

Notice of Action

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

Name: John Doe

Age: ##

Parent/Guardian: Mr. and Mrs.
Doe

ID#: #####

Grade: ##

Date Provided: #####

Date of Birth: #####

School/Site: Sunny

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): Parent revocation of services

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):

John's parents no longer wish for John to receive special education services, and have signed a Revocation of Parent Consent for Placement, Ages 3-21, which will end special education services due to parent request effective (*insert date of signed revocation*).

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

John will no longer receive special education services based on parent's revocation of consent.

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

John's parents indicated that they did not wish to continue special education services. The team considered reviewing John's IEP with his parents and revising his program if needed, however, his parents did not wish to consider any future special education services and revoked consent.

Other Factors Relevant to the Action:

John will no longer be identified as a student with a disability receiving special education and related services. If John is referred for special education services in the future, the process will begin at initial referral

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%20FO R%20PARENTS%20REGARDING%20CONSENT.pdf

Parent/Guardian/Student Signature:	Date:
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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:
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