**CONFERENCE SUMMARY/ACTION NOTICE**

1

**Date:**

**District** **Enter District Name Here School: Enter School Name Here**

2

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| --- | --- | --- | --- |
| **Name:** | **DOB:** | **Student ID #:** | |
| 3  **Disability:** |  | **Grade:** | |
| (If currently receiving Special Education Services) |  | |  |

**I. DESCRIPTION OF EACH EVALUATION PROCEDURE, TEST, RECORD, OR REPORT USED AS BASIS FOR THE ARC DECISIONS. The following items were considered.** (See attached explanation of evaluation procedures.):

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| --- | --- | --- | --- | --- | --- |
|  | Written Assessment Report Dated: |  | Behavior Observations |  | Physical Therapy Assessment |
|  | Student Progress in Achieving IEP Goals |  | Communication Assessment |  | Occupational Therapy Assessment |
|  | Referral |  | Receptive Language Assessment |  | Assistive Technology Evaluation |
|  | Vision Screening |  | Expressive Language Assessment |  | Developmental History |
|  | Hearing Screening |  | Speech Sound Production |  | Social/Cultural Factors |
|  | Health Screening |  | Oral Mechanism Evaluation |  | Rating Scales |
|  | Communication Screening |  | Fluency Evaluation |  | Adaptive Behavior Scale |
|  | Cognitive Screening |  | Voice Evaluation |  | Social Competence Assessment (emotional/behavioral) |
|  | Academic Performance Screening |  | Augmentative Comm. Assessment |  | Behavioral Data/Logs |
|  | Motor Screening |  | Hearing Evaluation |  | Functional Behavior Assessment |
|  | Social/Emotional Competence Screening |  | Vision Evaluation |  | Discipline Referral(s) |
|  | Educational History |  | Functional Vision/Learning Media Assessment |  | Technical/Vocational Assessment |
|  | Cognitive/Intellectual Assessment |  | Braille Skills Inventory |  | Parental Input (Specify Below): |
|  | Perceptual Abilities Assessment |  | Orientation and Mobility Assessment |  |  |
|  | Developmental Assessment |  | Health/Medical Evaluation or Statement |  |  |
|  | Academic Performance |  | Motor Abilities |  |  |

4

Other Data: (Specify if Any)

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**II. PARENT CONCERNS AND INPUT** (Specify if Any)

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| **Name:** | **DOB**: | **Date of ARC:** |

**III. OPTIONS/ACTIONS CONSIDERED AND REASONS FOR THE DECISIONS:** Complete all applicable sections based on the purpose of the meeting. Explain why the ARC proposes or refuses to take action, providing documentation for the reasons for those decisions in the sections below, in the notes section, and through appropriate attachments.

**A. Initial Evaluation**

**Suspected Disability:** (Place a check for each suspected disability)

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| --- | --- | --- |
| Autism | Hearing Impaired | Specific Learning Disability |
| Deaf Blind | Mild Mental Disability | Speech or Language Impaired |
| Developmentally Delayed | Multiple Disabilities | Traumatic Brain Injury |
| Emotional Behavior Disability | Orthopedically Impaired | Vision Impaired |
| Functional Mental Disability | Other Health Impaired |  |

**Description of Action(s):**

8

An evaluation will be conducted (See Evaluation Planning Form).

An evaluation will not be conducted.

Additional interventions will be implemented in the area(s) of (This is suggested, not required.)

Other: (Specify)

9 & 10

**Reason for Decision(s):**

Review of referral information, including all existing data, supports a suspected disability and the need for a full evaluation.

Review of referral information, including all existing data, does not support a suspected disability or the need for a full evaluation.

Additional information is required prior to acting on the referral.

Other: (Specify)

**B. Reevaluation Plan**

Based on the review of existing data as outlined in ***Section I***, including but not limited to:

(a) Evaluations and information provided by parents;

(b) Current classroom-based assessments and observations; and

(c) Observations by teachers and related service providers.

The ARC has decided that additional information (See Evaluation Planning Form) is needed to determine: (Check all that apply)

8

If the student continues to have a disability.

If the student continues to need special education.

The present level of academic and functional performance and educational needs of the student.

Any additions or modifications to the special education and related services needed to enable the student to meet the goals set out in the IEP and to participate, as appropriate, in the general curriculum.

Or

9 & 10

The ARC has determined that current data is sufficient.

Or

Parent has requested formal evaluation. (See Evaluation Planning Form)

And

The parents have been informed of these decisions.

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| --- | --- | --- |
| **Name:** | **DOB**: | **Date of ARC:** |

**C. Eligibility/Continued Eligibility:** Document the ARC decision regarding the determination of the student’s eligibility for special education and related services and reasons for the decision on the appropriate Eligibility Determination form(s). *(****Note:*** *For Multiple Disabilities, complete a separate form for each underlying disability category.)*

9 & 10

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Date of Eligibility Determination:        Student does not have an educational disability requiring special education and related services

Primary Disability: Secondary Disability:

For students identified as Multiple Disabilities document the underlying disabilities below:

Underlying Disability (A): Underlying Disability (B)

Underlying Disability (C): Underlying Disability (D)

**D. Individual Education Program developed/revised**

Use the Notes page for documentation

9 & 10

8

An Individual Education Program has been developed or revised

An Individual Education Program has NOT been developed or revised.

**E. Placement Options and Decisions:** Based on the review of assessment data and the completed IEP, the ARC discussed the following placement option(s):

9 & 10

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| --- | --- | --- | --- |
| **Placement Option Considered** | **Accepted** | **Rejected** | **Reason Accepted/Rejected** |
| Full time general education environment  11 |  |  |  |
| Part-time general education and Part-time special education environment. |  |  |  |
| Full-time special education environment |  |  |  |

Select only one option from the list below based on the student’s age as of December 1 during the effective date of the IEP.

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| --- | --- |
| **Ages 3 through 5:** | **Ages 6 to 21:** |
| Regular Early Childhood Program at least 80% of time | Regular Class 80% or more of the day |
| Regular Early Childhood Program 40% to 79% of time | Regular Class no more than 79% of day and no less than 40% of day |
| Regular Early Childhood Program less than 40% of time | Regular Class less than 40% of the day |
| Separate Class | Separate School |
| Separate School | Residential Facility |
| Residential Facility | Homebound/Hospital |
| Home | Correctional Facilities |
| Service Provider Location | Parentally Placed in Private Schools |

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| --- | --- | --- |
| **Name:** | **DOB**: | **Date of ARC:** |

**F. Consideration of Potential Harmful Effects**

12

There are no potential harmful effects of the placement on the child or on the quality of services needed by the child

Potential harmful effects identified and modifications to compensate are outlined below:

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| --- |
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**G. Notice of Graduation or Aging Out:**

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The ARC anticipates the student will require longer than 4 years of High School to Graduate.

The ARC anticipates that the student will graduate within the next twelve (12) months.

The student has been provided with a summary of academic achievement and functional performance including recommendations on how to assist the student in meeting his or her post secondary goal(s)

Based on the student’s birth date, the student will age-out and no longer be eligible for services on:

(Date)

**IV. MEDICAID (OPTIONAL):**

141

Annual written notice was provided to the parent in order to submit claims for Medicaid Reimbursement.

In addition to covered services on the student’s IEP and/or covered evaluations outlined through evaluation planning, collateral services will be provided by qualified providers as needed.

15

**V.**  **DISCIPLINARY REVIEW** (Complete Manifestation Determination Review form if checked)

**VI. OTHER FACTORS RELEVANT TO THE ACTION:**

16

Identified factors relevant to the action as follows **(if any)** specified below:

None Identified

Identified factors relevant to the action as follows:

|  |
| --- |
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| --- | --- | --- |
| **Name:** | **DOB**: | **Date of ARC:** |

**VII. ADMISSIONS AND RELEASE COMMITTEE MEMBERS** sign their names to indicate their attendance.

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| I have been advised, in my native language, and I understand the contents of this notice. I have a copy and have received an explanation of my procedural safeguards as parent of a student with a disability or as a student with a disability. I understand that I can receive an additional copy of my procedural safeguards, a further explanation of my rights, or assistance in understanding the content of this notice by contacting the student’s school or the Director of Special Education.  Parent(s)/Student\*  Parent participated via alternate means    \*(if age 18 or older or younger if appropriate)  Parents did not attend meeting. A copy of Parent Rights, if necessary, and appropriate Due Process forms were:  Date:  Mailed  Delivered by school personnel  Sent home with student |

18

     , District Representative      , Other Agency Representative

(Printed Name) (Printed Name)

     , Regular Education Teacher      , Speech-Language Pathologist

(Printed Name) (Printed Name)

     , Special Education Teacher      , Student (when appropriate)

(Printed Name) (Printed Name)

     , School Psychologist/      , Title:

(Printed Name) Evaluation Specialist (Printed Name)

     , Title:            , Title:

(Printed Name) (Printed Name)

     , Title:            , Title:

(Printed Name) (Printed Name)

     , Title:            , Title:

(Printed Name) (Printed Name)

**Evaluations, Tests, Records, or Reports**

5

**Written Assessment Report** includes interpretations of each test or procedure used and gives an analysis of the student’s strengths and weaknesses as they relate to his or her educational needs.

**Student’s Progress in Achieving IEP Objectives** refers to data collected related to the performance of the student toward mastery of the IEP objectives.

**Referral** means information about a student suspected of having a disability that is used by the ARC to help determine the need for an evaluation.

**Screening** means a systematic effort to identify physical and mental health barriers impacting the learning of an individual student.

**Educational History** may include school(s) attended, patterns of attendance, current level or grade placement, achievement data and grades, programs attended, and other relevant data.

**Communication (Speech/Language) Assessment** measures any means (e.g., speech, sign language, gestures, and writing) by which a student relates experiences, ideas, knowledge, and feelings to another.

**Augmentative Communication Assessment** evaluates the need for an alternative system to support, enhance, or supplement the communication of a student.

**Cognitive/Intellectual Assessment** gives an appraisal of the mental processes by which an individual acquires knowledge, including thinking, reasoning, and problem solving skills.

**Perceptual Abilities Assessmen**t measures the student’s visual-motor integration abilities.

**Developmental Assessment** (Early Childhood) measures a preschool student’s educational/developmental abilities in the areas of cognition, social-emotional, adaptive behavior, language, and motor.

**Academic Performance Assessment** is a systematic appraisal and analysis of a student’s educational achievement in such areas as basic and content reading; reading comprehension; mathematics calculation, reasoning and application; written expression; oral expression; listening comprehension, learning preference and style, and work samples.

**Behavioral Observations** provide written documentation of a current pattern of behavior over time and across settings, including targeted behaviors, and are conducted in the environment in which the targeted behaviors occur.

**Hearing Evaluation** may include assessments of hearing acuity, speech discrimination, speech perception, and auditory processing. When the individual uses amplification, assessments may be conducted in both the unaided and aided conditions.

**Vision Evaluation** may include vision screening, functional vision evaluation, visual examination, and/or medical examination.

**Functional Vision*/*Learning Media Assessment** includes formal and informal evaluation of the student’s use of vision in performing a variety of activities throughout the school day (e.g., completion of tasks presented at a distance, travel through school). It is an objective process of systematically selecting learning and literacy media (e.g. effective print size and contrast and lighting requirements).

**Braille Skills Inventory** is an assessment of a student’s potential for reading and writing in Braille.

**Orientation and Mobility Assessment** measures the ability of the student with visual limitations to travel safely and efficiently in familiar and unfamiliar environments.

**Health/Medical Statement** refers to a report/documentation of (an) examination(s) by a licensed physician or other qualified health-care professional that verifies the diagnosis and nature of an illness or impairment and any limitations resulting from the illness or impairment.

**Motor Abilities** involve the capacity to execute any movement by maneuvering one’s body and/or limbs, which is necessary and essential to basic learning for a student’s growth and development. (May include Occupational Therapy and/or Physical Therapy Assessments related to educational performance.)

**Assistive Technology Evaluation** may include a functional evaluation in a child’s customary environment, a determination of the type of technology required, and/or the need for instruction in the use of the assistive technology.

**Developmental History** provides written documentation from parent/guardian regarding health or medical information; family factors; developmental milestones; relationships with peers/family and others; and parental observations and expectations of the child in the home, community, and school.

**Social/Cultural Factors** include relationships with peers, family, and others; dominant language of the student and the family and any cultural factors; expectations of the parents for the student in the home, school and community environments; services received in the community; economic influences; and the impact of home, school, and community.

**Rating Scales** measure a student’s behavior in a variety of areas such as hyperactivity, inattention, impulsivity, depression and inappropriate behaviors across settings.

**Adaptive Behavior Scales** provides information relating to the attainment of skills that lead to independent functioning as an adult.

**Social Competence (Emotional/Behavioral) Assessment** measures the student’s adaptive behaviors in social situations and social skills that enable the student to meet environmental demands and to assume responsibility for his/her own welfare.

**Behavioral Data/Log** is a systematic method of documenting problematic behaviors over an extended period of time.

**Functional Behavior Assessment (FBA)** analyzes the student’s behavior to determine the function the behavior serves for the student. An FBA is a problem solving approach that enables the examiner to determine what is triggering and maintaining the inappropriate behavior.

**Discipline Referral** is a written report of behavior violation that is submitted to a principal or other school administrator for a decision of disciplinary action, if classroom discipline measures do not correct the misconduct or if the behavior is a serious offense.

**Technical/Vocational Assessment** may include general work habits; dexterity; following directions; working independently or with job support or accommodation(s); job interests or preferences; abilities (aptitude); other special needs; job-specific work skills; interpersonal relationships and socialization; and related work skills.

|  |  |  |
| --- | --- | --- |
| **Name:** | **DOB**: | **Date of ARC:** |

**Notes Page - 2:**

|  |
| --- |
| 17  Document that the parents were given/offered a copy of the Procedural Safeguards and an explanation of those rights.  **Note for items 8, 9, 10:** If relevant discussion occurs in the ARC meeting that is not reflected on the Conference Summary form, the discussion must be documented in the Conference Summary notes.  **III. C** If the Eligibility Report or the IEP do not describe the adverse affect of the disability, use the Notes page to document the ARC’s discussion and decisions.  9 & 10  **III. D** If the IEP is to be in effect when the student is 16, one of the purposes of the ARC meeting is to discuss postsecondary transition needs and services. Use the Notes page to document discussion not evident in the IEP, for example:   * The Notice of ARC Meeting must document the identity of any other agency that is invited to send a representative, if appropriate.  While there is a place to indicate “Not Appropriate at this Time” on the Notice of ARC Meeting and the IEP may not include transition services that require another agency, *it is strongly recommended that the conference summary reflect the discussion of the need for an outside agency.* * As a transition service, the record must include evidence of a multi-year course of study as outlined in the Individual Learning (Graduation) Plan of the student.  This requirement is documented by including a copy of the course of study or a detailed explanation of it in the conference summary.  The IEP also includes a section where the ARC must document that the student’s ILP includes the student’s course of study and that transition service needs (the Present Levels’ Transition Needs Statement) focus on the child’s course of study.  If it is not clear in the IEP that the course of study was reviewed or discussed, *it is strongly recommended that the conference summary notes reflect that discussion*. * Measurable postsecondary goals must be based on age-appropriate transition assessments. The documentation that the goals are based on age-appropriate assessment is found on the IEP under the section “What transition assessments were used to determine the child’s preferences and interests?” and references from the transition assessments are used to describe the child’s needs in the Present Levels Transition Needs Statement. * If it is not clear in the IEP that the transition assessments were used as a basis for decision-making, it is strongly recommended that the conference summary notes reflect that discussion.   **III. D** Use the Notes page for documentation to explain why the ARC proposed/refused to write an IEP, and other reasons and factors an IEP was rejected. Include documentation of any relevant discussion regarding IEP decisions.  If the IEP is to be in effect when the student is 16, one of the purposes of the ARC meeting is to discuss postsecondary transition needs and services. Use the Notes page to document discussion not evident in the IEP, for example:   * The Notice of ARC Meeting must document the identity of any other agency that is invited to send a representative, if appropriate.  While there is a place to indicate “Not Appropriate at this Time” on the Notice of ARC Meeting and the IEP may not include transition services that require another agency, *it is strongly recommended that the conference summary reflect the discussion of the need for an outside agency.* * As a transition service, the record must include evidence of a multi-year course of study as outlined in the Individual Learning (Graduation) Plan of the student.  This requirement is documented by including a copy of the course of study or a detailed explanation of it in the conference summary.  The IEP also includes a section where the ARC must document that the student’s ILP includes the student’s course of study and that transition service needs (the Present Levels’ Transition Needs Statement) focus on the child’s course of study.  If it is not clear in the IEP that the course of study was reviewed or discussed, *it is strongly recommended that the conference summary notes reflect that discussion*. * Measurable postsecondary goals must be based on age-appropriate transition assessments. The documentation that the goals are based on age-appropriate assessment is found on the IEP under the section “What transition assessments were used to determine the child’s preferences and interests?” and references from the transition assessments are used to describe the child’s needs in the Present Levels Transition Needs Statement. * If it is not clear in the IEP that the transition assessments were used as a basis for decision-making, it is strongly recommended that the conference summary notes reflect that discussion. |

**CONFERENCE SUMMARY/ACTION NOTICE**

The Conference Summary/Action Notice provides the student representative prior written notice of the district’s proposal or refusal to initiate or change the identification, evaluation, educational placement of the student or the provision of FAPE.

1

Write the complete date (mm/dd/yy). The date on the Conference Summary is at least seven (7) calendar days after the date of the Notice of ARC Meeting, unless the meeting is for disciplinary change in placement or a safety issue. If the parent(s) requested or agreed to meet earlier, document this on the ARC Meeting Invitation.

2

Write the student’s name, the student’s date of birth, the student’s identification number, if appropriate, the name of the student’s school, and the grade level of the student.

3

If the student is currently receiving special education services, write the categorical disability of the student. If this is a Referral meeting, do not enter anything in this box. Ensure the disability matches the Eligibility Determination form information.

4

For each evaluation procedure test, record, or report used as a basis for proposed or refused action and discussed, check the appropriate boxes in this section.

For a referral meeting:

* Document the ARC discussion of appropriate research-based instruction and interventions, systematic assessment of student progress, and results of the interventions.
* Document the ARC decision regarding appropriate instruction in reading and/or math in “Other”.

For other ARC Meetings:

* Information used that is not included on the evaluation list, such as the IFSP, is listed as “Other.”
* If a re-evaluation was conducted since the last ARC, mark the relevant evaluation descriptions.

5

A description of assessment instruments and procedures must be printed and attached to the Conference Summary, including those for reevaluation.

6

Provide a summary of the parents’ concerns or input within the Conference Summary.

* If the parent is in attendance or participated through other means and has shared that there are no specific concerns, document a statement that summarizes that the parent has no specific concerns at this time.

7

If the child will be initially evaluated, check this section. Check the appropriate boxes that identify the area(s) of suspected disability.

**Note for items 8 – 10:** If relevant discussion occurs in the ARC meeting that is not reflected on the Conference Summary form, the discussion must be documented in the Conference Summary notes.

8

Document the **description** of the action proposed or refused.

* The option being considered must align with the purpose of the ARC meeting documented on the “Notice of ARC Meeting”.
* The provided boxes (A, B, C, D, E) include a description of the action the ARC is proposing or refusing to take.

9

Document an **explanation** of why the district proposed/refused to take action.

* Include the **reason** for the action (state why the district is proposing or refusing to do something); AND
* Include the results or findings from the procedures, tests, records, reports, or teacher and parent observations.

10

Document a **description** of any other options and reasons those options were rejected.

**Note:** This is usually in conjunction with the explanation of the proposed/refused action on this form.

* + Describe any other factors related to the LEA’s proposal or refusal.
  + Include a description of any other issues/concerns relevant to the proposed or refused action.
  + Include a description of any other options considered and the reasons those options were rejected.

11

Document the discussion showing that the ARC considered the Continuum of Alternative Placements with the regular educational environment as the **first** placement option for the child and reasons for removal.

* Document the first consideration for provision of services within the regular educational environment setting.
* If there is a reason services need to be provided in another setting, document the reason. The explanation may include information about pacing needs, needed supports in or outside of the regular educational environment.

**Note**: Reasons cannot be based solely on “administrative convenience” (e.g. costs, staffing, administrative convenience, or time factors).

12

If determining placement (E), document the ARC decision of potentially harmful effects on the child or the quality of services. If the ARC identifies potentially harmful effects, the ARC documents modifications to compensate.

**Beginning when the student is 14 or in the 8th grade**, the ARC considers the issues regarding aging out and graduation and documents any decisions made.

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The ARC documents the appropriate action(s) when a student is eligible for Medicaid services.

15

If the ARC is doing a manifestation review of a student’s behavior, document and complete a Manifestation Determination Form.

16

The ARC documents a **description** of any other factors related to the district’s proposal or refusal;

17

Documentation that a statement of procedural safeguards (i.e., Parent Rights) was provided to the parent(s) includes:

* the parent(s) signed the statement that the Parent Rights have been explained and a copy has been made available, OR
* the parent(s) is not in attendance at the ARC meeting and the box is checked that the Parent Rights were included with the written notice.

18

Signatures indicate attendance at the ARC meeting. Typed names alone are not acceptable. Documentation of ARC membership includes:

* Parent
  + The parent(s) or emancipated student signed the Conference Summary/Action Notice, OR
  + The parent(s) or emancipated student participated through alternate means or did not attend and was sent a copy of the IEP and Conference Summary/Action Notice.
* Chairperson
* Regular Education Teacher
  + If the child does not currently have a regular education teacher, this teacher may be a regular education teacher who is knowledgeable of the grade level curriculum for the child.
* Special Education Teacher
  + For students identified for Speech/Language services only, the SLP must be on the Notice of ARC and the SLP signs the Conference Summary/Action Notice as the special education teacher.

**Note**: For preschool, if the Notice of Invitation includes a preschool teacher who is IECE- certified, the preschool teacher signs the Conference Summary/Action Notice, and the ARC documents that the person served both roles by noting “IECE” after signature.

* **For students who are in 8th grade or age 14 and older**, the student is included on the Notice of Invitation, AND the student signed the Conference Summary/Action Notice, OR the student did not attend the meeting, and documentation indicates the student was invited to the meeting; AND steps are taken to ensure that the student’s preferences and interests are considered through documentation of surveys, interviews, Individual Learning/Graduation Plan, description in the conference summary, etc
* Individuals who can interpret the instructional implications of evaluation results are included on the Notice of ARC Meeting, the purpose of the meeting listed on the Notice of ARC was to discuss the results of an individual evaluation/reevaluation, and the individual signed the Conference Summary/Action Notice.

**Note**: The individual who can interpret the instructional implications of evaluation results may be a Speech/Language Pathologist, a Diagnostician, a Psychologist, or a teacher or administrator who can interpret test results. This individual may already be a member of the ARC as Chairperson, Regular Education Teacher, or Special Education Teacher as described above.

**Excusal from ARC Meetings**

If a member of the ARC (as documented on the Notice of ARC Form) is excused from attending the ARC meeting in whole or in part, the parent(s) and the district agree to the excusal in writing prior to the meeting.

**Look for**: A statement dated prior to the ARC meeting and signed by the parent(s) and district representative.

**Note**: This may be a separate form.

**Directions:**

* Mark “YES” if the statement was dated and signed prior to the ARC meeting.
* Mark “NA” if no ARC member that was invited to the meeting was excused from attending.

**Note:** The following ARC members are mandatory: regular education teacher, special education teacher, the representative of the LEA, individual who can interpret evaluation results. These members must be excused in writing prior to the meeting.

**Note:** If related service personnel are needed at the meeting because their area of related service is being modified or discussed in the ARC meeting, they are considered mandatory members and must be excused in writing prior to the meeting.

If a member of the ARC is excused, the member must submit input into the development of the IEP in writing to the parent(s) and the ARC, if the member’s area of curriculum or related service is to be modified or discussed in the meeting. Input must be submitted **prior to the meeting**.

**Look for**: Document, written and dated prior to the meeting, with the required input from the excused member.

**Directions**:

* Mark “YES” if the document providing input is written and submitted to the parent(s) and to the district representative prior to the ARC meeting.
* Mark “NA” if no ARC member that was invited to the meeting was excused from attending and was required to submit a report.