

### Notice of Action

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

**Name:** Jack Doe

**Age:** ##

**Parent/Guardian:**

Mr. and Mrs. Doe

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

**Grade:** #

**Date Provided:**

October 1, 2016

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

**School/Site:** Anywhere 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):

Jack's current classroom performance does not indicate the need for a special education evaluation at this time. He is not suspected of being a student with a disability in need of 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):

A structured phonics program was implemented along with a daily-guided reading session. The teacher assistance team developed several intervention strategies that the classroom teacher has since implemented. Jack made definite improvement in his reading as evidenced by his performance on bi-weekly DIBELS assessments, the Developmental Spelling Assessment, and other informal assessments done by the classroom teacher. In addition, Jack's overall academic performance has improved significantly. As a result, the teacher assistance team determined that Jack is able to progress at a significant rate when a variety of materials and methods are utilized.

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

The referral team, which included Jack's teacher, reviewed his current performance, his strengths as well as his needs. The referral team considered evaluating Jack for special education, but Jack has made excellent progress in his intervention program and is not suspected to be a student with a disability in need of special education services.

**Other Factors Relevant to the Action:**

Name:

ID#:

Jack's classroom teacher has experience with research-based reading strategies and is able to accommodate Jack's needs within the general classroom.

**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: