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

Date of Request: 10/2/25 Academic Year 25/26

Date of Request: 10/2/25		Adductific 100		
Special Education Cooperative	GRREC			
District:	Simpson County	District Number:	535	
Director of Special Education:	Kelly Baker	Phone Number:	270-586-8877	
School:	Simpson Elementary			
Principal:	Michael Barnum			
	Student Inform	nation		
Full Name:		Disability:	Developmental Delay	
Age:	8	SSID:		2
	Teacher Inform	mation		
Full Name:	Preston Graves	Grade Taught:	1	through 3
Classroom Type:	LBD- Resource			
Special Education Code:	6062			
Type of Request (Check all the Shortened Week  Shortened School Week (SS)  1a. What are the days of at	Shortened Day	to current IEP?		
1b. Describe the reason(s)	why this student requires a Shorter	ned School Week:		
1c. Provide the typical beginning TIME:	inning and ending time for students ENDIN	in this school? G TIME:		
1d. Provide the <u>beginning</u> a	and <u>ending</u> times for this student acc ENDIN	cording to current IEP?		

Sh	ortened School Day (SSD):
2a.	Describe the reason(s) why this student requires a Shortened School Day:
T	diagnosis of pervasive development disorder causes him to be highly dysregulated emotionally and

diagnosis of perva behaviorally. This dysregula the recommendation of agrees with this recommend	asive development disorder causes him to be highly dysregulated emotionally and ation results in aggressive behavior and emotional outbursts. The shortened school day is at psychiatrist - Dr. Charu Raghuvanshi, with Riverdell Behavioral Health. The ARC dation.
2b. Provide the typical be BEGINNING TIME:	eginning and ending time for students in this school?  8:00 ENDING TIME: 3:00
2c. Provide the <u>beginning</u> BEGINNING TIME:	and ending times for this student according to current IEP?  8:00 ENDING TIME: 10:00
	to school after being in a Home/Hospital Instruction Program?  No
4. Identify steps the ARC v	vill take to promote full attendance for this student in the future?
As aggressiv tolerated in order to bu	re behaviors and emotional outbursts decrease, his school day will increase as uild back to a full day.
5. Has a shortened school Yes If yes, list the previous scho	day been requested for this student in previous school years?  No  No ol year(s):
24/25	
	IMPORTANT
<ul> <li>Approval by the Local E information in the Local</li> <li>Minutes of the ARC me</li> </ul>	owing documentation for all Shortened School Days approved by the Local Board of Education: Board of Education (STUDENT CONFIDENTIALITY procedures MUST be followed when listing student Board Minutes.); Leting documenting the ARC decision that a shortened school day is needed and; LEP documenting the shortened school day.
LOCAL BOE APPROVED:	Yes No DATE:
WAIVER NO.:	FOR KDE USE ONLY DATE:
BECEIVED AT KDE.	DATE:

(Reviewer's Initials)

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

Academic Year 25/26 Date of Request: 10/2/25 **Special Education Cooperative GRREC** 535 District Number: Simpson County District: Phone Number: 270-586-8877 Director of Special Education: Kelly Baker Simpson Elementary School: Principal: Michael Barnum Student Information OHI Disability: Full Name: SSID: 7 Age: **Teacher Information** 1 through 3 Grade Taught: Traci Langford Full Name: **LBD** Resource Classroom Type: **Special Education Code:** 6062 Type of Request (Check all that apply): **Shortened Week Shortened Day** Shortened School Week (SSW): What are the days of attendance for this student according to current IEP? Describe the reason(s) why this student requires a Shortened School Week: 1b. Provide the typical beginning and ending time for students in this school? 1c. **ENDING TIME: BEGINNING TIME:** Provide the beginning and ending times for this student according to current IEP? 1d.

**ENDING TIME:** 

**BEGINNING TIME:** 

Shortened School Day (SSD):
2a. Describe the reason(s) why this student requires a Shortened School Day:

Za.	Describe the reason(s) why this student requires a chortened control bay.				
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	the state of the s	. :			

A shortened school day is recommended due to social deficits and doctor recommendation. Currently, is attending school from 8:00 - 10:30. A plan is in place that allows to work back up to a full school day with a slow, gradual transition as he demonstrates successful behavior in the general education classroom.				
2b. Provide the typical beginning and ending time for students in this school?  BEGINNING TIME: 8:00 ENDING TIME: 3:00				
2c. Provide the <u>beginning</u> and <u>ending</u> times for this student according to current IEP?  BEGINNING TIME: 8:00  ENDING TIME: 10:30				
<ol> <li>Is this student returning to school after being in a Home/Hospital Instruction Program?</li> <li>Yes</li> </ol> No				
If yes, describe circumstances:				
4. Identify steps the ARC will take to promote full attendance for this student in the future?				
The special education team at SES is providing SDI to . in the areas of executive functioning through social skills instruction and small group instruction. He also receives positive behavioral inventions, sensory breaks and shortened assignments. He is makes progress towards his social-emotional goals, his school day with gradual increase to ensure a successful transition to a full day.				
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				
<ul> <li>The district must maintain the following documentation for all Shortened School Days approved by the Local Board of Education:         <ul> <li>Approval by the Local Board of Education (STUDENT CONFIDENTIALITY procedures MUST be followed when listing student information in the Local Board Minutes.);</li> <li>Minutes of the ARC meeting documenting the ARC decision that a shortened school day is needed and;</li> <li>A copy of the student's IEP documenting the shortened school day.</li> </ul> </li> </ul>				
FOR LOCAL USE ONLY				
LOCAL BOE APPROVED: Yes DATE:				
WAIVER NO.: FOR KDE USE ONLY DATE:				
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## Kentucky Department of Education Division of IDEA Monitoring and Results NOTICE OF SHORTENED SCHOOL DAY and/or WEEK

Date of Request: 10/2/2025		Academic Year 25/26		
Special Education Cooperative	GRREC			
District:	Simpson County	District Number:	535	
Director of Special Education:	Kelly Baker	Phone Number:	27058	68877
School: Simpson Elementary School				
Principal: Michael Barnum				
aleg for the transfer	Student Info	mation		
Full Name:	-	Disability:	EBD	
Age:	9	SSID:	_	
	Teacher Info	rmation	m 3 y	الميلا عدو كال الأ
Full Name:	Chasity Vernon	Grade Taught:	1	through 3
Classroom Type:	EBD Resource	Olddo Fadgilli		
Special Education Code:	6042			
Type of Request (Check all the Shortened Week  Shortened School Week (SS)  1a. What are the days of at	Shortened Day	g to current IEP?		
1b. Describe the reason(s)	why this student requires a Shorte	ned School Week:		
1c. Provide the typical beginning TIME:	nning and ending time for students ENDIN	in this school? IG TIME:		
1d. Provide the <u>beginning</u> a BEGINNING TIME:	and <u>ending</u> times for this student ac ENDIN	cording to current IEP?		

Shortened School Day (SSD): Describe the reason(s) why this student requires a Shortened School Day: 2a. Dr. 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 settina. Provide the typical beginning and ending time for students in this school? 2b. BEGINNING TIME: 8:00 ENDING TIME: 3:00 Provide the beginning and ending times for this student according to current IEP? 2c. BEGINNING TIME: 8:00 ENDING TIME: 11:45 3. Is this student returning to school after being in a Home/Hospital Instruction Program? 1 If yes, describe circumstances: Student was placed on Home Hospital instruction as per Dr. Charu Raguvanshi, M.D. The 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's 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. Has a shortened school day been requested for this student in previous school years? 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 DATE: Νo LOCAL BOE APPROVED: Yes

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(Reviewer's Initials)

DATE:

DATE:

WAIVER NO .:

RECEIVED AT KDE: