August 28, 2015

MEMORANDUM

TO:     City and County Superintendents of Education

FROM:  Thomas R. Bice  
        State Superintendent of Education

SUBJECT:   Shortened School Day for Students With Disabilities

The Alabama State Department of Education (ALSDE) has developed procedures for local education agencies (LEAs) to verify that each student with a disability receives a full instructional day as provided to his or her nondisabled peers unless the Individualized Education Program specifies a different length of time based on the individual need of the student [Alabama Administrative Code, Rule 290-8-9.05(2)(c)]. Obviously, this means each student with a disability must be in his/her classroom at the start of the school day and may not leave the classroom before the end of the school day. This includes students who have a 504 Plan. Furthermore, the start and end times for the school day must be the same for students with disabilities as for their nondisabled peers. Most assuredly, no student with a disability may receive a shortened school day due to transportation schedules or administrative convenience.

After being cited by the United States Office for Civil Rights (OCR), the ALSDE is currently in a resolution agreement to address this issue. We must comply by ensuring that no student with a disability has a shortened school day due to a transportation schedule or administrative convenience.

Enclosed you will find a questionnaire that must be completed by each school principal and returned to the LEA Special Education Coordinator. As a part of the resolution agreement between the ALSDE and the OCR, the questionnaire must be completed annually until further notice. The questionnaires should not be sent to the ALSDE. The ALSDE will review the questionnaires during LEA Compliance Reviews and/or Special Education Focused Monitoring visits. Based on the results of the questionnaire, the Special Education Coordinator, 504 Coordinator, Transportation Supervisor, and Superintendent must sign the enclosed “Assurance Statement.” The completed “Assurance Statement” must be submitted to the ALSDE, Pupil Transportation Section, attention Mrs. Jennifer Luster, by September 18, 2015. The “Assurance Statement” will be filed at the ALSDE for review, as necessary, by the OCR.

If you have questions or need assistance, please contact Ms. Crystal Richardson, Special Education Services, at (334) 242-8114, or Mr. Kevin Snowden, Pupil Transportation, at (334) 242-9730, or Mr. Tom Mock, Prevention and Support Services, at (334) 242-8165.

TRB/CR/KS

Enclosures

cc:      City and County Special Education Coordinators
        City and County Transportation Supervisors
        Mrs. Sherrill W. Parris
        Dr. Linda Felton-Smith
        Mr. Andy Craig
        Mr. Dennis Coe
        Mr. Kevin Snowden
        Mr. Tom Mock
        Ms. Crystal Richardson
        Ms. Cynthia C. Lester

FY15-3053
Questionnaire Regarding Length of School Day

DO NOT SEND THIS COMPLETED FORM TO THE STATE DEPARTMENT OF EDUCATION. File with the LEA Special Education Coordinator.

School System: ________________________________________________
School: ______________________________________________________
School Principal: ______________________________________________

Name of Individual Completing Form: ____________________________ Date: ____________________________
Position: ____________________________

1. Do you have students with disabilities who ride a school bus to school? ________________

   (If “no,” it is not necessary to complete Questions 2-5. Please affix signature as requested below and return to the system special education coordinator.)

2. What time does school begin for all students? ____________________________

3. Are all students with disabilities (except those with documentation in their IEP) in their classrooms by the start of the school day? ________ If no, how many? ________________

4. What time does school end for all students? ____________________________

5. Do any students with disabilities (except those with documentation in their IEP) leave their classroom before the end of the school day? ________________ If yes, how many? ________________

6. If the answers to Questions 3 and 5 above identify a shortened school day issue, this problem must be corrected immediately. Attach an explanation of the steps taken to correct the issue to this document before filing.

7. Do you have students with disabilities with a shortened school day that is documented in the IEP? ________________ If yes, how many? ________________

I understand that each student with a disability must receive a full instructional day as provided to his or her nondisabled peers unless the student’s Individualized Education Program specifies a different length of time based on the individual need of the student [Alabama Administrative Code, Rule 290-8-9.05(2)(c)] and certify that to the best of my knowledge, the above information is accurate.

________________________________________   __________________________________________
Principal’s Signature                                Date
ASSURANCE STATEMENT

LENGTH OF SCHOOL DAY

Please sign and return no later than September 18, 2015, to the
Alabama State Department of Education
Pupil Transportation Section
Post Office Box 302101
Montgomery, AL 36101-2101

__________________________ (LEA) assures to the Alabama State
Department of Education that no child with a disability receives a shortened school
day (as defined in the August 28, 2015, memorandum from the State
Superintendent of Education) unless documented in the student’s Individualized
Education Program or 504 Plan, due to the student’s individual needs and not due
to transportation schedules or administrative convenience.

Superintendent ___________________________ Date

Transportation Supervisor ___________________________ Date

Special Education Coordinator ___________________________ Date

504 Coordinator ___________________________ Date