

Notice of Action

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

Name: Sam Smith
Age: #
Parent/Guardian:
Mr. Smith

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):

Sam was recently evaluated for special education services for a suspected learning disability in reading. He moved in from out of state and his teachers were concerned about his performance in class related to comprehending complex text. The evaluation results indicate that Sam is not a student with a disability in need of special education services. His performance on standardized assessments is at or near grade level, and no other areas of concern are indicated.

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
- Psycho-educational evaluation
- Hearing/Vision records
- Medical information
- Social history
- Report cards
- Academic records from previous district

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

The committee considered Sam's eligibility and need for special education services, but since Sam was not

Name:

ID#:

found to have a disability as defined in the Arkansas Special Education Eligibility Criteria and Program Guidelines for Children with Disabilities Ages 3-21, he is ineligible for services.

Other Factors Relevant to the Action:

Teachers should continue to monitor Sam’s progress, and provide supports as needed to meet Sam’s needs in the classroom. The school counselor will meet with Sam to discuss any concerns he has regarding the move to our campus.

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: