

Notice of Action

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

Name: Alex Smith
Age: ##
Parent/Guardian:
Ms. Smith

ID#: #####
Grade: ##
Date Provided:
10/3/2013

Date of Birth: ##/##/####
School/Site: Happy 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):

Alex was recently involved in a car accident and suffered a head injury. His academic skills and overall functioning has been significantly impacted. Alex has been demonstrating behaviors that were not typical prior to the accident (e.g., refusing to work, yelling at peers, throwing papers and books on the floor), and he has experienced frustration in all academic subjects to the point of refusing to attempt assignments. Alex is being evaluated for a suspected disability of Traumatic Brain Injury and will temporarily receive special education services in the resource room for reading and math while his initial evaluation is completed. During this time, the special education teacher will monitor Alex's progress and collect additional assessment information to be considered in the determination of eligibility.

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
- Work samples
- Medical records
- Teacher reports

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

The IEP committee considered following the initial referral track, but determined Alex's academic and functional needs were urgent enough that they needed to be addressed immediately.

Other Factors Relevant to the Action:

Alex will begin receiving services on 9/4/2013 because his parents agreed to immediate implementation and placement.

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: