

Notice of Action

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

Name: Cathy Doe

Age: ##

Parent/Guardian:

Mr. and Mrs. Doe

ID#: #####

Grade: ##

Date Provided:

10/22/2013

Date of Birth: ##/##/####

School/Site: Anytime 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): 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): 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):

Mr. and Mrs. Doe requested a Functional Behavior Assessment (FBA) for Cathy because she has recently started refusing to comply with requests at home and will hit or throw objects when she does not get her way. Cathy's parents would like to understand this behavior and learn how to help Cathy stop these behaviors. The school staff has not observed these behaviors; and Cathy is progressing on her IEP goals, therefore a functional behavior assessment will not be conducted at this time.

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
- Psychological evaluation dated 12/5/2011
- Psycho-educational evaluation dated 12/7/2011
- Current IEP progress
- Behavior point sheets from this school year
- Report cards
- Office referrals (none for current school year)

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

The committee considered conducting a FBA, but since the behaviors are not being displayed at school and

Cathy is progressing on her IEP goals, a FBA is not needed at this time. The committee considered other possible areas for evaluation, but that option was rejected; Cathy's existing evaluation data is current and comprehensive.

Other Factors Relevant to the Action:

If Cathy does begin demonstrating these behaviors at school, a FBA can be reconsidered in the school setting.

Informed Consent

Pertains to Box A Only

I understand the purpose(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: