

### Notice of Action

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

**Name:** Kayla Smith  
**Age:** #  
**Parent/Guardian:**  
Mrs. Smith

**ID#:** XXXXXXXXXX  
**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): Intellectual, Academic/ Dev. and speech
- 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): Proposed Transition to Kindergarten

**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):

Kayla has received Early Childhood Special Education services since she was three years old. She is now five, and will be entering Kindergarten next year. The committee reviewed Kayla's current goals and possible needs for next year. It was determined that Kayla needed to be reevaluated to determine if she is eligible for school age services and her current present levels of academic achievement and functional performance. The committee requested intellectual, academic/developmental testing, and speech testing.

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

Kayla is Kindergarten age, and the committee needs updated information to plan for her needs and develop goals, should Kayla continue to qualify for special education services. The committee conducted an Existing Data Review, which included progress on IEP goals. Kayla has mastered toileting, but she still struggles with communication, naming colors and objects, and counting items. Parents provided feedback about Kayla's skills at home.

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

The committee considered determining school age eligibility without further testing, but more current formal assessment data was needed to make that decision and develop appropriate programming.

Name:

ID#:

**Other Factors Relevant to the Action:**

Kayla currently receives early childhood special education services as a 5 year old. These services must end at age 6, unless she is determined eligible for services as a school aged child.

**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: