

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

**Date of Request:** 2/21/25

Academic Year 24/25

Special Education Cooperative	<b>QARREC</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:	

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 ☒ Shortened Day

### 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**:

Dr. Charu Raguvanshi has recommended the student would benefit from a shortened school day (half day) with a slow, gradual transition back to a full day. This will promote optimal success in the educational environment.

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: 11:45

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:

Student was placed on Home Hospital Instruction as per Dr. Charu Raguvanshi, M.D. Student is diagnosed with Disruptive Mood Dysregulation Disorder and has been admitted to the Partial Hospitalization Program at Rivendell Behavioral Health prior to being readmitted inpatient. The student was released to PHP to receive further stabilization, intensive therapy, and medication management services. The student anticipated date of return to school was 1/29/25.

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

The student's school day will increase in 15-30 minute increments if tolerated (no increase in aggression). Increase will occur after breaks in schedule/routine, if behavior is maintained (no increase in aggression or decrease in task completion), and when he is able to sustain being successful with fewer breaks with staff support.

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):

**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:

\_\_\_\_\_

DATE:

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(Reviewer's Initials)