

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

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 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

Principal

pal Directo

Director

Superintendent

Date:

9/9/2025

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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Eastern, KY 41622

Telephone (608) \$86-2354 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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escalates,	he becomes inacx	ve and hefrices to part riporte in the rapeus is
		ach いんちゅう・ r an altered length of school day/week
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from Gabo 3. Any harmi	und / / pm . /	e treeds to attend 1/2 day of School from the equining of School Hew 2025 2 2026 fifthe the if the length of the school day/week is not altered graduates.
has	Levere Sovial auxis	by that affects twis ability to Availize
1	•	hethdraws from energeno.
	otherwood MD	9/3/2025
•	ician's Signature	Date
. MANMOH	PAN P. POTHUKOOR	1. MD 1-(806)432-3143
•	ame – Printed or Typed	Telephone Number
Physician's Mailing	Address: 1/8. Rive	
AX	wille ky	Street or Post Office Box 4/20/
City		State Zip Cade

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Eastern, KY 41622 Telephona (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		
	Since this is a genetic disperder	, he would need a shortened day (100	<u>in</u>
	-2pm) for the entire school year.		_
	3. Any harmful effects on the child or yout	th if the length of the school day/week is not altered	
	If he were to attend shoul	for the entire day, he would most	_
	likely sleep or be very disruptive		
	be more susceptible to sickness	• • • • • • • • • • • • • • • • • • • •	
	KhatikMa	୍ୟାଣାବ୍ୟ	
	Physicial's Signature	Date	_
	<u>KaleShults</u>	10010) 8xC-1173	_
	Physician's Name - Printed or Typed	Telephone Number	
<u> </u>	Physician's Mailing Address: 400 Univer	Site Or Post Office Box	
	Prestonsburg	<u>Cy 41653</u>	
	City	State Zip Code	

FLOYD COUNTY BOARD OF EDUCATION Office of Superintendent 442 KY RT 550 Epstein, 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:
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of nonsuicidal	harming bek	mais when ther _
2. The anticipated duration	of the need for an altered le	ength of school day/week
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Whole school Preferable 2	g pm	
g v		of the school day/week is not altered
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Scharios w	ith over 82	imulation.
Physician's Signature	The second secon	8/12/25
Physician's Name - Printed or	ry DD FAAV	106 86 - 8997.
Physician's Mailing Address:	Leslicann Dotson, DO	
	23 Willow Drive Street Auxier, KY 41602 Phone: 636 sen 4007 For 508 sen 40	or Post Office Box
Cliy	State	Zip Gede



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LENGTH OF SCHOOL DAY/WEEK - PHYSICIAN'S STATEMENT

Student Name:	Date of Birth:
a. Describing the medical ed	shortened school day/week is required and the child or youth and the medical condition on the ability of the child or youth to actional day/week.
a) Student has a diagr	nosis of ADHD Autism
1 1 6.	nch progress over the last two years
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for narry years. A gradue 2. The anticipated duration of the	school day lurek, after being home schooled uchange in schedule is needed to full day.
Typar - Begin with 8.	30 -2:00pm, gradually increasing to by Student.
1	or youth if the length of the school day/week is not altered / Thereased irritability
Kehitte Mp	8/28/32
Physician's Signature KOTC Shutts	(606) 886-1173
Physician's Name Printed or Typed	Telephone Number
Physician's Mailing Address:Ea	stem Kentucky Tender Care Pediatrics
City	400 University Drive 21p Code Prestonaburg, KY 41653 Phone: (606) 886-1173 Fax: (606) 886-2193

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FLOYD COUNTY BOARD OF EDUCATION Office of Superintendent 442 KY RT 880

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Telephone (806) 886-2354 Fax (606) 886-4550 www.floyd.kyschools.us

LENGTH OF SCHOOL DAY/WEEK - PHYSICIAN'S STATEMENT

Student Name:		-	Date of Birth:	-
b. Describing the	ecifies why a shorten he medical condition he impact of the med n a full instructional	of the child or youth	and .	or youth to
Autism, ADF	D, Opposition	val Defant I	disorder; Sp	uch Dolay;
Developmental		*		<i>J</i> ′
Flight Risk, Ser	150ry Intoleran	ncas, Overstran	ulater, Behau	roval Issues
2. The anticipated dur		}	•	
11:00 a.m. to	2'00 p.m		*	the section of
increasing +	time as	necded.		•
3. Any harmful effects	on the child or youti	if the length of the	school day/week is	not altered
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Physician's Sign		e s	(1000) S31.	1040
Physician's Name - Print	ed or Typed	" ;	Telephone !	Yumber .
Physician's Mulling Address:		Street or Post O	ffice Box	-
	mpassion Pediatrics Wayland LLC 43 King Kelly Coloman H Wayland, KY 41866	:	X(p C)	ade



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

Evidence must be submitted from a physician and an Admission	s and Release Committee in order to determine
The residence related to length of School of	av/week The infolination described belowing where
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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Student Name:	Date of Birth:
A statement that specifies why a shortened school day	week is required
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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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2. The anticipated duration of the need for an altered le	ngth of school day/week
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25/24 School Wear	
3. Any harmful effects on the child or youth if the length	i of the school day/week is not altered
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Addition	
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Physician's Signature	-Date
Eastern Kentucky Tende	r Care Pediatrics)
Physician's Name - Printed or Typed 400 University	Drive Telephone Number
Presionsburg, K	Y41853
ysician's Mailing Address: Phone: (606) Bu	
Fax: (608) 88	Halpgomice Box



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LENGTH OF SCHOOL DAY - PHYSICIAN'S STATEMENT

Student Name:	Date of Birth:
 a. Describing the medic b. Describing the impact participate in a full in 	
suffered a loosal	, ganglia stroke in Feb. 2023, resulting in
left hemipates is as we	ll as shallder sublination, the becomes fatigued
easily putting him a	t risk for seitures and fallung.
•	f the need for an altered length of school day
requires skille	ed DT, OT and ST services 1-ax/week for
	re, 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 at	tend therapy consistently he is at hisk
for left upper and la	wer extremity contractures, worsening weakness,
and further develop	
Husta Water OT Physician's Signature	do loc
Mristen Walters, OTE	(606) 218-3500 ext. 5 Yped Telephone Number
Physician's Mailing Address: 911	South Bupass Pol Building C. Street or Post Office Box
Diveville	YY 41501 State Zip Code
City	Diate •



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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/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:	<u> </u>	Date of Birth:	
participate in a full instru	ondition of the child or y the medical condition o	youth and n the ability of the child or youth to	
2. The anticipated duration of the Datient to attend Sc For the entire 2024	bool mond	ay-Thursday 8:30 to 11	:coar
3. Any harmful effects on the child Worsening behavior	l or youth if the length o	f the school day/week is not altered	
Physician's Signature Kale Shutts Physician's Name – Printed or Typed		10 22 34 Date (1000 880-1173 Telephone Number	
Physician's Mailing Address:		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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LENGTH OF SCHOOL DAY/WEEK - PHYSICIAN'S STATEMENT

Student Name:_	Date of Birth:
A statement that specifies why a shorten a. Describing the medical condition b. Describing the impact of the med participate in a full instructional	of the child or youth and ical condition on the ability of the child or youth to
Suffers from (1) SMDD (2) S	phiel auxiety disorder & ADAD. She is highly
Besistent to attending sensel,	lacks any goals inher life & has viry low
Motivational Cevals. Her Bx	effects her emotional well sering, alademic
2. The anticipated duration of the need for	an altered length of school day/week performance & Article functioning.
Thortenes Day School for	on the begining of leavel year 2025 - 2026
3. Any harmful effects on the child or yout	The tuil attend Achoel from 6.30 am until 2 80 pm Monday therough for Very. I if the length of the school day/week is not altered
_ I	ince the has poor copying skits themas
not be able to function	Sourcey t- enotionally to Academbally
The way also beeme as	gressive & may bequire posyphismorthospitalians
Alex Potanton mo.	9/3/2005
Physician's Signature ANNOHAM P. POTHU	' D'ate
Physician's Name - Printed or Typed	Telephone Number -
Physician's Mailing Address: 118 River	Rive 1-60,6-432-3143
Pikeville	Ky Street or Post Office Box 41501
City	State Zip Code
<u> </u>	•

FLOYD COUNTY BOARD OF EDUCATION . Olfice of Superintendent 442 KY RT 550 England KY 41622

Telephone (606) 886-2354 Fax (606) 886-4550 www.floyd.kyscheols.iis

LENGTH OF SCHOOL DAY/WEEK - PHYSICIAN'S STATEMENT

"Student Name:	" Date of Birth:
a. Describing the	ifies why a shortened school day/week is required incident condition of the child or youth and impact of the nicdical condition on the ability of the child or youth to a full instructional day/week.
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3 Any harmful effects of	in the child or youth if the length of the school day/week is not afteryd
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TY Physian Name Printe	Megan Tackett, APRN Telephone Number
Physician s Mailing Address	Physicians for Families -
City, 19	State: 606-886-8997 Ziy Code, Z



Eastern, KY 41622

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

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Student Name:	<u> </u>	Date of Birth:
A statement that specifies why a shorter a. Describing the medical condition b. Describing the impact of the medical participate in a full instructional	of the child or youth a lical condition on the a	ınd
Patient has Autism and A	DHO. Oue to	bis sursany
issues and intolerances to	large crouds	and land norses
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Please let child dismiss	at 2:40pm 1	Non-Friday.
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without this imparate	Momorotian	patient and
suffer from oxvolmulation	m Causing	behavioral and
Mistri Hall Pho Physician's Signature		8/19/25 Date
Kristi Hall		(love) 531-4040
Physician's Name – Printed or Typed	naccion Bedistrice of	Telephone Number
Physician's Mailing Address:	npassion Pediatrics of Wayland LLC	·
1 Hydrolan B Walning 1 total cool.	3 King Kelly Coleman Jawar Wayland, KY 41666	fice Box
City P: 60	6-531-4040 F: 606-284-2039 State	Zip Code
Compassion Pediatrics of	1	
Wayland LLC		
2643 King Kelly Coleman Hwy Wayland, KY 41666	•	

P: 606-531-4040 F: 606-284-2039

Eastern, KY 41622

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LENGTH OF SCHOOL DAY/WEEK - PHYSICIAN'S STATEMENT

Student Name:_		Date of Birth:
A statement that specifies why a a. Describing the medical c b. Describing the impact of participate in a full instr-	ondition of the child or yo the medical condition on	reek is required youth and n the ability of the child or youth to
Autism-	s on a daily	g routine in order
to have a more suc	ressful schoo	of year in pegards
to his behavior. I fee!	1 Shortened Sc	chool days would beneathin
2. The anticipated duration of the Monday - Wednesda		2:65pm 2025-2026
3. Any harmful effects on the child	Dow - 2:55pm d or youth if the length of	' ()
Longer School days ma reaards to his senson	y be a challe 1 Challenges. Th	
in Outbursts and be August Hola Physician's Signature	havioral issue!	S for both him and the class. 8-19-25 Date
SUSIC HOWARD, APRA Physician's Name - Printed or Typed	Eastern Ky Tender Care 400 University Drive	(1010) 8810-1173 Telephone Number
Physician's Mailing Address:	Presionsburg_iov.	Post Office Box
City	State	Zip Code .



Eastern, KY 41622

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Student Name:	Date of Birth:
 a. Describing the medi b. Describing the impa participate in a full 	why a shortened school day/week is required cal condition of the child or youth and act of the medical condition on the ability of the child or youth to instructional day/week.
hes S	sensory issues that affect her greatly
She's Hulfistic.	
2. The anticipated duration o	f 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 h	ove more mettdowns, if he day
is not shortened	eve more mettdowns, il hu dag elt is in hu Best Interest that
she has shortened	school days.
Mallone Lan Physician's Signature	me, PAC. 8/18/25
Nakelsha Layne	
Physician's Name - Printed or Ty	
Physician's Mailing Address:	Eastern Kentucky Tender Care Pediatrics 40001Nersity Driveox
City	Prestonsburg, KY 41653 State Phone: (606) 886-1173 Fax: (606) 886-2193



PLOYD COUNTY SOARD OF EBUCATION 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

Student Name:		Date of Birth:
A statement that specifies why a si a. Describing the medical con b. Describing the impact of the participate in a full instruction.	dition of the child or youth e medical condition on the	and
Hutism		
2. The anticipated duration of the n	ced for an altered length of	school day/week
te will attend school n	nonday. Tuesday	Thursday and friday
ormal hours. Will 1	eave on we	dnesdays at 2:30
3. Any harmful effects on the child o		
worsening behavior	, delay in pro	caress
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KShitty Mo		8 18 92
Physician's Signature		Date
Physician's Name - Printed or Typed	_	Telephone Number
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hysician's Mailing Address: 400 C	Street or Post C	Office Box U1 52
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Talephone (608) 888-2354 Fax (608) 886-4550 Talephone (608) 888-2354 Fax (608) 886-4550 WWW.floyd.kyschools.us LENGTH OF SCHOOL DAY/WEEK — PHYSICIAN'S STATEMENT

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to be provided to the ARG by the physicia	n of the child or youth in o	riler to assist in making determination)(I)
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A statement that specifics why a	shortened school day/wo	kis required	31 7-
n. Describing the medical co	ndition of the child or vo	uth and	F. s.
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3 Any harmful effects on the child	or youth if the length of t	in school day/week is not altered	i
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	J.		 -
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10. 7. 7.			<u> </u>
- KShutty Mis	**************************************	8-25-25	
Physician's Signature	States of the State of the Stat	Dale	
TOJE BOUTT		(0010 SXIn-117))
Physician's Name-Printed or Typed		Telephone Number	- 4- 4€
Physician's Mailing Address: 400 U	oiversh. Dr	and	
4 Destanshive	Street or Po	of Office Box 41653	r.
66	State	Zip Code	
7	Same and the second second		,

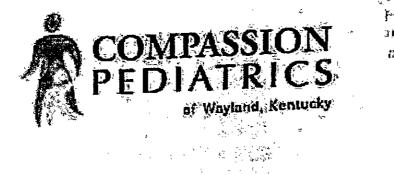


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2. The anticipated duration of the ne	eed for an altered length of school day/week
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2 Any harmful effects on the child or	r youth if the length of the school day/week is not altered
worsening behavior, e	emotional distress, delayin pa
Kehitty Mo	<u>8 17 32 </u>
Physician's Signature	Larva Sea 1173
Physician's Same - Printed or Typed	(COLO) SELO - 175 Telephone Number
Physician's "same - France of Types Physician's Meilir g Address: 400 Un	in write Drive
	Street or Post Office Box U11053
- thestonstown	State Zip Code



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To Whom It May Con	cărn,					
MARCHANIA ANKALA	(el	Win Charts	schoolat 13:3	oam due to e	rly morning	
Please Allow activities and overstim			d trom school	at 2:45pm.da	lly to ensur	
ills safely. Patienthas	o receivants. Inferiorisació.	to de distribuc	, J. 1880.	enviorus to t	ake extra	
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