

Notice of Action

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

Name: Jane Doe

Age: ##

Parent/Guardian:

Mr. and Mrs. Doe

ID#: #####

Grade: #

Date Provided:

October 25, 2015

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):

Jane's IEP team reviewed your (Jane's parents) request for a re-evaluation to ensure that Jane is being served appropriately. An Existing Data Review was conducted which did not indicate the need for additional assessment. A full comprehensive evaluation was conducted at the beginning of last school year. Jane is progressing at an expected rate and her strengths and needs have not changed significantly. The team does not suspect Jane of having any additional areas of need, and a re-evaluation with additional testing will not be done 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, report cards, IEP goal progress reports, parental input, teacher input and observations, standardized scores on the Arkansas Benchmarks, anecdotal reports, and the current evaluation dated 10/15/2012

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

The team considered conducting additional assessment, but reviewed the current evaluation data on Jane and determined that it was comprehensive and complete. The existing evaluation data continues to indicate that Jane meets the eligibility criteria for a student with a specific learning disability.

Other Factors Relevant to the Action:

It is projected that Jane will achieve all of her IEP goals for this current IEP year. Jane's progress in both the resource program and in the general classroom setting continues to be satisfactory.

Name:

ID#:

Empty rectangular box for name and ID# information.

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:
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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:
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