

### Notice of Action

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

**Name:** Jane Doe

**Age:** ##

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

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

**Grade:** ##

**Date Provided:**  
March 21, 2013

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

**School/Site:** Love My 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):

You (Jane's parents) requested a reevaluation be conducted to determine the need for additional services and accommodations for Jane. The IEP team reviewed existing information about Jane's past reading instruction and performance as provided by her teacher, the school reading specialist, and you (her parents). The team feels additional assessment is needed before a decision can be made about adding accommodations or special education services.

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

- Existing Data Review
- Woodcock Johnson III dated 11/5/2011
- Test of Phonemic Awareness dated 11/6/2011
- Speech Evaluation dated 11/10/2011
- WISC III dated 11/13/2011
- Progress on IEP goals
- Current grades
- Teacher progress notes
- STAR Reading progress
- Parental concerns

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

The team considered using existing data only to determine possible changes to programming, but determined that more current evaluation information is needed to make that decision.

**Other Factors Relevant to the Action:**

You will be asked to complete a parent questionnaire related to Jane’s reading habits and competencies at home and in the community

**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:
-------------	----------------------