

Notice of Action

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

Name: Susan Jones
Age: #
Parent/Guardian:
Ms. 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): 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):

An existing data review was held on September 6 and it was decided that no additional assessment was needed to determine that Susan is no longer a student with disability in need of special education services. Susan has mastered all of her speech goals and no longer needs speech therapy services in order to access and progress in the general education curriculum. Susan's only eligibility is Speech Impairment, and she receives no other special education or related 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):

- Existing Data Review
- Therapy logs
- IEP Progress notes
- Classroom observations
- Student received indirect services for one semester prior to recommendation with no adverse effect

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

The IEP committee considered continuing speech therapy, but Susan does not show any articulation needs. She mastered all articulation goals, and there is no longer any adverse affect of the speech impairment on Susan's education.

Name:

ID#:

Other Factors Relevant to the Action:

Susan will no longer receive Special Education Services and is expected to progress in the general education curriculum.

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: