

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

Date of Request: 12/23/20

Academic Year 2024-2025

Special Education Cooperative	GRREC		
District:	Simpson County	District Number:	535
Director of Special Education:	Kelly Baker	Phone Number:	270-586-8877
School:	Franklin Simpson Middle School		
Principal:	Jaxon Grover		

Student Information			
Full Name:	I	Disability:	Autism
Age:	13	SSID:	2120587526

Teacher Information			
Full Name:	Jessica Frame	Grade Taught:	through
Classroom Type:	LBD Resource		
Special Education Code:	6062		

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

☐ Shortened Week ☒ Shortened Day

**Shortened School Week (SSW):**

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

--

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

--

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**:

To best support \_\_\_\_\_ academic achievement as well as to promote prosocial behavior in the academic setting, a shortened school day was recommended by the ARC. This plan is being temporarily implemented to establish academic success, as well as build \_\_\_\_\_ ability to appropriately engage in positive interactions during the school day and allows for him to receive ABA therapy in the afternoon.

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

BEGINNING TIME: 8:00 am

ENDING TIME: 3:00 pm

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

BEGINNING TIME: 8:00 am

ENDING TIME: 11:00 am

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

☐

Yes

☒

No

If yes, describe circumstances:

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

The ARC will meet to review \_\_\_\_\_ schedule on January 9, 2025 in order to discuss a transition back to full days. The plan is fluid and based upon \_\_\_\_\_ progress data both academically and socially.

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

☐

Yes

☒

No

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

---

**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:

☐

Yes

☐

No

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

---

**FOR KDE USE ONLY**

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

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

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

(Reviewer's Initials)

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