

**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:	Franklin Simpson High School		
Principal:	Michael Wix		

Student Information			
Full Name:		Disability:	Autism
Age:	18	SSID:	

Teacher Information			
Full Name:	Haley Brown	Grade Taught:	9 through 14
Classroom Type:	MSD		
Special Education Code:	6120		

**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**:

will attend school half days due to his short attention span and learning stamina. Since transitioning to the High School, has been successful with this schedule. The ARC agrees that a shortened school day will be the most beneficial for . As his tolerance increases, his time at school will increase by 30 minute increments until full day attendance is achieved.

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: 11:30

ENDING TIME: 3:00

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 learning stamina and tolerance increased - his school day will increase by 30 minutes increments.

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):

19/20, 20/21, 21/22, 22/23, 23/24, 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:

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Yes

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No

DATE:

**FOR KDE USE ONLY**

WAIVER NO.:

DATE:

RECEIVED AT KDE:

DATE:

(Reviewer's Initials)