

Aligned for Impact: Building a Statewide System of Support Through ARTASC

July 16, 2026



Vision

The Division of Elementary and Secondary Education (DESE) is transforming Arkansas to lead the nation in **student-focused** education.

Mission

The Division of Elementary and Secondary Education (DESE) provides leadership, support, and service to schools, districts, and communities so **every student** graduates prepared for college, career, and community engagement.



DIVISION OF ELEMENTARY
& SECONDARY EDUCATION

Desired Outcomes for Arkansas



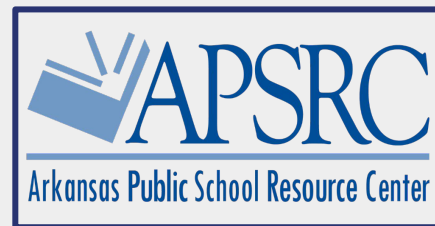
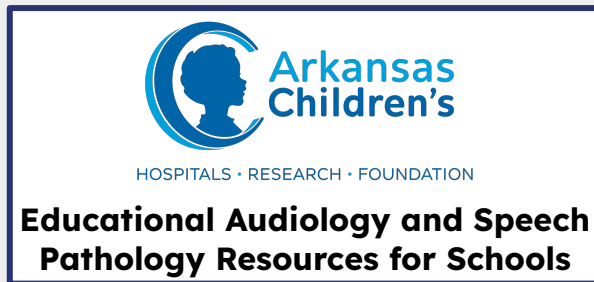
- **All students** will be considered general education students.
- General education and special education and related services will not operate in two separate systems. Instead, schools will operate as **one system** that works collaboratively to provide supports needed to produce students who are ready to be enlisted, employed, or enrolled.

Session Outcomes



- Understand the purpose of Arkansas Collaborative Consultants
- Learn about the benefits of ARTASC
- Understand the difference between team-based and student-specific supports
- Preview the Fall 2026 launch and next steps

Arkansas Collaborative Consultants (ACC)



Arkansas Collaborative Consultants (ACC)



Arkansas Deaf
Educational Services

Strengthen Statewide Capacity



Why Change?



Identified a need for one coordinated statewide system that:

- Creates a centralized statewide platform
- Streamlines requests for support
- Strengthens coordination between the district/school and ACC
- Improves communication and tracking
- Strengthens alignment and impact across ACC



Who May Submit a Request?



- School district administrators
 - Superintendents
 - Special education administrators and supervisors
 - Principals and Assistant Principals
- Medical personnel working with a school or district
- Parents/guardians seeking support related to brain injury, feeding, and Deaf/Blind or multi-sensory impairments
 - Parents/guardians are encouraged to first contact their child's school to discuss available supports

Two Types of Support Requests



Student-Specific Requests

- Specialized support to meet the unique needs of students
- Visual impairments
- Deaf or hard of hearing
- Brain injury

Team-Based Requests

- Focus on building the capacity of school teams
- Coaching, professional development, and technical assistance
- Sustainable, team-driven solutions



Welcome to the Arkansas Technical Assistance Support Center

The Arkansas Technical Assistance Support Center (ARTASC) provides training, guidance, and technical assistance to help educators and schools effectively serve students with disabilities. Our mission is to strengthen educational practices across Arkansas so that every student has meaningful access to learning opportunities and the supports needed to succeed.

**New
Feature**



To begin the request, please click the button below

 [Register as a New User](#)

 [Log In](#)

Specific Documentation Needed



Document Alert



This request requires completion of the BSS Application for Customized Critical Behavior Supports. Please download and complete the template before continuing, as it must be uploaded to submit your request.

- BSS Technical Assistance Needs Assessment Template

Download

Would you like to continue?

No

Yes

- Behavior requests require a completed application for behavior supports
- Download the application and upload the completed application when submitting the request

Team-Based Requests



Requester Information

Relationship * Please Select	First Name * Becky	Middle Name	Last Name * McIver
Email * becky.mciver@ade.arkansas.gov		Contact Number * 1234567890	Extension
District * Please Select		School * Please Select	

School Team Information *

Role Please Select	First Name	Last Name	School Role Please Select	Email	Phone	Ext
Role Please Select	First Name	Last Name	School Role Please Select	Email	Phone	Ext
+ Add Row						

[⏪ Previous](#)[Next ⏩](#)

Team-Based Requests



School Team Information *

Role	School Role	Ext
Role Please Select	✓ Please Select	Ext
Role Please Select	School Role Please Select	Ext

+ Add Row

Previous

✓ Please Select

Team Leader

Team Member

✓ Please Select

Administrator

Special Education Supervisor

Special Education Teacher

General Education Teacher

Speech Language Pathologist

Occupational Therapist

Physical Therapist

School Counselor

School Psychology Specialist

Other

School Team Information

- Must have 1 Team Leader - This is the main point of contact
 - Can be the Requester or different person
- Must have 1 Team Member
- Can add additional Team Members (click on +Add Row)

Team-Based Requests



School Team Information *

Role Team Leader	First Name Shelia	Last Name Smith	School Role Special Education St	Email sheliasmith@email.com	Phone	Ext
Role Team Member	First Name Evan	Last Name Beavers	School Role General Education T	Email evanbea	Phone	Ext

Phone number is required for Team Leader to proceed

+ Add Row

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School Team Information

- Team Leader – Both email and phone number are required
- Team Member – Email is required and phone number is optional

Team-Based Requests



Requester Information

Relationship *
Building Principal

First Name *
Becky

Middle Name

Last Name *
McIver

Email *
becky.mciver@ade.arkansas.gov

Contact Number *
1234567890

Extension

District *
BAUXITE SCHOOL DISTRICT

School *
PINE HAVEN ELEMENTARY SCHOOL

School Team Information *

Role
Team Leader

First Name
Shelia

Last Name
Smith

School Role
Special Education St

Email
sheliasmith@email.com

Phone
1231231234

Ext

Role
Team Member

First Name
Evan

Last Name
Beavers

School Role
General Education T

Email
evanbeavers@email.cor

Phone

Ext

+ Add Row

⏪ Previous

Next ⏩

Team-Based Request: Behavior



Student Information

Eligibility Category *
Please Select

- ✓ Please Select
- Autism
- Brain Injury
- Deaf-Blindness
- Deaf/Hearing Impairment
- Developmental Delay
- Emotional Disturbance
- Intellectual Disability
- Multiple Disabilities
- Orthopedic Impairment
- Other Health Impairment
- Specific Learning Disability
- Speech/Language Impairment
- Visual Impairment

⊕ Previous

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Behavior

Please select the identified team-based support: *

- ☐ Consultation and/or Coaching for teams serving students with high need behaviors
- ☐ Consultation and/or Coaching on Functional Behavior Assessment (FBA) and Behavior Intervention Plan (BIP) development/revision

⬅ Previous

Next ➡

Team-Based Request: Behavior



Upload File

Upload Instructions

The BSS Technical Assistance Needs Assessment is required to submit this request. Please download the template below and upload when completed to help us review and respond effectively.

- BSS Technical Assistance Needs Assessment Template [Download](#)

If you have additional relevant information or documents that may help us better understand your needs, you may upload them here. Examples include:

- Classroom behavior management plan
- Prior redacted FBAs, BIPs, and/or Crisis Plans completed by the teacher
- Documentation of previously attended behavior training
- Redacted data on previously tried interventions

File to Upload *

Choose File No file chosen

File Type *
Please Select

Description

Upload File

Previous

Next

✓ Please Select

AAC Data Collection

AT Data Collection

BSS Technical Assistance Needs Assessment

Classroom Observations

Classroom Schedule

Evaluation Report(s)

Feeding Observation Data

IEP

Medical Report(s)

Neuropsychological Evaluation

Other

Swallow Study Report(s)

Team-Based Request: Behavior



Submit Request

Would you like to request a secondary support type for this request?

☐ Yes

☒ No

⬅ Previous

➡ Submit

✔ Request Added

Start New Request

Request list

Team-Based Request: Behavior



A.R.T.A.S.C - System Message

Summarize



Today at 10:41



○ donotreply@ade.arkansas.gov <donotreply@ade.arkansas.gov>

To: Becky McIver (ADE)

This is a message from the Arkansas A.R.T.A.S.C. system.

Case Number: C-26-06-164

Your request has been submitted successfully. A member of our team will review your request and contact you soon with next steps or additional information if needed.

Thank you,

Arkansas Technical Assistance Support Center

Please [click here](#) to Login to ARTASC

Email notification sent to the Requester

Team-Based Request: Behavior



This is a message from the Arkansas A.R.T.A.S.C. system.

Case Number: C-26-06-166

You have been added as a **Team Member** in a Case. Please do [register / login](#) to know more details about the case.

Thank you,

Arkansas Technical Assistance Support Center

Please [click here](#) to Login to ARTASC

Email notification sent to Team Leader and Members

Secondary Support Request



Submit Request

Would you like to request a secondary support type for this request?

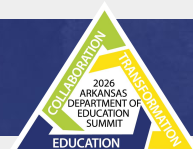
☒ Yes

☐ No

⬅ Previous

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Secondary Support Request



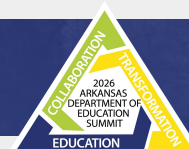
To begin the request, please identify the **secondary support type.**

- ☐ Assistive Technology (AT) including Assistive Technology for Augmentative/Alternative Communication (AAC)
- ☐ Educational Programming
- ☐ Deaf or Hard of Hearing
- ☐ Blind or Low Vision
- ☐ DeafBlind or Multiple Sensory Impairments
- ☐ Pediatric Feeding Disorders
- ☐ Psychoeducational Evaluation Support
- ☐ Brain Injury

⬅ Previous

Next ➡

Secondary Support Request: Deaf/HH



To begin the request, please identify the secondary support type.

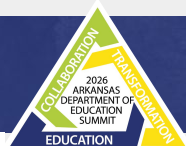
- ☐ Assistive Technology (AT) including Assistive Technology for Augmentative/Alternative Communication (AAC)
- ☐ Educational Programming
- ☒ Deaf or Hard of Hearing
- ☐ Blind or Low Vision
- ☐ DeafBlind or Multiple Sensory Impairments
- ☐ Pediatric Feeding Disorders
- ☐ Psychoeducational Evaluation Support
- ☐ Brain Injury

Student-Specific Support

⬅ Previous

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Secondary Support Request: Deaf/HH



Requester Information

Relationship * District Superintenc ▾	First Name * Becky	Middle Name	Last Name * M
Email * becky.mciver@ade.arkansas.gov		Contact Number * 1234567890	Extension
District * BAUXITE SCHOOL DISTRICT ▾		School * PINE HAVEN ELEMENTARY SCHOOL ▾	

School Team Information

School Team Information has been pre-populated from the primary request. Please review and edit this information as needed to ensure it accurately reflects the team for this request.

Role Team Leader ▾	First Name Shelia	Last Name Smith	School Role Special Education Sup ▾	Email sheliasmith@email.com	Phone 1231231234	Ext
Role Team Member ▾	First Name Evan	Last Name Beavers	School Role General Education Tea ▾	Email evanbeavers@email.com	Phone	Ext

+ Add Row

⏪ Previous

Next ⏩

Secondary Support Request: Deaf/HH



Student Information

First Name *

Middle Name

Last Name *

Suffix

Date of Birth *

mm/dd/yyyy



Gender *

Please Select



Current Grade *

Please Select



Does the student currently have an Individualized Education Program (IEP)? *

☒ Yes

☐ No

Medical Diagnosis (if known)

Please include a description of needs for this student and/or your staff *

Secondary Support Request: Deaf/HH



Upload File

Upload Instructions

No documentation is required to submit this request. However, if you have any relevant information or documents that may help us better understand your needs, you may upload them here.

File to Upload *

Choose File No file chosen

File Type *
Please Select



Description

 Upload File

 Previous

Next 

Submit Request

If you have completed your request(s), please click "Submit" to send for review.

 Previous

 Submit

After Request is Submitted



Case Number : C-26-06-165

Print

Primary Support Type : Behavior
Status :Pending

Secondary Support Type : Deaf or Hard of Hearing
Status : Pending

Requester Info

Relationship
District Superintendent

First Name
Becky

Middle Name

Last Name
M

Email
becky.mciver@ade.arkansas.gov

Contact
1234567890

Extension

District
BAUXITE SCHOOL DISTRICT

School
PINE HAVEN ELEMENTARY
SCHOOL

School Team Information



School Team Information

Team Relation	First Name	Last Name	Team Role	Email	Contact Number	Extension	Actions
Team Leader	Shelia	Smith	Special Education Supervisor	sheliasmith@email.com	1231231234		Edit
Team Member	Evan	Beavers	General Education Teacher	evanbeavers@email.com			Edit

[Add Team Member](#)

- Team Members can be added after the request has been submitted
- Each team **MUST** have 1 Team Leader and 1 Team Member

Request Status



Requests

Assigned 7

Open 9

Closed 4

10 entries per page

Search:

		Student				Requester		Case	
Actions	Case Number	FirstName	LastName	SchoolName	DistrictName	FirstName	LastName	CaseCreatedDate	LastStatusDate
 	C-26-04-152	Siva Rami Reddy	Palugulla	ALMA HIGH SCHOOL	ALMA SCHOOL DISTRICT	Siva Admin	Palugulla	4/17/2026 8:41:07 AM	4/17/2026 8:41:07 AM
 	C-26-04-146			ALPENA ELEMENTARY SCHOOL	ALPENA SCHOOL DISTRICT	Siva Coor	Palugulla	4/15/2026 9:00:08 AM	4/15/2026 9:00:08 AM
 	C-26-04-145	Siva Rami Reddy	Palugulla	ALPENA ELEMENTARY SCHOOL	ALPENA SCHOOL DISTRICT	Siva Admin	Palugulla	4/15/2026 8:20:06 AM	4/15/2026 8:20:06 AM
 	C-26-04-143	Siva Rami Reddy	Palugulla	ALPENA ELEMENTARY SCHOOL	ALPENA SCHOOL DISTRICT	Siva Admin	Palugulla	4/14/2026 1:50:28 PM	4/14/2026 1:50:28 PM
 	C-26-04-140	Siva Rami Reddy	Palugulla	ALMA MIDDLE SCHOOL	ALMA SCHOOL DISTRICT	Siva Admin	Palugulla	4/14/2026 12:47:55 PM	4/14/2026 12:47:55 PM
 	C-26-04-139	Siva Rami Reddy	ram	ALMA HIGH SCHOOL	ALMA SCHOOL DISTRICT	Siva Admin	Palugulla	4/14/2026 12:45:03 PM	4/14/2026 12:45:03 PM
 	C-26-04-138	Siva Rami Reddy	Palugulla	ALPENA ELEMENTARY SCHOOL	ALPENA SCHOOL DISTRICT	Siva Admin	Palugulla	4/14/2026 11:44:13 AM	4/14/2026 11:44:13 AM

All requests can be viewed and monitored

Action Plan & Progress Monitoring



Action Plan & Progress Monitoring

Case Info

Case Number : C-26-04-158
Support Type : Behavior
Assigned Consultant Group : Behavior Support Specialists (BSS)

Success Indicator



Example: By the end of 4 weeks, Student will, when provided a switch programmed with a friendly greeting, independently initiate communication with a minimum of three peers during morning.

Documentation of Services



Team Meetings			
Date	Meeting Type	Purpose	

Action Plan & Progress Monitoring



Success Indicator



Success Indicator *

Heading 2 ▾ B I U A

By October 15, 2026, the team will receive training and coaching in Functional Behavior Assessment (FBA) procedures, resulting in the team being able to independently complete an FBA with coaching support as needed.

Close

Update

Action Plan & Progress Monitoring



Notes

Content	Note Type	Created By	Created On
Emailed Team Leader (Shelia Smith) to schedule a zoom meeting to discuss this case. Meeting is scheduled for 8:30 on 9/5/2026.	Consultant Note	Becky McIver	6/9/2026 8:54:53 AM

[Back To List](#)

[View Action Plan](#)

Action Plan & Progress Monitoring



Collaborative Action Plan

Actions the school team will complete



Recommendations	Action Steps (specify who will complete each step)	Date Started / Expected Date of Completion / Status	Running Notes with Dates (do not delete previous data)
-----------------	--	---	--

Action Plan & Progress Monitoring



Collaborative Action Plan

×

Recommendations *

Heading 1 ▾ B I U A " " </> Ix

Collect ABC on the target behavior

Action Steps (specify who will complete each step) *

Heading 1 ▾ B I U A " " </> Ix

Administrator and School Psych will collect ABC data during 3 classroom observations

Start Date*

09/04/2026

Expected Date of completion*

09/25/2026

Status*

In Progress ▾

Running Notes with Dates

Action Plan & Progress Monitoring



Behavior Action Steps



Behavior Action Steps*

Heading 1 ▾ B I U

BSS will provide two on-site coaching visits to practice ABC data collection with team members

Start Date*

09/04/2026



Expected Date of completion*

09/25/2026



Status*

In Progress



Running Notes with Dates

Normal ▾ B I U

|

Action Plan & Progress Monitoring



Final Action Step

Does the IEP team need to reconvene to amend any programming based on ARTASC support?

☐ Yes ☒ No ☐ No Response ☐ Not Applicable

Save Final Action Step

ARTASC Launch Timeline



Will update timeline by June 30, 2026

Contact Information



Need to update before June 30

