

Notice of Action

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

Name: Tasha Jones
Age: ##
Parent/Guardian:
Mr. and Mrs. Jones

ID#: #####
Grade: ##
Date Provided:
9/13/2013

Date of Birth: ##/##/####
School/Site: Happy Valley
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): Functional Behavior Assessment

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):

Tasha has had multiple office referrals for not following classroom rules, including insubordination to teachers and frequent incidents of inappropriate behavior when interacting with peers on the playground and in the classroom (name calling, yelling, saying “shut up”, etc.). A Functional Behavior Assessment is being proposed to determine specific reasons for the behaviors and target interventions that will help Tasha be successful in class.

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

- Existing Data Review
- Daily behavior logs
- Progress on IEP goals
- Office referrals
- Parent Communication notes
- Comprehensive Evaluation dated 3/14/2012

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

The team considered conducting a re-evaluation with additional testing in academics. Tasha’s behavior is new this school year, and although her academic performance in the classroom has been poor the first few weeks of schools, Tasha performed well on end of year benchmark testing. The team suspects Tasha’s poor academic performance is directly related to her recent behavior issues. Further, Tasha’s parents and teachers cannot

identify any reason for the change in behavior that would be related to academic difficulties (specifically her Specific Learning Disability in the area of Math Calculation). The committee determined that a FBA would be the most appropriate assessment at this time to address specific behaviors.

Other Factors Relevant to the Action:

The committee will meet again once the FBA is complete so that we can consider the findings and Tasha's needs.

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: