



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, and Allen Elementary 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:

9/25/2025



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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.

Autism FS4.0

Anxiety F41.9

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

Will attend School Tuesday and Thursday 10am to 1pm.

Will not attend school Monday, Wednesday - Friday

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

K Shultz MD

Physician's Signature

Kate Shultz

Physician's Name - Printed or Typed

9/16/25

Date

(606) 886-1173

Telephone Number

Physician's Mailing Address: 400 University Dr

Prestonsburg

City

Ky

State

Street or Post Office Box

41653

Zip Code



COMPASSION PEDIATRICS

of Wayland, Kentucky

To Whom It May Concern,

Please Allow [redacted] to start school at 8:30AM 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 505-531-4040.

Sincerely,

Carla Brown, PA-C

Carla Brown, PA-C



Office of Superintendent
442 KY RT 850
Easton, KY 41622
Telephone (606) 866-2354 Fax (606) 866-4550
www.Royd.kyschools.us

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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.

Autism

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

He 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. Shuttles MD

Physician's Signature

8-25-25

Date

Kate Shuttles

Physician's Name - Printed or Typed

606-866-1123

Telephone Number

Physician's Mailing Address:

400 University Dr
Prestonburg Ky

Street or Post Office Box

City

State

Zip Code

41653

Sep. 4. 2025 9:43AM

Tender

LOYD COUNTY BOARD OF EDUCATION

Office of Superintendent

442 KY RT 550

Eastern, KY 41622

Telephone (606) 886-2354 Fax (606) 886-4550

www.loyd.kyschools.us

No. 6108 P. 1/1



LENGTH OF SCHOOL DAY - 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. 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 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.

Autism

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

Will attend school Monday-Friday 8am - 2:15pm

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

worsening behavior, delay in progress

K. Shuttles

Physician's Signature

8/22/25

Date

Kate Shuttles

Physician's Name - Printed or Typed

(606) 886-1123

Telephone Number

Physician's Mailing Address: 400 University Dr

Prestonsburg

City

Ky

State

Street or Post Office Box

41653

Zip Code



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Office of Superintendent

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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.

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 Shuttles MD

Physician's Signature

Kate Shuttles

Physician's Name – Printed or Typed

8/14/25

Date

(606) 886-1173

Telephone Number

Physician's Mailing Address: 400 University Drive

Prestonsburg

City

Ky

State

Street or Post Office Box

41053

Zip Code



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Social Phobia - includes fear, anxiety & avoidance that interferes with relationships, daily routines, school & other activities. Significantly impacts ability to engage in social situations & build social connections.

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

Until end of Semester, ending in December then will reassess.

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

Lead to avoidance behaviors like refusing to go to school, isolation & academic challenges. Experience social stigmatization fear to develop close friendships.

Angele Campbell APRN

Physician's Signature

09-17-2025

Date

Angele Campbell APRN

Physician's Name - Printed or Typed

(606) 886-4350

Telephone Number

Physician's Mailing Address: 104 S. Front Ave.

Prestonsburg

City

ky

State

Street or Post Office Box

41653

Zip Code



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Date of Birth: _____

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 - 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.

attends at patient Occupational and Speech
therapy 1x per wk. At address communication and
coordination deficit

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

Throughout 2025/2026 School year

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

requires quiet OT & speech services to
further address communication & coordination impairments.

[Signature]
Physician's Signature

7/30/25
Date

Greta O'Brian, MD
Physician's Name - Printed or Typed

(606) 377-3431
Telephone Number

Physician's Mailing Address: PO Box 247

Meadwell, Ky 41647
City State Zip Code

Street or Post Office Box

Zip Code



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Autism - Therapy at Ava Center

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

☒ Will attend school Tuesday & Thursday 8:00am - 12:30pm
Monday, Wednesday & Friday Full days

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

K. Shuttles

Physician's Signature

Kate Shuttles

Physician's Name – Printed or Typed

7/24/25

Date

(606) 886-1173

Telephone Number

Physician's Mailing Address: 400 University Dr

Prestonsburg

City

Ky

State

Street or Post Office Box

41653

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.

_____ attends Applied Behavior Analysis (ABA) 4 days a week
(Monday-Thursday) for individualized intervention for Autism
Spectrum Disorder (ASD)

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

① 4 days a week, all year. Typically afternoon sessions

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

Regression of skills maintained from sessions.

Amanda Walden, BCBA, LBA

Physician's Signature

Board Certified

Behavior Analyst
BCBA

07-14-2025

Date

Amanda Walden, BCBA, LBA

Physician's Name – Printed or Typed

(606) 372-1239

Telephone Number

Physician's Mailing Address:

535 N. Lake Dr.

Street or Post Office Box

Prestonsburg, KY

City

State

41653

Zip Code



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Down Syndrome
Autism

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

Monday - Friday 8am - 1pm

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

worsening of Behavior: aggression

Nakeesha Layne, PA-C

Physician's Signature

7/29/2025

Date

Nakeesha Layne, PA-C

Physician's Name - Printed or Typed

Eastern Kentucky Tender Care Pediatrics
400 University Drive
Prestonsburg, KY 41653
Phone: (606) 886-1173
Fax: (606) 886-2183

Telephone Number

Physician's Mailing Address: _____

Street or Post Office Box

City

State

Zip Code