

Notice of Action

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

Name: Justin Read
Age: #
Parent/Guardian:
Mr. and Mrs. Read

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):

Justin is a four-year old male who was originally referred by his preschool at age three. He has been receiving special education services for 14 months. Justin made limited progress on his previous IEP, and has made little to no progress on any of the goals outlined in his current IEP. The team felt an updated comprehensive evaluation was needed to ensure all areas of need are being addressed for appropriate programming.

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

- Battelle dated 07/14/2015
- Parent information
- Progress on current IEP
- Observation checklist
- Work Sampling data from the preschool

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

The team considered waiting to reevaluate until Justin was five to determine school-age eligibility, but considering the information from his day care, observation and lack of progress it was determined that an evaluation should be conducted at this time.

Name:

ID#:

Other Factors Relevant to the Action:

Reports from the day care center relating to frustration and behavioral outbursts were considered.

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: