

Notice of Action

Notice of Action must be given before our district takes certain actions.

Name: Jane Doe

Age: XX

Parent/Guardian:

Mr. and Mrs. Doe

ID#: #####

Grade: X

Date Provided:

October 8, 2016

Date of Birth: ##/##/####

School/Site: Anywhere School

Method of Provision: In person

By mail

Email

The following is to describe the action(s) Proposed or Refused by our district.

Box A: Consent is REQUIRED for these actions to be carried out:

- Initial evaluation
- Initial placement
- Reevaluation (with assessment):
 - Comprehensive Evaluation
 - Specialized Evaluation
 - Other (specify):
- Temporary placement
- Other (specify):

Box B: Consent is NOT REQUIRED for these actions to be carried out:

- Ineligibility for services
- Change in eligibility
- Change of placement
- Provision of FAPE
- Graduation with regular diploma
- Dismissal from Special Education Services
- Disciplinary Removal
- Other (specify):

Consent Granted for Action to Take Effect Immediately

- Parent agreed to immediate implementation of the action being proposed.

Explanation of Action: (The reason(s) for the proposal or refusal):

Jane's evaluation results indicate that she continues to be a child with a disability in the area of speech/language impaired, but also meets the eligibility for a Specific Learning Disability (Basic Reading Skills and Reading Comprehension), and she will not progress satisfactorily in reading without highly specialized instruction. Jane was receiving speech services only, but will now receive resource services for reading in addition to speech. Jane's placement on the continuum will continue to be regular class (more than 80% of day in general ed.).

Basis for the Action: (A listing or attached description of each evaluation procedure, assessment, record, or report used as a basis for the action):

Teacher and reading specialist observations and curriculum based assessments, standardized reading and language assessments, and a test of general intelligence were used to determine that Jane has a learning disability in the area of reading, and to develop the IEP.

Options Considered and Reasons Rejected: (option(s) considered by the IEP team and reason(s) for rejection)

The team considered continuing with speech services only and not providing special education services for reading, but felt that Jane needed specialized instruction in reading to access and progress in the general education curriculum. The team also considered a self-contained special education program for Jane, but determined that she does not require the intensity of such a program.

Other Factors Relevant to the Action:

Name:

ID#:

The team considered continuing with speech services only and not providing special education services for reading, but felt that Jane needed specialized instruction in reading to access and progress in the general education curriculum. The team also considered a self-contained special education program for Jane, but determined that she does not require the intensity of such a program.

Informed Consent

Pertains to Box A Only

I understand the purposes(s) for which my consent is being requested. I understand that giving consent for the above stated purpose(s) is voluntary on my part and may be revoked at any time. A copy of "Information Regarding Consent" which explains protections that are specific to informed consent under the procedural safeguards of Part B of the Individuals with Disabilities Education Act (IDEA) may be accessed at:

https://arksped.ade.arkansas.gov/rules_regs_08/RevisionstoRulesandRegulationJuly2010/INFORMATION%20FOR%20PARENTS%20REGARDING%20CONSENT.pdf

Parent/Guardian/Student Signature:

Date:

Procedural Safeguards

Parents of a child with a disability, or the child with a disability, have protections under the procedural safeguards of Part B of the Individuals with Disabilities Education Act (IDEA). A copy of "Your Rights under the IDEA" may be accessed at:

https://arksped.ade.arkansas.gov/rules_regs_08/RevisionstoRulesandRegulationJuly2010/YOUR%20RIGHTS%20UNDER%20THE%20IDEA.pdf

https://arksped.ade.arkansas.gov/rules_regs_08/RevisionstoRulesandRegulationJuly2010/Spanish/Your%20Rights%20Under%20the%20IDEA%20-%20Spanish.pdf (Spanish version)

If you need assistance in understanding the provisions of the procedural safeguards, you may contact

Name:

Phone Number/E-mail:

Name:

Phone Number/E-mail:

For additional assistance, you may contact the ADE Special Education Unit at (501) 682-4221.

When parents revoke consent for services for their child, the child and his/her parents no longer have the protections provided under the procedural safeguards of Part B of the IDEA.

If you have any questions or concerns regarding this action, please contact:

Name/Title:

Phone Number/E-mail: