

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:
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): 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):

Jane was initially found eligible for special education services under the category of Specific Learning Disability and has been receiving indirect services for reading and written expression for the past year. The IEP team held an Existing Data Review on 10/01/2016 and determined that no additional assessment was needed to verify that Jane is no longer a student with a disability in need of special education services. Jane will no longer be served in special education.

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

The team conducted and Existing Data Review and determined that the testing from the prior evaluation completed in January 2014 was still current. Achievement data was reviewed from Jane’s most recent Benchmark scores. The committee also reviewed current school year’s grades, IEP progress reports, input and feedback from the special education teacher and regular teacher, along with samples of Jane’s work in the areas of reading and writing. Jane has received indirect services for the past year, and her performance is on grade level.

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

The team considered continuing special education services, but that option was rejected due to Jane’s current level of performance. Jane has demonstrated marked achievement in the areas of reading and writing. She is fully included in the regular class and has been receiving minimal support from the special education teacher. Her achievement scores and grade reports indicate Jane is now performing at grade level. Jane’s teachers feel she is able to maintain

Name:

ID#:

progress without special education services. Jane is no eligible or in need of special education services.

Other Factors Relevant to the Action:

N/A

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.govrules_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: