## **Notice of Action**

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

Name: Jane Doe Age: ##	ID#: ######### Grade:	Date of Birth: ##### School/Site:
Parent/Guardian: Mr. and Mrs.	Date Provided: #####	Method of Provision: ⊠ In person
Doe		☐ By mail
		☐ Email
The following is to describe the action	$n(s) \boxtimes Proposed or \square Refuse$	d by our district.
Box A: Consent is REQUIRED for th		Consent is NOT REQUIRED for these actions
carried out:		to be carried out:
		gibility for services
☐ Initial evaluation		ge in eligibility
☐ Initial placement		ge of placement
⊠ Reevaluation (with assessment):		ision of FAPE
☐ Comprehensive Evaluation		uation with regular diploma
☐ Specialized Evaluation		issal from Special Education Services
☐ Other (specify): ☐ Temporary placement		plinary Removal
☐ Other (specify):	Utne	r (specify):
in other (specify).	C	onsent Granted for Action to Take Effect
		Immediately
	☐ Pare	nt agreed to immediate implementation of the
		eing proposed.
<b>Explanation of Action:</b> (The reason)	s) for the proposal or refusal)	:
delayed. The writing process is extreacademic subjects. As a result, the teregarding fine motor skills.	mely laborious for Jane and ha am felt an occupational therap	her motor skills in general are significantly as negatively impacted her progress in other y evaluation would provide valuable information luation procedure, assessment, record, or report
<ul> <li>Existing Data Review</li> </ul>		
<ul><li>Parent Input</li></ul>		
<ul> <li>Progress on IEP</li> </ul>		
<ul> <li>Writing samples</li> </ul>		
<ul> <li>Previous comprehensive eva</li> </ul>	luation dated 1/15/2012	
<ul> <li>Math work samples</li> </ul>	14411011 44104 1/10/2012	
<b>L</b>	Rejected: (option(s) considere	ed by the IEP team and reason(s) for rejection)
The team considered doing a comprehensive evaluation, but it was determined that Jane's existing evaluation information is current with the exception of the motor area. An evaluation by a certified occupational therapist is needed to determine if OT services are necessary.  Other Factors Relevant to the Action:		

Jane is becoming more frustrated in language arts and math activities that require any type of written

response		
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: <a href="https://arksped.ade.arkansas.gov/rules-regs-08/RevisionstoRulesandRegulationJuly2010/INFORMATION%20FO">https://arksped.ade.arkansas.gov/rules-regs-08/RevisionstoRulesandRegulationJuly2010/INFORMATION%20FO</a>		
R%20PARENTS%20REGARDING%20CONSENT.pdf		
Parent/Guardian/Student Signature:	Date:	
<b>Procedural Safeguards</b> 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%20 UNDER%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 Specia	al Education Unit at (501) 682-4221.	
When parents revoke consent for services for their child, the provided under the procedural safeguards of Part B of the I		
If you have any questions or concerns regarding this action, please contact:		

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Name/Title:	Phone Number/E-mail:	