

Notice of Action

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

Name: Julie Doe

Age: ##

Parent/Guardian:

Mr. and Mrs. Doe

ID#: #####

Grade: ##

Date Provided:

11/5/2013

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

School/Site: Anytime 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): EDR with no testing

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):

Julie is a student receiving special education and related services under the category of Other Health Impaired. Mr. and Mrs. Doe brought the committee an outside evaluation that states Julie exhibits a specific learning disability in reading for which she needs special education services. Mr. and Mrs. Doe asked that Julie's eligibility be changed to specific learning disability. The committee completed an Existing Data Review and Evaluation Programming Conference and determined that Julie's Other Health Impairment remains the primary disability and reason she needs special education services. The committee will not change Julie's primary disability to Other Health Impaired.

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

- Parent input
- Existing Data Review
- Dennis Center report dated 7/11/13
- Psycho-educational evaluation dated 9/20/2012
- Progress on IEP goals
- Report cards

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

The committee considered conducting additional assessment to determine if Julie's primary disability should be changed. This option was rejected as the Existing Data Review found Julie's evaluation information to be

current and comprehensive, and no additional testing would be necessary to determine Julie's eligibility. The data presented showed that her primary disability continues to be Other Health Impairment.

Other Factors Relevant to the Action:

None at this time.

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: