School Administrative Unit #24

Districts of:

Stoddard Henniker Weare John Stark

REQUEST FOR A SHORTENED SCHOOL DAY or WEEK

Student Name:			Date:		
DOB:		School:		Grade:	
The IEP Tea	am has recommended that t	he student named a	above require	es a shortened so	hool
day d	or week.				
Description	of the team's proposed len	gth of school day o	r week:		
_,					
The reason	for this determination is:				
For all eleme	entary students, including thos	e with educational dis	sabilities, the s	chool day must be	a minimum of 5 ¼
	ing recess but not lunch, exceped Education Program. (This do				
day must be	a minimum of 5 ½ hours. Who ation Placement Team recomm	en, due to a student's	limited physic	al and/or emotion	al stamina, the
	perintendent of Schools and th				
Assistant S	uperintendent or Director o	f Student Convices		Approve	Do not approve
Assistant 3	aperintendent of Director of	i Student Services	Date		
				Approve	Do not approve
Superinten	dent		Date		

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