

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

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Date:

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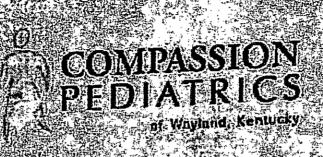


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LENGTH OF SCHOOL DAY/WEEK - PHYSICIAN'S STATEMENT

Evidence must be submitted from a physician and an Admissions and Rolease Committee in order to determine approval or disapiroval 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.

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1/01 Slove 155 (600) 881e-1173	
Physician's Jame - Printed or Typed	
Physician's Mailir & Address: 400 University Dr. Sheet or Post Office Box 41653	
Prestonsburg State Zip Gode	



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3. Any harmful effects on the child or youth if the MOVSCHING Dehaulor: delay	
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Physician's Signature CO-te Shutts	tocce 8x4-1123
Physician's Name — Printed or Typed	Telephone Number
Physician's Mailing Address: 100 Universit	Sirect or Past Office Box . 41653
City State)	Zip Code



FLOYO COUNTY BOARD OF EDUCATION Office of SuperIntendent

442 RY R1 550 Eastern, KY 41622

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ADHD, ODD, Autism	<u> </u>
2. The anticipated duration of the need for	r an altered length of school day/week
00:21-ma00:8	pm
3. Any harmful effects on the child or yout working behavior, emo	th if the length of the school day/week is not altered kional distress, delay in progress
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Physician's Signature	
Physician's Signature KOLC Shulls Physician's Plant - Printed or Typed Physician's Meilling Address: 400 University	LOOLO SKO - 1173 Telephone Number



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Physician's Maining Address: 10 1 3	Street or Past Office Ray
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	Student Name:	Date of Birth:{
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	2. The anticipated duration of	the need for an altered length of school day/week
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	worsening behavior	or
	delay in progress	
	Physician's Signature	7/24/25
	Kate Shutts Physician's Name-Printed or Typ	doug 80-1173 Telephone Number
	Physician's Mailing Address: 400	University Pr State or Post Office Box 41653 Zip Code





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	Student Name:	Date of Birth:
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	(menday-Thursday) for indi	inhualized intervention for Autism
	Spectrum Disorder (ASD))
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0	4 days a week, all year	Typically afternoon sessions
	3. Any harmful effects on the child or you Regression of skills ma	ath if the length of the school day/week is not altered aintained from sessions.
	Amanda Walden BUSA, VS Physician's Signature Board C	ertified Date Rahajar Analyst
	Amnda Malden BeBA, LBA Physician's Name - Printed or Typed	BCBR (606)372-1239 Telephone Number
	Physician's Mailing Address:	535 N. Lake Or. Street or Past Office Bax 411053
	City	State Zip Code





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