

# CONFERENCE SUMMARY/ACTION NOTICE

**Date:** \_\_\_\_\_ **Write the complete date (mm/dd/yy) The conference summary is at least (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.**

**District**    **Enter District Name Here**

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

**Name:**    Enter Student Name Here

**DOB:**    mm/dd/yy

**Student ID #:** if appropriate

**Disability:** \_\_\_\_\_ **For a referral meeting do not enter anything in this field.**  
(If currently receiving Special Education Services)

**Grade:** \_\_\_\_\_ **Current**  
**Grade of student**

**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.): **Typical information for a referral meeting.**

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

Information used that is not included on the evaluation list, such as the IFSP, is listed as "Other."  
A description of the sources marked above must be printed and attached to the Conference Summary. The descriptions are included on Page 6.

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

Provide a summary of the parents' concerns or input here.  
If the parent is in attendance or participated through other means and has shared that there are no specific concerns at this time.

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** *Select Section A for Referral Meetings*

**Suspected Disability:** (Place a check for each suspected disability) *Complete this ONLY IF the ARC suspects a disability and proposes to evaluate. More than one disability area may be suspected.*

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Autism                        | <input type="checkbox"/> Hearing Impaired        | <input type="checkbox"/> Specific Learning Disability |
| <input type="checkbox"/> Deaf Blind                    | <input type="checkbox"/> Mild Mental Disability  | <input type="checkbox"/> Speech or Language Impaired  |
| <input type="checkbox"/> Developmentally Delayed       | <input type="checkbox"/> Multiple Disabilities   | <input type="checkbox"/> Traumatic Brain Injury       |
| <input type="checkbox"/> Emotional Behavior Disability | <input type="checkbox"/> Orthopedically Impaired | <input type="checkbox"/> Vision Impaired              |
| <input type="checkbox"/> Functional Mental Disability  | <input type="checkbox"/> Other Health Impaired   |   |

**Description of Action(s):** *Select the action the ARC proposed. Additional interventions will be implemented may be selected along with either of the first two options.*

- 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) \_\_\_\_\_

**Reason for Decision(s):** *Indicate the reason why the ARC proposes or refuses the action selected above.*

- 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 nor the need for a full evaluation.
- Additional information is required prior to acting on the referral.
- Other: (Specify) \_\_\_\_\_

**B. Reevaluation Plan** *Leave blank for a Referral Meeting*

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)

- 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

- 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.

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.) Leave Section C blank for a referral meeting.*

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** Leave Section D blank for a Referral Meeting

- 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): Leave Section E blank for a Referral Meeting.

Placement Option Considered	Accepted	Rejected	Reason Accepted/Rejected
<input type="checkbox"/> Full time general education environment	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Part-time general education and Part-time special education environment.	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Full-time special education environment	<input type="checkbox"/>	<input type="checkbox"/>	

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.

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

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Date of ARC: \_\_\_\_\_

**F. Consideration of Potential Harmful Effects** Leave Section F Blank for a Referral Meeting

- 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:

**G. Notice of Graduation or Aging Out:** Leave Section G blank for a Referral Meeting

- 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):** Leave Blank for a Referral Meeting

- 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.

**V. DISCIPLINARY REVIEW** (Complete Manifestation Determination Review form if checked) Leave Blank for a Referral Meeting

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

Identified factors relevant to the action as follows (if any) specified below: Note whether or not any relevant factors to the action proposed in Section A, Description of Actions.

- None Identified
- Identified factors relevant to the action as follows:

If relevant factors to the action were identified, document the description of the factors related to the district's proposal or refusal here.

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Date of ARC: \_\_\_\_\_

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

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

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

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

The ARC Chair will enter the date and method used to forward the information to the parents.

Signatures indicate attendance at the Referral Meeting. Typed names are not acceptable. Included on the Notice of Meeting.

\_\_\_\_\_, District Representative  
(Printed Name)  
ARC Chairperson

\_\_\_\_\_, Other Agency Representative  
(Printed Name)  
Not typically used for Referral Meetings.  
• For meetings discussing Preschool Transition, or  
• For meeting discussing Postsecondary Transition

\_\_\_\_\_, Regular Education Teacher  
(Printed Name)  
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.

\_\_\_\_\_, Speech-Language Pathologist  
(Printed Name)  
**Other** not always included in referral meetings. See note for Special Education Teacher.

\_\_\_\_\_, Special Education Teacher  
(Printed Name)  
The Special Education teacher selected by the Chair and invited on the Notice of Meeting. For students suspected as Speech Language Impairment only, the SLP must be on the Notice of Meeting and signs as the Special Education Teacher.

\_\_\_\_\_, Student (when appropriate)  
(Printed Name)  
Included referred students who are in 8<sup>th</sup> and age 14 and older.

Note: for preschool, if the Notice of Invitation Includes a preschool teacher who is IECE Certified, the preschool teacher signs and the ARC documents that the person served both roles by noting "IECE after the signature.

\_\_\_\_\_, School Psychologist/  
(Printed Name) Evaluation Specialist  
**Other** not always included in referral meetings. Required when the purpose on the Notice of Meeting was to discuss the results of an individual evaluation/reevaluation.

\_\_\_\_\_, Title: \_\_\_\_\_  
(Printed Name)  
Other

\_\_\_\_\_, Title: \_\_\_\_\_  
(Printed Name)  
Other

\_\_\_\_\_, Title: \_\_\_\_\_  
(Printed Name)  
Other

\_\_\_\_\_, Title: \_\_\_\_\_  
(Printed Name)  
Other

\_\_\_\_\_, Title: \_\_\_\_\_  
(Printed Name)  
Other

## Evaluations, Tests, Records, or Reports

**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 Assessment** 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 - 1:**

If relevant discussion occurs in the ARC meeting that is not reflected previously on the Conference Summary form, the discussion must be documented in the Conference Summary Notes.

See Referral Meeting discussion below that matches the Big East Referral Meeting Agenda steps. This discussion would not be documented elsewhere in the form.

The ARC determined the personally identifiable data was/was not correct. *Indicate changes made, if any.*

The ARC discussed the School Information, Health Screening, Medical Health Conditions, and current Medication and determined the extent of impact or contribution to the student academic or behavioral problems indicated in the areas of concern to be \_\_\_\_\_.

The ARC reviewed student performance data in the Major Areas of Concern and determined:

1. Documentation does/does not exist of Research-based Instruction/ Interventions/Strategies in all areas of concern over a period of time;
2. implementation of Instruction/ Interventions/Strategies by qualified personnel are/are not verified
3. documentation of Student Progress (repeated assessments or measures of behavior at regular intervals) does/does not exist; and
4. research-based instructional interventions targeted the areas of concern and were/were not appropriate.

The ARC reviewed and discussed documentation of Past and Present Support provided and determined the supports were/were not appropriate. The impact or contribution of the support(s) to the area(s) of concern were \_\_\_\_\_.

The ARC review and discussed documentation and determined appropriate instruction in reading was/was not provided.

*Include the following statement ONLY IF APPLICABLE TO THE STUDENT*

*The ARC discussed documentation and determined appropriate instruction for limited English proficiency was/was not provided.*

After the above review, discussion, and determinations were the ARC compared the student performance data to their peer group in each area of concern. The ARC determined the student performance is/is not significantly different from peers.

*Include the following ONLY IF APPLICABLE*

*The ARC planned the specified and targeted the following when completing the Evaluation Plan*

Types of personnel to complete evaluation components;

Observation(s):

Assistive Technology Evaluation:

Include the following ONLY IF APPLICABLE:

The parent requested time to consider the ARC's suspicion of a disability and proposed action to evaluate. ARC follow-up steps to this request are:

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Date of ARC: \_\_\_\_\_

Notes Page - 2:

A large, empty rectangular box with a thin black border, occupying most of the page below the header information. It is intended for the student to write their notes.



Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Date of ARC: \_\_\_\_\_

Notes Page - 3: