

**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

Special Education Cooperative	<b>GRREC</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:	Preston Graves	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**:

diagnosis of pervasive development disorder causes him to be highly dysregulated emotionally and behaviorally. This dysregulation results in aggressive behavior and emotional outbursts. The shortened school day is at the recommendation of psychiatrist - Dr. Charu Raghuvanshi, with Riverdell Behavioral Health. The ARC agrees with this recommendation.

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: 10:00

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:

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

As aggressive behaviors and emotional outbursts decrease, his school day will increase as tolerated in order to build back to a full day.

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):

24/25

**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:

\_\_\_\_\_

(Reviewer's Initials)

**Kentucky Department of Education  
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**Date of Request:** 10/2/25

Academic Year 25/26

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 Information			
Full Name:		Disability:	OHI
Age:	7	SSID:	

Teacher Information			
Full Name:	Traci Langford	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:

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**:

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 beginning and ending times for this student according to current IEP?

BEGINNING TIME: 8:00

ENDING TIME: 10:30

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:

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 interventions, sensory breaks and shortened assignments. He is making 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?

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Yes

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No

If yes, list the previous school year(s):

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**IMPORTANT**

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- 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.

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**FOR LOCAL USE ONLY**

LOCAL BOE APPROVED:

☐

Yes

☐

No

DATE: \_\_\_\_\_

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WAIVER NO.: \_\_\_\_\_

DATE: \_\_\_\_\_

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DATE: \_\_\_\_\_

(Reviewer's Initials)



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**Date of Request:** 10/2/2025

**Academic Year** 25/26

Special Education Cooperative	GARREC		
District:	Simpson County	District Number:	535
Director of Special Education:	Kelly Baker	Phone Number:	2705868877
School:	Simpson Elementary School		
Principal:	Michael Barnum		

Student Information			
Full Name:	-	Disability:	EBD
Age:	9	SSID:	-

Teacher Information			
Full Name:	Chasity Vernon	Grade Taught:	1 through 3
Classroom Type:	EBD Resource		
Special Education Code:	6042		

**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. 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 setting.

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?



Yes



No

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.

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):

24/25

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- A copy of the student's IEP documenting the shortened school day.

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LOCAL BOE APPROVED:



Yes



No

DATE:

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