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

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 2025-2026 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 documentation) 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 May Valley Elementary, Duff Allen Central Elementary, Allen Elementary, John M. Stumbo Elementary, Floyd Central High School, South Floyd Elementary, John D. Adams Middle School, Prestonsburg Elementary, Renaissance Learning Center, Betsy Layne Elementary and Betsy Layne High School have addressed recommendations involving a shortened school day / week for students enrolled.

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

N/A
Principal

Cinda Francis
Director

Tonya H. Williams
Superintendent

Date:
9/9/2025

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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.**

suffers from (1) GAD (2) Social anxiety disorder w ADHD. He has LD in Reading. is unable to attend school more than 4 hrs/day as his anxiety escalates, he becomes inactive and refuses to participate in therapeutic activities.

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

will benefit from shortened day school, Monday through Friday from 9am until 1pm. He needs to attend 1/2 day of school from the beginning of school year 2025-2026 & will be graduate.

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

has severe social anxiety that affects his ability to socialize with his peers. If he is forced to attend school more than 4hrs/day, he becomes bored, agitated & withdraws from everyone.

Dr. P Pothukori MD — 9/3/2025

Physician's Signature — **Date**

MANMOHAN P. POTHUKOORI, MD — 1-(606)432-3143

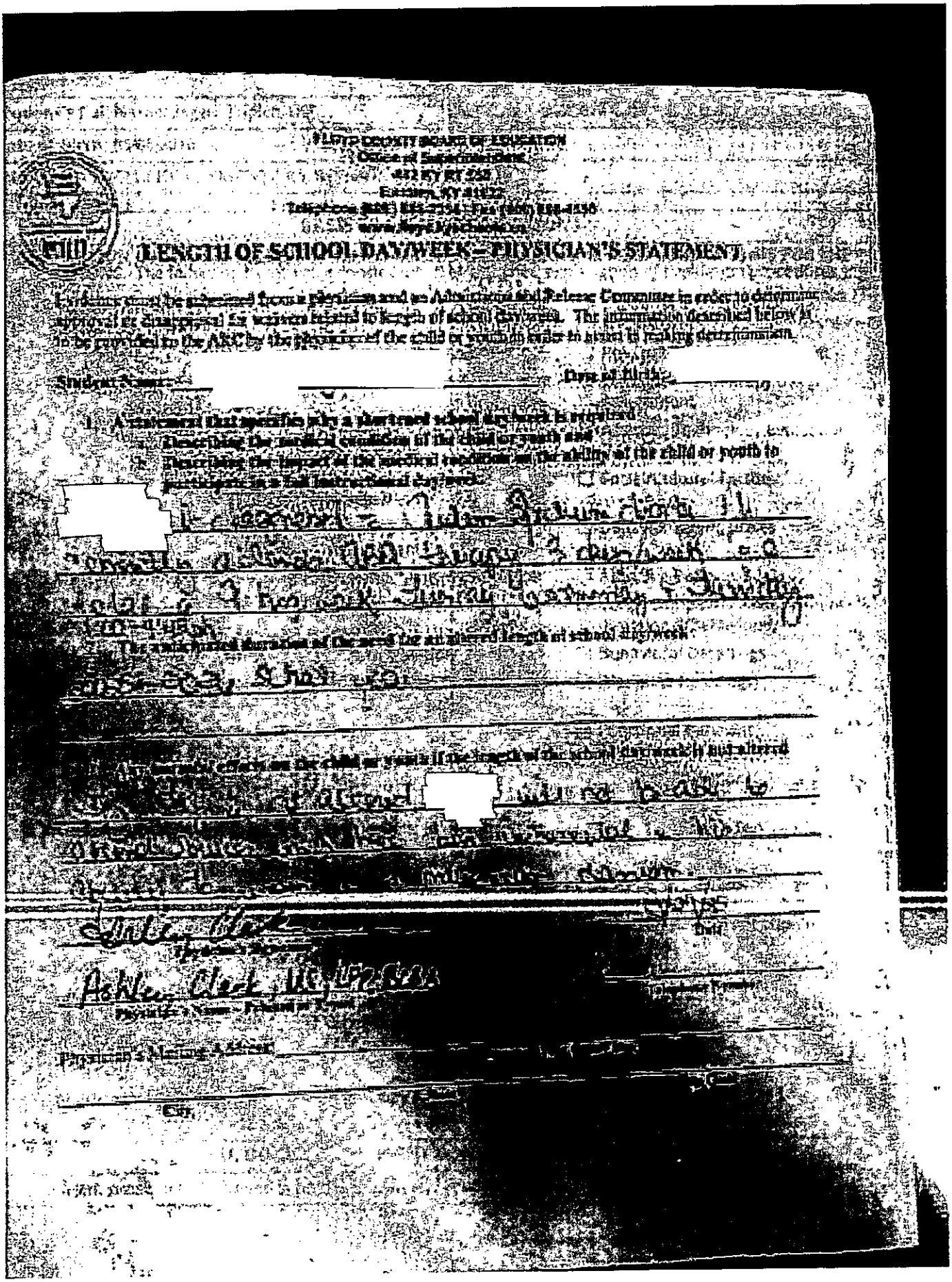
Physician's Name – Printed or Typed — **Telephone Number**

Physician's Mailing Address: 118 River Drive

Street or Post Office Box

Pikeville — KY — 41501

City — **State** — **Zip Code**



LEWIS COUNTY BOARD OF EDUCATION
Office of Superintendent
412 KY RT 252
Easton, KY 41122
Telephone (606) 845-7434 Fax (606) 845-4150
www.lewis.kyschools.us

LENGTH OF SCHOOL DAY/WEEK – PHYSICIAN'S STATEMENT

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

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

Date: _____

Physician's Signature: _____

Physician's Name – Printed or Typed: _____ Telephone Number: _____

Physician's Mailing Address: _____

City, _____

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has _____ which leaves him with poor muscle tone & decreased ability to pay attention.

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

Since this is a genetic disorder, he would need a shortened day (10am - 2pm) for the entire school year.

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

If he were to attend school for the entire day, he would most likely sleep or be very disruptive for the rest of the day. He may be more susceptible to sickness as well.

K Shutts MD — 8/8/25
Physician's Signature — **Date**

Kate Shutts — (606) 886-1173
Physician's Name – Printed or Typed — **Telephone Number**

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

Prestonsburg — Ky — 41653
City — **State** — **Zip Code**

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_____ is an autistic male with history of nonsuicidal harming behaviors when over stimulated

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

Whole school year. 1 hrs shortened day. Preferable 2pm

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

may exhibit aggressive behaviors with over stimulations.

_____ 8/12/25
Physician's Signature **Date**

LeslieAnn Dotson, DO FAAP (606) 886-8997
Physician's Name – Printed or Typed **Telephone Number**

Physician's Mailing Address: Leslieann Dotson, DO
23 Willow Drive
Auxier, KY 41602
Phone: 606.886.8997 Fax: 606.886.1021
Street or Post Office Box

City **State** **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.**

a.) Student has a diagnosis of ADHD / Autism
b.) Student has made much progress over the last two years working into a longer school day/week, after being home schooled for many years. A gradual change in schedule is needed to full day.

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

1 year – Begin with 8:30 – 2:00pm, gradually increasing to full day, 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 Shutts, MD
Physician's Signature

8/28/25
Date

Kate Shutts
Physician's Name – Printed or Typed

(606) 886-1173
Telephone Number

Physician's Mailing Address: _____
Street or Post Office Box

City **State** **Zip Code**

Eastern Kentucky Tender Care Pediatrics
400 University Drive
Prestonsburg, KY 41653
Phone: (606) 886-1173
Fax: (606) 886-2193

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Autism, ADHD, Oppositional Defiant Disorder; Speech Delay; Developmental Delay
Flight Risk, Sensory Intolerances, Overstimulator, Behavioral Issues

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

11:00 a.m. to 2:00 p.m.
increasing time as needed

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

Overstimulation causing aggressive behavior, noncompliance with daily school activities, and possible self-harm

Kristi Hall, APRN — **Physician's Signature**

8/27/25 — **Date**

Kristi Hall — **Physician's Name – Printed or Typed**

(606) 531-4040 — **Telephone Number**

Physician's Mailing Address: _____
Street or Post Office Box

City **State** **Zip Code**

Compassion Pediatrics of Wayland LLC
2643 King Kelly Coleman Hwy
Wayland, KY 41666
P: 606-531-4040 F: 606-284-2039

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Autism

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

Monday – Friday 8am – 1pm
25/26 school year

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

Regression, Aggression

Christian Allen APRN — 7/24/25

Physician's Signature — **Date**

Physician's Name – Printed or Typed

Eastern Kentucky Tender Care Pediatrics
400 University Drive
Prestonsburg, KY 41653
Phone: (606) 886-1173
Fax: (606) 886-2189

Telephone Number

Physician's Mailing Address: _____ **Office Box**

City **State** **Zip Code**

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

suffered a basal ganglia stroke in Feb. 2023, resulting in left hemiparesis as well as shoulder subluxation. He becomes fatigued easily putting him at risk for seizures and falling.

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

requires skilled PT, OT and ST services 1-2x/week for the forseeable future, from 8-10 every Wednesday.

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

If doesn't attend therapy consistently he is at risk for left upper and lower extremity contractures, worsening weakness, and further developmental delays.

Kristen Walters, OTR/L
Physician's Signature

8/20/25
Date

Kristen Walters, OTR/L
Physician's Name – Printed or Typed

(606) 218-3500 ext. 5
Telephone Number

Physician's Mailing Address: 911 South Bypass Rd. Building C.
Street or Post Office Box

Pikeville KY 41501
City **State** **Zip Code**

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Autism

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

Patient to attend School monday-Thursday 8:30 to 11:00am for the entire 2024-2025 School year

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

Worsening behavior, increased anxiety

KShutts MD — **Physician's Signature**

10/22/24 — **Date**

Kate Shutts — **Physician's Name – Printed or Typed**

(606) 886-1173 — **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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Suffers from (1) DMDD (2) Social Anxiety Disorder & ADHD. She is highly resistant to attending school, lacks any goals in her life & has very low motivational levels. Her Dx affects her emotional well being, academic performance & social functioning.

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

Shortened Day School from the beginning of school year 2025-2026 until the end of school year. She will attend school from 8:30 am until 12:30 pm Monday through Friday.

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

Her anxiety may escalate & since she has poor coping skills she may not be able to function socially/emotionally & academically. She may also become aggressive & may require psychiatric hospitalization.

Physician's Signature — Date: 9/8/2025

Physician's Name – Printed or Typed: ARMOHAN P. POTHULURI, MD — Telephone Number: 1 (606) -432-4132 OR 1-606-432-3143

Physician's Mailing Address: 118 River Drive
Street or Post Office Box

Pikeville — KY — 41501
City — State — 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.

has Autism and will need attend school shortened days for 2-3 days a week

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

1 year - Will be going shortened days 2-3 days a week

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

Fatigue, aggression, regression of skills, increase in lability

Megan Tackett APRN — Physician's Signature — 5-27-25 — Date

Megan Tackett — Physician's Name - Printed or Typed — (606) 886-8997 — Telephone Number

Physician's Mailing Address: Megan Tackett, APRN, Physicians for Families, 23 William Ott Office Box, Auxier, KY 41602

City — State: 606-886-8997 — Zip Code

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Patient has Autism and ADHD. Due to his sensory issues and intolerances to large crowds and loud noises such as school bells it is necessary for patient to be picked up by mother at 2:40pm daily.

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

Please let child dismiss at 2:40pm Mon-Friday. Also, starting September pt will be starting back with ABA therapy unsure of his schedule yet but please accommodate appropriately.

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

Without this imperative accomodation patient could suffer from overstimulation causing behavioral and emotional distress.

Kristi Hall, APRN — **Physician's Signature**

8/19/25 — **Date**

Kristi Hall — **Physician's Name – Printed or Typed**

(606) 531-4040 — **Telephone Number**

Physician's Mailing Address: Compassion Pediatrics of Wayland LLC, 2643 King Kelly Coleman Hwy, Street or Post Office Box, Wayland, KY 41666, P: 606-531-4040 F: 606-284-2039

City **State** **Zip Code**

Compassion Pediatrics of Wayland LLC
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Autism- is on a daily routine in order to have a more successful school year in regards to his behavior. I feel shortened school days would benefit him.

2. **The anticipated duration of the need for an altered length of school day/week** All school year 2025-2026

Monday - Wednesday 1:00pm - 2:55pm
Thursdays 12:30pm - 2:55pm, All day Fridays

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

Longer school days may be a challenge for , in regards to his sensory challenges. This may lead to increase in outbursts and behavioral issues for both him and the class.

Susie Howard, APRN — 8-19-25
Physician's Signature — **Date**

Susie Howard, APRN — (606) 886-1173
Physician's Name – Printed or Typed — **Telephone Number**

Physician's Mailing Address: Eastern Ky Tender Care Pediatrics
400 University Drive, STE 101
Prestonsburg, KY 41653
P: 606-886-1173
F: 606-886-2193
Street or Post Office Box

City **State** **Zip Code**

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has Sensory issues that affect her greatly. She is Autistic.

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

2025-2026 School Year MWF 8-2:30
T-Th 8-12:30

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

will have more meltdowns, if her day is not shortened. It is in her Best Interest that she has shortened school days.

Nakeisha Layne, PAC — **Physician's Signature**

8/18/25 — **Date**

Nakeisha Layne PAC — **Physician's Name – Printed or Typed**

( ) — **Telephone Number**

Physician's Mailing Address: Eastern Kentucky Tender Care Pediatrics
Street or Post Office Box
400 University Drive
Prestonsburg, KY 41653
Phone: (606) 886-1173
Fax: (606) 886-2193

City **State** **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

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

He will attend school monday, Tuesday, Thursday and friday normal hours. Will leave on Wednesdays at 2:30pm

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

KShutts MD
Physician's Signature

8/18/25
Date

Kate Shutts
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** 41653 **Zip Code**

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Autism

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

Pt will attend ABA therapy Monday - Wednesday 1:30-4:30p and will attend school normal schedule Tuesday, Thursday and Friday

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

Delay in progress, worsening behavior

K Shutty MD — 8-25-25

Physician's Signature — Date

Kate Shutts — (606) 886-1123

Physician's Name—Printed or Typed — Telephone Number

Physician's Mailing Address: 400 University Dr

Street or Post Office Box

Prestonsburg — KY — 41653

City — State — Zip Code

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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: L _____ 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.**

ADHD, ODD, Autism

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

1 year
8:00am-12:00pm

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

worsening behavior, emotional distress, delay in progress

K Shutts MD — Physician's Signature
8/14/25 — Date
Kate Shutts — Physician's Name – Printed or Typed
(606) 886-1173 — Telephone Number
Physician's Mailing Address: 400 University Drive — Street or Post Office Box
Prestonsburg — City
Ky — State
41653 — Zip Code

COMPASSION PEDIATRICS

of Wayland, Kentucky

To Whom It May Concern,

Please Allow [redacted] to Start school at 11:30AM due to early morning activities and overstimulation and to be dismissed from school at 2:45pm daily to ensure his safety. Patient has autism spectrum disorder, so it is necessary for us to take extra precautions to ensure his safety. Patient has been known to run out in front of vehicles and buses so allowing him to leave early would be in his best interest.

If you have any questions or concerns, please contact our office at 606-531-4040

Sincerely,

Carla Brown, PA-C

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