

Notice of Action

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

Name: Charles Jones
Age: #
Parent/Guardian:
Mrs. Jones

ID#: #####
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):
- 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): Continue special education services

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):

Mrs. Jones requested that Charles be dismissed from services because she has seen an improvement in his skills at home and no longer sees any of the behaviors he was displaying before services began. Mrs. Jones stated that "he has accomplished what he needed to accomplish", and she also informed the team that Charles sometimes complains that he has to go to special classes. The committee reviewed Charles' progress with Mrs. Jones. There is still a significant gap between Charles' present level of performance and grade level expectations in critical academic and functional skills needed to access and progress in the general education curriculum. After reviewing his progress, Mrs. Jones agreed that Charles should continue to receive special education services.

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
- Teacher Input
- IEP goals and progress updates
- Psychological Evaluation dated January, 2013
- Report cards
- Behavior charts

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

Name:

ID#:

The committee considered dismissing Charles from special education services, but determined he still has a disability that adversely affects his educational progress. The committee determined that Charles will continue to receive special education services.

Other Factors Relevant to the Action:

Mrs. Jones said that she recently moved, and that the improvements at home occurred after the move.

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: