/WEEK – PHYSICIAM'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.

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3. Any harmful effects on the child o	r youth if the length of A	he school day/week is not offered
		ed therapy needed
to improve h	_	
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Physician's Signature		Date
Nakeesha layne PAC		<u>(</u>
Physician's Name - Printed or Typed		Telephone Nousber
Physician's Mailing Address:	Street or Pos	d Office Box
-City	State	Zip Cods

Eastern Ky Tender Care Pediatrics 400 University Drive, STE 101 Prestonsburg, KY 41653 P: 606-886-1173 F: 606-886-2198

# FLOYD COUNTY BOARD OF EDUCATION Office of Superintendent

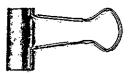
ice of Superintendent 442 KY RT 550

Eastern, KY 41522

Telephone (606) 886-2354 Fax (606) 886-4550 www.floyd.hyschools.us

## LENGTH OF SCHOOL DAY/WEEK – PHYSICIAN'S STATEMENT

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Askle Car		9/3/24
Physician's Signature		Date
Ashley Clark, MS, UPP, P.	CBA	(606) 372-1239
Physician's Name - Printed or Typed		Telephone Number
Physician's Mailing Address: 113 B	roadway St Su	ite 203
Paintsville	KY Street	or Post Office Box 41240
City	State	Zip Code





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Eastern, KY 41622

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LENGTH OF SCHOOL DAY/WEEK - PHYSICIAN'S STATEMENT

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3. Any harmful effects on the child of WOYShing below line.	or youth if the length of the s	school day/week is not altered
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Physician's Signature		8/15/24
Kate Shutts		10000 : XXI 0 - 1172
Physician's Name - Printed or Typed	<del></del>	Telephone Number
Physician's Mailing Address:	Fastern Ky Tender Care Pediatrics 400 University Fig. 3 Fatt Of Prestansburg, KY 4 1653 P: 606-886-1173	s Tice Box
City	State 606-886-2193	Zip Code
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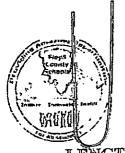


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Telephone (606) 886-2354 Fax (606) 886-4550

## LENGTH OF SCHOOL DAY/WEEK - PHYSICIAN'S STATEMENT

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Student Name:	Date of Birth:
a. Describing the medical con	hortened school day/week is required edition of the child or youth and se medical condition on the ability of the child or youth to tional day/week.
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White Clay Aple Physician's Signature	J 9/4/a4
NNthuy Nellon Physician's Name - Printed or Typed	
hysician's Mailing Address: DU WY	- plaza
11/62	YU Street or Post Office Box 41224
City	State Zip Code



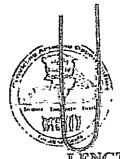
## FLOYD COUNTY BOARD OF EDUCATION Office of Superintendent 442 KY RT 550

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www.Noyd.kyschools.us

LENGTH OF SCHOOL DAY/WEEK - PHYSICIAN'S STATEMENT

Student Name:	Date of Birth:
<ol> <li>A statement that specifies why a shortened         <ul> <li>Describing the medical condition of</li> <li>Describing the impact of the medical participate in a full instructional day</li> </ul> </li> </ol>	the child or youth and I condition on the ability of the child or youth to
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2. The anticipated duration of the need for a	n altered length of school day/week
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	08.07.2024
Physician's Signature	Date
Antoin Hona	(10010) 8810 · 1173
Physician's Name - Printed or Typed	Telephone Number
Physician's Mailing Address: 400 Uni VOSity	Street or Post Office Box
Prestinstana. Ki	Zip Code
City Stat	e Zip Code



## FLOYD COUNTY BOARD OF EDUCATION Office of Superintendent 442 KY RT 550

Eastern, KY 41622

Telephone (608) 888-2354 Fax (606) 886-4550 www.floyd.kyschools.us

## LENGTH OF SCHOOL DAY/WEEK - PHYSICIAN'S STATEMENT

Student Name:	Date of Birth:
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Autism - Attends P	IVA Center for therapy
•	ed for an altered length of school day/week
Tuesday & Thursday	8am-1245pm
monday, wednesday,	Friday normal schedule
٠	youth if the length of the school day/week is not altered
worsening behavior	
delay in progress	
OxHeller APPA	
Physician's Signature	Date
Amanda Hertin	<u>656) 886-1173</u>
Physician's Name - Printed or Typed	Telephone Number
Physician's Mailing Address:	Street or Post Office Box / / / CO
Q-Blanshurg	Ky 91653
City J	State Zip Code

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

Regression, Aggression

Physician's Signature

-28-2024

Date

Physician's Name - Printed or Typed ...

Telephone Number

Physician's Mailirig Address:

Street or Post Office Box

City

State

Zip Code

Eastern Ky Tender Care Pediatrics 400 University Drive, SFE 101 Presionsburg, KY 41653 P: 606-886-1173 F: 406-886-2193



PLOYE COULTY BOARD OF EDUCATION OF SEPTEMBER OF SEPTEMBER

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# Office of Superintendent

442 KY RT 550

Eastern, KY 41822

Teleptone (606) 886-2354 Fax (606) 886-4550

www.floyd.kyschools.us

LENGTH OF SCHOOL DAY/WEEK - PHYSICIAN'S STATEMENT

Student Name:		Date of Birth:
1. A statement that specifies what a. Describing the medicate b. Describing the impact participate in a full in	al condition of the child or yout t of the medical condition on the	h and
Autism - Patique		
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2. The antic pated duration of	the need for an altered length o	f school day/week
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3. Any harmful effects on the cl		school day/week is not altered
		Clast.
Physician's Signature		8   30 34 Pate
Kaje Shutts		(lecte) 8/10-1173
Physician's Name - Printed or Type	ed	Telephone Number
Physician's Mailing Address: <sub>Ec</sub>	Eastern Ky Tender Care Pediatrics 400 University Drive, STE 101 Prestonsburg, KYSH650 or Post C P: 606-886-1173	Office Box
City	F: 606-886-2199 State	Zip Code



# FLOYD COUNTY BOARD OF EDUCATION Office of Superintendent

442 KY RT 550

## Eastern, KY 41622 Telephone (606) 886-2354 Fax (606) 886-4550

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LEAGTH OF SCHOOL DAY/WEEK – PHYSICIAN'S STATEMENT

Student Name:	Date of Birth: _
<ol> <li>A statement that specifies why a shortened</li> <li>a. Describing the medical condition of</li> <li>b. Describing the impact of the medic</li> <li>participate in a full instructional described</li> </ol>	f the child or youth and al condition on the ability of the child or youth to
Speech Aprila	
2. The anticipated duration of the need for a	nn altered length of school day/week
•	Tuesdays at 12:00 Schuices at 171 chowell ART
•	if the length of the school day/week is not altered
Physician's Signature	3/5/24 Date
Physician's Name - Printed or Typed	()
Physician's Mailing Address: 400	Street or Post Office Box (flb 1.5)  Zip Code



# FLOYD COUNTY BOARD OF EDUCATION Office of Superintendent 442 KY RT 550 Eastern, KY 41622

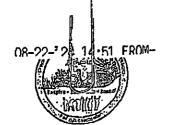
Telephone (606) 886-2354 Fax (606) 886-4550 www.floyd.kyschools.us

## LENGTH OF SCHOOL DAY/WEEK - PHYSICIAN'S STATEMENT

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Student Name:	Date of Birth:
<ol> <li>A statement that specifies why a shortene         <ul> <li>Describing the medical condition o</li> <li>Describing the impact of the medical participate in a full instructional d</li> </ul> </li> </ol>	of the child or youth and call call and call the child or youth to
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2. The anticipated duration of the need for a	an altered length of school day/week
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act Frontier Breakau	-Thursday 1'30-5'00 vicral Health - leave school
3. Any harmful effects on the child or youth	if the length of the school day/week is not altered
worsening behavior	
Increased aggression	
(J.)	
KShutta Ho	8/5/24
Physician's Signature	Date
Kate Shutes	_()
Physician's Name - Printed or Typed	Telephone Number
Physician's Mailing Address: 4ib U	University Dr
Prestonsburg 1	Street of Post Office Box 41653
	ate Zip Code

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# Office of Superintendent 442 KY RT 550

Ezelem, NY 41822 Telephone (808) 688-2354 Fex (606) 886-6550 www.floyd.kyschools.us

LENGTH OF SCHOOL DAY/WEEK – PHYSICIAN'S STATEMENT

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Not need to the pur Missing tasse dippointment Color Physinalis Signature	nished for allending would be detrime	olso 194
Debra R. Bo Nea M. Physician's Nome - Frinted or Ty	ped	(406) USO - 22/38; Telephone Number
Physician's Mailing Address: 038	Cassidy Blud	
Pikeville	KY4(50)	
City	State	Zip Code

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Eastern, KY 41622

Telephone (606) 886-2354 Fax (606) 886-4550 www.floyd.kyschools.us

## LENGTH OF SCHOOL DAY/WEEK - PHYSICIAN'S STATEMENT

Student Name:	Date of Birth:
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2. The anticipated duration of	the need for an altered length of school day/week
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No School claus on fo	day to not disrupt ratine
•	aild or youth if the length of the school day/week is not altered
	>++ <sub>1</sub>
Muse mes	9.3.24
Physician's Signature	Date /
Kother ine Cornetty	PRN (aplu) R3D · 2265  Telephone Number
Physician's Mailing Address: 484	Tollage C.K. Pilleville KV 41901

To:

01/00/2024 2:13 PM



#### FLOYD COUNTY BOARD OF EDUCATION Office of Superintendent

442 KY RT 550 Eastern, KY 41622

Telephone (608) 886-2354 Fax (606) 886-4550

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Student Name; Date of Birth:		
<ol> <li>Describing the medical of</li> </ol>	a shortened school day/weck is required condition of the child or youth and I the medical condition on the ability of the child or youth to cuctional day/week.	
Autism		
ADHD		
2. The anticipated duration of the	need for an altered length of school day/week	
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Der Week from 9:00 Holerated by Studer 3. Any harmful effects on the child	to 12.00pm, gradually increasing as	
Worsening behavior	s increased irritability	
1)_		
Shutty MD	1-9-24	
Physician's Signature	Date	
- RUte Shutts	COLD Mo-175 Telephone Number	
Physician's Name - Printed or Typed	telephane realises	
Physician's Mailing Address:	Street or Post Office Box	
City 400 Univer Presions P: 60	nder-Cere Pediatrics Isty Driver (1998) Sturg, KY 41653 16-886-1173 16-886-2193	



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# LENGTH OF SCHOOL DAY/WEEK - PHYSICIAN'S STATEMENT

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Student Name:		Date of Birth: _	-
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2. The anticipated duration of the nee	d for an altered length	of school day/wee	k
For the 29-25 sc	hool year		
3. Any harmful effects on the child or	youth if the length of th	e school day/weel	s is not altered
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school day will	l be as belo	10: M. 184, 6	Fulldeys
Mahenshe dumes PAC	<del>.</del>	100s, 10t, 3k	Date
Physician's Signature  Navisha Layne PHT  Physician's Name - Printed or Typed		<u>UDlo) 88</u> Telepho	0 - 1173 ne Number
Physician's Mailing Address: 400 C	Niversity T Ky Street or Pos	Office Box	11453
City 9	State	Zi	p Code