

FLOYD COUNTY BOARD OF EDUCATION Tonya Horne-Williams, Superintendent 442 KY RT 550 Eastern, KY 41622 Felephone (606) 886-2354 Fax (606) 886-4550

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 Director Superinten

Date:

2-3-2025

The Floyd County Board of Education does not discriminate on the basis of race, color, national origin, age, religion, marital status, sex, or disability in employment, educational programs, or activities as set forth in Title IX & VI, and in Section 504.



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442 KY RT 550

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Eastern, KY 41522

Telephone (605) 886-2354 Flox (606) 886-4550

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LENGTH OF SCHOOL DAY/WEEK PHYSICIAN'S STATEMENT

Evidence must be submitted from a physician end 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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2. The anticipated duration of the need for an altered	length of school-day/week diverbas at in the fall
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3. Any harmful effects on the child or youth it the len	AOLS. The of the school day/week is not altered
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- anxiety. It has affected his one	fional Well being a bas to him
beamin bried as total & inset	UL at times. Efforts to resprove his Rowal
·	skirts have been ineffective As for.
Physician's Signatora	/ Date
Physician's Name - Printed or Typed .	Telephone Number
Physician's Mailing Address:	t or Post Office Box
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City State	Zip Code
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LENGTH OF SCHOOL DAY/WEEK - PHYSICIAN'S STATEMENT

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09/05/2024 FRI 10:44 PAX

Admin - Sign d Forms & Letters for E#28545

09/01/2024 THU 12:14 PAX --- Athens Wayland RHC

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to provided to the fine by the physician of the ch	lid or youth in order to assist in making determination.
Student Name	Date of Birth:
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Autism: He is easily overstim	nulated, has difficulty sleeping a
night, sometimes has a di	Pficult time in the mornings
2. The anticipated duration of the need for an	altered length of school day/week
Monday, Tuesday, Thursday : Fine	day 90m to 20m
Wednesday 8:15 am to 2:30pm	7
3. Any harmful effects on the child or youth if t	
This schedule will prevent him for	om aetting Olienstimulated
prevent behavior from worsening a	and prevent a delay in progress.
Physician's Signature	Date
Physician's Name - Printed or Typed	Telephone Number
Physician's Mailing Address: 400 Univer	sity Dr
trestonsburg Ky	Streetby Post Office Box 411653
, j	Zip Code



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LENGTH OF SCHOOL DAY/WEEK - PHYSICIAN'S STATEMENT

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	days and weeks	A
his medical diagno	m bound on	rioty and
•		0,
Physician's Signature		Date
		The keep Number
Physician's Name – Printed or Typed	Big Sandy Community Health Center 246 KY Rt 979	Telephone Number
Physician's Mailing Address:	Harold, KY 41635 608-478-2200 Street or Post Office Bo	DX .
City	State	Zip Code

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

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LENGTH OF SCHOOL DAY/WEEK - PHYSICIAN'S STATEMENT

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Physician's Signature		Date
Physician's Name – Printed or Typed		Telephone Number
Physician's Mailing Address: 400	Universita	Dr.
Itestonshurg	F 9	VI 453
City J	State	Zip Code

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ADHD		
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Worsening beha	wiors increased irritabili	ity
i		Date
Physician's Name - Printed or	Typed - Telep	hone Number
Physician's Mailing Address:	Street or Post Office Box	
City Et	stom Ky Tendet Core Pediatrics 400 University Driverste 101 Presionsburg, KY 41653 P: 606-886-1173 F: 606-886-2193	Zip Code





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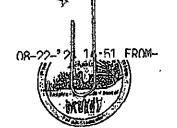
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3. Any harmful effects on the ch	ild or youth if the lengt	h of the s	school day/week is not altered
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Physician's Signature			Date 7
Physician's Name - Printed or Type	ed		Telephone Number
Physician's Mailing Address:_	0 Stree	t or Post C	Office Box
City	State		Zip Code
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 A statement that specifies why a Describing the medical co Describing the impact of t participate in a full instruction 	ndition of the cl	hild or youth and lition on the ability of	
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2. The anticipated duration of the s	teed for an alter	ed length of school day	y/week
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3. Any harmful effects on the child o	or youth if the le	ngth of the school day	/week is not altered
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City	State		Zip Code



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Student Name:_	Date of Birth:		
 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. 			
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at Frontier B	mechanicral Health - leave school		
	d or youth if the length of the school day/week is not altered		
worsening behav	ior		
Increased aggress	ich		
1			
, Physician's Signature	Date		
Physician's Name – Printed or Typed			
Physician's Mailing Address:	420 University Dr		
trestonsburg	Ky Street of Post Office Box 41653		
City	State) Zin Code		



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ENGTH OF SCHOOL DAY/WEEK - PHYSICIAN'S STATEMENT

Student Name:	Date of Birth: _
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3. Any harmful effects on the child or youth if the	
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- October 19. Property	
	t
Physician's Signature	Date
Physician's Name - Printed or Typed	Telephone Number
Physician's Mailing Address: 400 (Inversiby DC
Prestonsburg Ke	Street or Post Office Box 41653
City State	Zip Code



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Student Name:		Date of Birth:
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Autism - Patique		
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2. The anticipated duration of th	e need for an altered length of	school day/week
Monday through Frid	ay 80m-12:30pm	<u> </u>
3. Any harmful effects on the chil	d or youth if the length of the s	chool day/week is not altered
		<u> </u>
Physician's Signature		Date 4
Physician's Name - Printed or Typed		Telephone Number
	astern Ky Tender Care Pediatrics 400 University Drive, STE 101 Prestonsburg, KYSH458 or Post Of P: 606-886-1173	
City	F: 606-886-2193 State	Zip Code



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Physician's Name Printed	Trood Total	The state of the s	Telepho	në Number
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City	Eastern Ky Tender Co 400 University Driv Prestonaburgass P 606-886	re Pedialrics		p Code
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Student Name:		Date of	f Birth:
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3. Any harmful effects on the child or	youth if th) ie length of the school di	ay/week is not altered
worsening behavior			
<u>delay in progress</u>			
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Physician's Signature			Date
Physician's Name - Printed or Typed	*		Telephone Number
Physician's Mailing Address:	1/	Street or Post Office Box	/14 60
<u>city</u>	State		71053 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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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. Describing the impact of the medical condition on the ability of the child or youth to participate in a full instructional day/week. Describing the medical condition on the ability of the child or youth to participate in a full instructional day/week. Describing the medical condition on the ability of the child or youth to participate in a full instructional day/week. Describing the medical condition of the child or youth to participate in a full instructional day/week. Describing the medical condition of the child or youth to participate in a full instructional day/week. Describing the medical condition of the child or youth to participate in a full instructional day/week. Describing the medical condition of the child or youth to participate in a full instructional day/week. Describing the medical condition on the ability of the child or youth to participate in a full instructional day/week. Describing the medical condition on the ability of the child or youth to participate in a full instructional day/week. Describing the medical condition on the ability of the child or youth to participate in a full instructional day/week. Describing the medical condition on the ability of the child or youth to participate in a full instructional day/week. Describing the medical condition on the ability of the child or youth to participate in a full instructional day/week. Describing the medical conditional day/week. Describin	Student Name:	Date of Birth:	
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Physician's Name - Printed or Typed Physician's Mailing Address: 100 University Dr.	portion hous thoropy Apple.	daily.	
Physician's Name - Printed or Typed Physician's Mailing Address: 100 University Dr.	·		
Physician's Mailing Address: 400 UNIVERSITU Dr.	Physician's Signature	Date	
Physician's Mailing Address: 100 UN VUSITY Dr. Street or Post Office Box 41083	•	Telephone Number	
City State Zip Code	Presensburg. Ky	41053	



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LENGTH OF SCHOOL DAY/WEEK - PHYSICIAN'S STATEMENT

to be provided to the ARC by the physician	n of the child or youth	in order to assist in making determination.	
Student Name: Date of Birth: 1 / 20 / 10			
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3. Any harmful effects on the child of decrease in everyday for		of the school day/week is not altered	
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Physidian's Signature		Date	
Iysician's Name - Printed or Typed Physician's Mailing Address:		Telephone Number	
	Street or	r Post Office Box	
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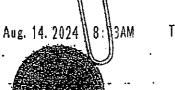
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Student Name: Date	of Birth:
 A statement that specifies why a shortened school day/week is requ 	i ed
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b. Describing the impact of the medical condition on the ability	of the child or youth to
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2024-2025 School year]
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Physician's Signature.	Date .
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Physician's Mailing Address:	
Street or Post Office Bo	
City State	Zip Code
Eastern Ky Tender Care Pediatrics 400 University Drive, STC 103	

CO University Drive, STE 101 Prestorsburg, KY 41653 P: 606-886-1173 F: 606-886-2199



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needed to decrea	er, Shortened days are
2. The anticipated duration of the need for an i	iltered length of school day/week
2. The anticipated division at the next last last	us Speech, OT, & PT Q
apmon Monday. R	egular Schedule Tues-Friday.
and affects on the child or youth if	he length of the school day/week is not altered
Pt will not get rece	ommended therapy needed
to improve his dx	
Physician's Signature	Date
Physician's Name - Printed or Typed	Telephone Number
hysician's Mailing Address:	Sirect or Post Office Box
Stat	e Zip Cods
-City	عادان المال عاد المال

Eastern Ky Tender Care Pediatrics 400 University Drive, STE 101 Prestonsburg, KY 41653 P: 606-886-1172 F: 606-886-2195



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

to be provided to the ARC by the physician C	of the Child of youth in order to assist in	
Student Name:	Date of Bi	r ith: I
 A statement that specifies why a sh Describing the medical cond Describing the impact of the participate in a full instruction 	lition of the child or youth and e medical condition on the ability of t	he child or youth to
Autism		!
Receives therapy at F	WA Center 1:15-5:1	10 on
Tuesday + Thursday		
2. The anticipated duration of the ne	ed for an altered length of school day	/week
Morday, Wedresday	Friday legular S	Chedule.
Tuesday and Thursday	8am to 12:30pm	<u></u>
3. Any harmful effects on the child or) youth if the length of the school day	week is not altered
Worsening behavior, d	22 strong nin Donaless	
working beroom, o	lelayin progress	
		•
Physician's Signature		Date
Physician's Name - Printed or Typed		elephone Number
Physician's Mailing Address:	Fostern Ky Tender Care Pediatrics 400 University Duly of Post Office Box Prestonsburg, KY 41653 p. 606-886-1173	
City	State 606-886-2193	Zip Code
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