

Notice of Action

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

Name: Jane Doe

Age: ##

Parent/Guardian:

Mr. & Mrs. Doe

ID#: #####

Grade: #

Date Provided:

October 1, 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):

Our teacher assistance team has been working with you and Jane's teacher to increase Jane's reading ability. In spite of our joint efforts, Jane has not been making adequate progress in acquiring basic reading skills.

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

We considered Jane's response to strategies used during the RTI intervention process. Those included such things as specific practice on sound-letter relationships, phonemic awareness, and part-to-whole decoding. The DIBELS assessment was administered weekly to monitor Jane's progress during the RTI intervention process, and Jane's teacher kept detailed progress notes during daily reading instruction.

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

We considered waiting until April in order to give Jane more time to catch on; however, we feel that waiting would likely place her further behind. The gap between Jane's current level of reading performance and grade level expectations is not decreasing, even with the interventions provided through the RTI process.

Other Factors Relevant to the Action:

Your input will be vital to this discussion and you will be included in the decisions regarding any special education eligibility determination. Your consent will be required before we conduct additional assessments or place Jane in our special education program.

Informed Consent

Name:

ID#:

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:
-------------	----------------------