

Notice of Action

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

Name: ID#: Age:

Grade: School/Site:

Parent/Guardian: Date Provided: Method of Provision: In person
 By mail
 E-mail

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: <input type="checkbox"/> Initial evaluation <input type="checkbox"/> Initial placement <input type="checkbox"/> Reevaluation (with assessment): <input type="checkbox"/> Comprehensive Evaluation <input type="checkbox"/> Specialized Evaluation <input type="checkbox"/> Other (specify): <input type="text"/> <input type="checkbox"/> Temporary placement <input type="checkbox"/> Other (specify): <input type="text"/>	Box B: Consent is NOT REQUIRED for these actions to be carried out: <input type="checkbox"/> Ineligibility for services <input type="checkbox"/> Change in eligibility <input type="checkbox"/> Change of placement <input type="checkbox"/> Provision of FAPE <input type="checkbox"/> Graduation with regular diploma <input type="checkbox"/> Dismissal from Special Education Services <input type="checkbox"/> Disciplinary Removal <input type="checkbox"/> Other (specify): <input type="text"/> Consent Granted for Action to Take Effect Immediately <input type="checkbox"/> Parent agreed to immediate implementation of the action being proposed
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Explanation of Action: (The reason(s) for the proposal or refusal)

Basis for the Action: (A listing or attached description of each evaluation procedure, assessment, record or report used as a basis for the action)

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

Other Factors Relevant to the Action:

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:

Name:

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: <input type="text"/>	Phone Number/Email: <input type="text"/>
Name: <input type="text"/>	Phone Number/Email: <input type="text"/>

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: <input type="text"/>	Phone Number/Email: <input type="text"/>
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