

### Notice of Action

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

**Name:** John Smith

**ID#:** #####

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

**Age:** #

**Grade:** #

**School/Site:** Happy Valley

**Parent/Guardian:** Mr. and Mrs.  
Smith

**Date Provided:** #####

**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): Manifestation Determination

**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):

The committee met to conduct a Manifestation Determination Review because John had been removed from school for a code of conduct violation on November 15 and was expelled from school for 30 days. It was determined that the aggressive behavior leading to John's removal from school was a manifestation of his disability as John has displayed a pattern of aggressive behavior. John will be immediately returned to his educational placement prior to the expulsion.

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

The IEP team reviewed John's most recent evaluation, IEP goal progress, BIP progress, and the updated clinical notes from John's doctor as supplied by John's parents. Additionally, other school personnel were interviewed about John's relationships with adults and his overall progress in meeting his behavior goals. When reviewing the discipline records and progress notes regarding John's Behavior Intervention Plan (BIP), it was evident that John's plan is appropriate and he has been progressing on his IEP goals. John himself has noted that he is regularly implementing the strategies that are taught in his counseling group. However, John's disability is defined by his difficulty managing his own behavior.

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

The IEP Team considered conducting a new functional behavior assessment, but rejected that option because the existing functional behavioral assessment and BIP were determined to be current and appropriate. Other behavioral supports were considered, including a very restrictive program on campus, however this would not be the least restrictive environment to meet his needs.

Name:

ID#:

**Other Factors Relevant to the Action:**

The IEP team discussed other types of consequences that could be used for a violation of code of conduct that would result in a removal from school, but still communicate to John that there would always be consequences for such behavior

**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](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/YOUR%20RIGHTS%20UNDER%20THE%20IDEA.pdf)

[https://arksped.ade.arkansas.gov/rules\\_regs\\_08/RevisionstoRulesandRegulationJuly2010/Spanish/Your%20Rights%20Under%20the%20IDEA%20-%20Spanish.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: