

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

**Date of Request:**

**Academic Year** \_\_\_\_\_

Special Education Cooperative			
District:		District Number:	
Director of Special Education:		Phone Number:	
School:			
Principal:			

Student Information			
Full Name:		Disability:	
Age:		SSID:	

Teacher Information			
Full Name:		Grade Taught:	through
Classroom Type:			
Special Education Code:			

**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?

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**:

2b. Provide the typical beginning and ending time for students in this school?  
BEGINNING TIME: \_\_\_\_\_ ENDING TIME: \_\_\_\_\_

2c. Provide the beginning and ending times for this student according to current IEP?  
BEGINNING TIME: \_\_\_\_\_ ENDING TIME: \_\_\_\_\_

3. Is this student returning to school after being in a Home/Hospital Instruction Program?  
 Yes  No

If yes, describe circumstances:

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

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):

6. Is there a signed Physician statement:  
 Yes  No

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**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;
- A copy of the student's IEP documenting the shortened school day; and
- A copy of the Physician statement of the medical need.

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**FOR LOCAL USE ONLY**

LOCAL BOE APPROVED:  Yes  No DATE: \_\_\_\_\_

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**FOR KDE USE ONLY**

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

RECEIVED AT KDE: \_\_\_\_\_ DATE: \_\_\_\_\_  
*(Reviewer's Initials)*