This is a redacted version of the original decision. Select details have been removed from the decision to preserve the anonymity of the student. The redactions do not affect the substance of the document.

Pennsylvania Special Education Due Process Hearing Officer

Final Decision and Order

CLOSED HEARING

ODR No. 32340-25-26

Child's Name:
L.B.

Date of Birth:
[redacted]

Parent(s):
[redacted]

Local Education Agency:
Pittsburgh School District
341 South Bellefield Avenue
Pittsburgh, PA 15213

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Hearing Officer:
Savannah L. Murphy, Esq.

Date of Decision:
04/13/2026

Procedural Background

The present matter concerns L.B.(hereinafter referred to as "Student[1]"), a [redacted]-grade student who is currently enrolled and resides within the Pittsburgh School District (hereinafter referred to as "District"). Student has been identified as eligible for special education pursuant to the Individuals with Disabilities Education Act[2] (IDEA) under the disability categories of Emotional Disturbance, Autism, Other Health Impairment (OHI) and [redacted] with Disability.

On December 19, 2025, District filed a Due Process Complaint in response to a request for an independent educational evaluation (IEE) from [redacted] (hereinafter referred to as "Parent"). In their Complaint, District argued that the Reevaluation Report dated October 21, 2025 was appropriate and sufficiently comprehensive to identify all areas of suspected disability for Student, particularly because it was completed soon after issuance of a Reevaluation Report dated January 10, 2025. District requested that Parent's request for an IEE at public expense be denied.

Parent filed an Answer to Due Process Complaint on December 29, 2025, arguing that District's October 21, 2025 Reevaluation was not sufficiently comprehensive to assess and address Student's evolving needs. Parent requested that the District's relief be denied, and that an IEE at public expense, along with any other relief deemed appropriate be awarded.

Following two full hearing sessions, complete review of the record, and for all reasons set forth below, District's October 21, 2025 Reevaluation Report is appropriate and comprehensively assessed all areas of Student's suspected disability. Parent is not entitled to an IEE at public expense. An appropriate order follows this decision.

[1] This Decision will be made available to the public. Therefore, the final published version of this decision has been redacted for the purpose of concealing the Student's personally identifiable information. 34 C.F.R § 1513(d). 20 U.S.C. § 1415 (h)(4)(A); 34 C.F.R § 300.513(d)(2).

[2] 20 U.S.C. §§ 1400-1482, implementing federal regulations 34 C.F.R. §§ 300.1-300.818, and applicable Pennsylvania regulations in 22 Pa. Code §§14.101-14.163.

Issues Presented

1. Whether District's Reevaluation Report of Student dated October 21, 2025 is appropriate and comprehensively assessed all areas of Student's suspected disability under the IDEA.
2. If not, whether Parent is entitled to an independent educational evaluation at public expense.

Findings of Fact

I have reviewed the record in its entirety. However, the record contains evidence outside the scope of the issues presented in the instant matter. Therefore, the below Findings of Fact and subsequent Discussion and Application of Law and Fact will only address that which is relevant to the instant matter.

Background Facts

1. Student is a [redacted]-grade student enrolled within District. (*passim*).
2. Student is eligible for special education under the disability categories of Emotional Disturbance, Autism, OHI, and [redacted] with Disability, (S-3 at 4, 67; S-6 at 36; N.T. at 16).
3. Student has been diagnosed with [redacted], Obsessive Compulsive Disorder (OCD), Anxiety and Recurrent Major Depression, Attention Deficit Hyperactivity Disorder (ADHD), and Autism Spectrum Disorder (Autism). (S-3 at 4; P-8 at 9).
4. Student receives Supplemental Emotional Support and [redacted] Support and receives a Positive Behavior Support Plan (PBSP), psychological services, and Physical Therapy. (P-8 at 57-61, 101, 109; N.T. at 16).
5. In addition to Student's IEP, Student receives an Individualized Health Plan (IHP) and Individualized Crisis Management Plan (ICMP). (S-3 at 4; P-8 at 86-87).

6. Student displays executive functioning, attention, social-emotional, behavioral, pragmatic language, fine motor, sensory, and physical deficits due to [redacted] disabilities. (*passim*).
7. Student is [redacted] and maintains a rigorous academic schedule including AP level classes. (S-3 at 6). Student displays superior cognitive ability across most content areas and obtained a Full-Scale IQ of 136. (S-3 at 15). Similarly, Student's academic achievement notes superior achievement. (S-3 at 15).
8. Student can be intense, as [student] has behavioral and social-emotional deficits. However, [redacted] and maintains superior cognitive and academic strengths. (N.T. at 530). Student was able to do [redacted] grade. (N.T. at 532).
9. Student was initially evaluated by District in March of 2015 (S-3 at 14). Student was subsequently evaluated in December 2017, November 2019, March 2020, April 2021, March 2024. (S-3 at 14-16; S-6).
10. These Reevaluations assessed Student's cognitive, academic achievement, behavioral, social-emotional, speech and language, Autism, and medical needs. (S-3 at 14-16).

<u>[redacted] Diagnosis and Medical Impact on Student</u>

11. [redacted]. (P-25).
12. Student experiences [redacted] symptoms. (*passim*).
13. Student was placed on homebound instruction during a portion of the 2023-2024 school year due to [redacted]. (S-3 at 5; N.T. at 539).
14. Student's [redacted] impacts [redacted] ability to complete fine motor tasks. (S-3 at 7).
15. Student's [redacted] symptoms greatly impact Student's ability to attend classes, and/or entire school days. (S-3 at 26-27).

16. Schedule changes were necessary for Student due to [redacted] symptoms. Student would become sick in certain classes due to the time of day, nature of class, tasks to complete, or requirements for note-taking. (*passim*).

17. When Student is symptomatic, Parent will access Student's audiobook for [redacted], or will read to [redacted]. Student also will dictate writing tasks and have someone type for [redacted]. Student, who has superior reading, math and writing skills, cannot independently attend to task when symptomatic. (S-3 at 15, 46-47; N.T. at 474, 476-77, 547, 548).

18. Student received Physical Therapy to monitor [redacted] walking endurance (S-3 at 28). Student can manage [redacted] symptoms by building endurance and physically conditioning [redacted] body. (N.T. at 502-03). Parent also enrolled Student in private [redacted] to increase stamina and endurance. This has allowed Student to make progress in physical endurance. (N.T. at 540-42).

19. Student can work anywhere between 20 minutes to 4 hours with breaks due to [redacted] symptoms. (S-3 at 66).

20. Student also is prone to Syncope, a medical term for fainting or passing out. (P-24).

21. Parent obtained an Independent Vision Assessment on March 27, 2025, and Student was diagnosed with [redacted]. (P-18 at 6).

22. Symptoms reported included headaches, dizziness, and nausea, which resulted in poor hand/eye coordination and poor handwriting. (P-18 at 1). Student becomes dizzy when reading the board and looking at [redacted] work on [redacted] desk, has difficulty tracking and copying notes, and switching from multiple modalities. (S-6 at 28; P-22; N.T. at 73, 78, 484, 492).

2024-2025 School Year

23. On November 8, 2024, District issued a Request for Consent for a Reevaluation proposing to complete the following: indirect assessment of behavior to include broad behavioral measures and narrow measures of executive functioning and anxiety/OCD, writing assessments, Functional Behavior Assessment, and Review of Records. (S-2 at 1-2).

24. Parent signed and returned the PTRE on November 14, 2024 noting "I give consent for [Student] to be assessed in all areas of suspected disability, including pragmatic language, sensory [and] OT screening." (S-2 at 1,3).

25. Parent obtained a letter from Dr. [redacted] of Cleveland Clinic confirming Student's [redacted] diagnosis and recommended that [student] have an opportunity to take examinations during times of highest cognitive alertness and access classes virtually/recordings so [student] can successfully access education. (P-19 at 1).

26. On January 10, 2025, District issued a Reevaluation Report (January 2025 RR) which contained the following information:

    a. Student has access to Assistive Technology (AT) in the educational environment including two laptops, two iPads with various uses and tools installed. (S-3 at 4).

    b. Parental concerns contained a list of Student's deficits including fatigue, focus, executive functioning, sensory, fine motor, pragmatic language, social-emotional, behavioral deficits which impact access to [redacted] education. (S-3 at 10).

    c. Student requires multiple prompts to utilize organizational tools, to attend to task, and to complete/submit assignments. (S-3 at 6-7).

d. Student's anxiety and sensory deficits impact [redacted] ability to attend class. [student] fixates on transitioning when there are no crowds. Student often missed the final class of the day due to exhaustion, medical needs, and sensory deficits. (S-3 at 7).
e. The January 2025 RR contains a detailed summary of Parent provided evaluations and medical reports from December 2019 to August 2024. (S-3 at 10-13).
f. Information regarding Student's progress monitoring of [redacted] IEP goals were noted in the January 2025 RR. (S-3 at 18-26). Student received goals monitoring self-advocacy, executive functioning, written expression needs, and Student received two [redacted] goals. (S-3 at 18-26).
g. Overall, Student's progress monitoring was significantly impacted by attendance concerns. (S-3 at 18-26; N.T. at 129). Student's was recorded to have only attended 14/41 AP Physics period 1; 6/25 AP Physics period 2; 4/39 AP Calculus; 17/39 French; 14/38 AP Chemistry period 6; 6/22 AP Chemistry period 7; and 0/39 AP English classes. (S-3 at 26-27).
h. As of the issuance of the January 2025 RR, Student received 21 absences, 20 early dismissals, and 9 late arrivals. Student completed 73% of work outside the general education setting. (S-3 at 36).
i. Student had 13 past due assignments and 23 exempted assignments for the first quarter of the 2024-2025 school year. (S-3 at 27).
j. Teacher input was provided by all teachers working with Student. Generally, Student was rarely in class to observe. However, when Student did participate, [student] demonstrated strong verbal skills and mathematical analytical thinking. (S-3 at 30). Student

struggled most with attendance and executive functioning. (S-3 at 31-32).

k. Physical Therapy provided input and progress monitoring regarding Student's endurance. Student demonstrated significant fatigue which impacted school attendance and attention. (S-3 at 30-31). It was recommended Student continue to receive ninety minutes of Physical Therapy services per months to address limited endurance and core/lower body strength. (S-3 at 45-46).
l. An Occupational Therapy Screening assessed Student's dysautonomia tremors which caused fine motor and sensory deficits. Teacher and Student input was considered as part of the Occupational Therapy Screening. Student expressed that [student] can no longer participate in the extra curriculars of choice due to [redacted]. (S-3 at 42-43). Student was observed manipulating mock lab equipment, and was able to complete tasks in the structured test setting. (S-3 at 44). An Adolescent/ Adult Sensory Profile was also completed by Student which evidenced sensory sensitivity. (S-3 at 44-45).
m. Student's writing needs were assessed using the Wechsler Individual Achievement test (WIAT-4) and Test of Written Language (TOWL 4). Student showed signs of fatigue and was allowed a 20-minute sleep break. Overall Student demonstrated superior writing achievement. (S-3 at 46-47).
n. The Conners Comprehensive Behavior Rating Scale (CBRS) and Behavior Rating Inventory of Executive Functioning (BRIEF-2) were completed to assess Student's behavioral and executive functioning deficits. Overall, Student, Parent, and one teacher rated Student in the elevated or very elevated range in most

subscales. The other teacher primarily rated Student in the average range. (S-3 at 49-51).

o. Parent also completed the Revised Children's Manifest Anxiety Scale, Second Edition (MASC-2) to assess Student's anxiety needs. Parent rated Student as high average to very elevated in all areas except Harm Avoidance. (S-3 at 54).
p. A [redacted] Summary was also completed as part of the January 2025 RR. Student displayed strong verbal skills, rich vocabulary, intellectual curiosity, and originality of thought. (S-3 at 55). However, Student's poor attendance impacted [student's] ability to utilize strategies and build skills. [redacted]recommended revising goals to accommodate extending timelines, reducing criteria and making assignments more manageable and achievable. (S-3 at 56).
q. A Speech and Language assessment was completed which included Parent and Teacher input, a direct observation, the Test of Pragmatic Language (TOPL), and the Pragmatic Language Skills Inventory. (S-3 at 56-59).
r. Student was observed to be laying down in the Emotional Support classroom with [the] special education teacher, and Student was reluctant to converse with the observer, but Student eventually engaged in a meaningful conversation. (S-3 at 57).
s. Student displayed pragmatic language deficits, and significant personal interaction deficits. (S-3 at 58-59).
t. A Secondary Transition Assessment was completed to asses Student's secondary transition needs. Student aspired to transition to a four-year college, and live independently. (S-3 at 60; N.T. at 472). Student has taken multiple transition assessments include O*NET Interest Profiler, Who R U interest

inventory, Achieveworks Personality Assessment, Transition Surveys/Interviews and various assessments offered via Naviance. (S-3 at 60).

u. The Secondary Transition Assessment also included Parent and Student interviews, Record Review, and the AIR Self-Determination Scale (AIR- SDS). (S-3 at 59-63).

v. The AIR -SDS was completed by Student, Parent, and Student's case manager. The results from Student, Parent, and Case Manager were consistent. Student Total Self-Determination score ranged from 60%-65% amongst raters. (S-3 at 62-63).

27. A Functional Behavior Assessment[3] (FBA) was also completed to assess Student's class attendance (S-3 at 64-67; P-47). The FBA contained the following information:

a. The sole behavior of concern identified in the FBA was Absence from Class, which was defined as non-attendance to scheduled class times. (P-47 at 5).

b. From the start of the 2024-2025 school year until December 2024, Student attended an average of 1.56 class periods per school day. (S-3 at 64, P-47 at 10).

c. Student's physical symptoms manifested from [redacted] was identified as the primary antecedent for absence related behaviors. (S-3 at 66, P-47 at 4, 5, 23-24).

d. A direct observation was completed as part of the FBA. Student was observed to be out of class laying down using a cellphone. When encouraged to go back to class, Student reported exhaustion as the cause for [their] absence. (S-3 at 66, P-47 at 11-12).

[3] P-47 contains the January 2025 FBA. However, the FBA is dated for January 7, 2024. Parties corrected the date, and acknowledged the correct date of issuance for January 7, 2025.

e. Student noted that the school work is never too easy, and that [student] always received help, when requested. (P-47 at 4).
f. The FBA's functional hypothesis noted that, when scheduled to attend a subject in the general education setting, in the morning or at the end of the day, Student may engage in absences in order to escape or avoid class, which is correlated with illness or fatigue. (S-47 at 29; N.T. at 142).
g. Recommendations included continuing to monitor Student's medical needs, options for schedule changes, flexibility in task completion, frequent and intermittent positive reinforcement for attending class, self-management skills, triaged to-do list, and incorporation of Student's planning to develop self-selected goals. (S-47 at 29; N.T. at 415-56).

28. The January 2025 RR concluded that Student qualified for special education services under the disability categories of Emotional Disturbance, Autism, [redacted]with Disability, and OHI. (S-3 at 67).

29. It was recommended that Student's schedule and assignments are flexible to minimize anxiety, OCD, and [redacted] symptoms and that the adults working with Student validate [their] concerns to help [student] identify realistic goals and supports for [their] education. (S-3 at 69-70).

30. On March 14, 2025, Parent obtained a letter from Dr. Angela Garcia from UPMC Children's Hospital of Pittsburgh recommending that Student take three classes a day. (P-20).

31. On March 27, 2025, Parent obtained an Independent Vision Assessment which assessed Students' Visual Acuity, Visual Efficiency, and Visual Processing. Recommendations included frequent breaks, using finger or reading bar to ensure Student keeps [their] place while reading, limiting board-to-desk copying and increasing desk-to-desk

copying, condensing homework assignments, testing 1:1 outside allotted time, providing visual breaks, and paper format testing (P-18, at 1, 6).

32. Student's IEP already contained many of the recommendations from the Independent Vision Assessment. (*See* S-8 at 89, 90, 91, 92, 93, 94, 99).

33. On May 28, 2025, Parent sent a written request for an AT Evaluation for student that would include organizational supports and strategies to help with planning, visual supports for writing process, access instruction while not in class, and access to extra-curricular activities. (P-39.02 at 3-4; N.T. at 120).

34. Parent was concerned that current AT supports did not meet Student's needs and that with functional access barriers limited [their] access to AT tools and educational curriculum. (S-6 at 16; P-39.02 at 1). Student's significant executive functioning deficits required adult supervision for work to be triaged and organized efficiently. (S-6 at 16; P-39.02 at 1; N.T. at 150-51, 202, 417-18).

2025-2026 School Year

35. On July 11, 2025, Parent reissued her request for an AT Evaluation. District did not respond to the initial request on May 28, 2025. (P-39.03 at 1-2; P-39.06 at 5-6; P-39.07 at 8-10; N.T. at 245-26).

36. District believed that an AT Evaluation was unnecessary, as there were ongoing AT consultations with Student and the IEP team. (N.T. at 426).

37. Regardless, on July 15, 2025, District issued a Prior Written Notice for Reevaluation and Request for Consent for Reevaluation proposing to complete an AT evaluation. (S-4; P-27; P-28; P-39.06 at 4-5).

38. Parent requested that the Request for Consent for Reevaluation be revised, and District rejected Parent's request on July 17, 2025. (P-39.06 at 2-4).

39. District backdated the Reevaluation timeline to June 1, 2025 in response to Parent's original request for the Reevaluation on May 28, 2025. (P-28 at 2,3).

40. On August 7, 2025, Parent provided a conditional consent for Reevaluation. (P-28 at 2). Parent attached a conditional consent letter specifying that the AT Evaluation must include organizational support or strategies for task management, visual supports for the writing process, and semantic mapping software, and access to AT for extracurricular activities and absences including live streaming. Parent also requested an IEP meeting before September 15, 2025 and that District address FAPE concerns. (P-28).

41. Parent was concerned for Student's executive functioning deficits in preparing for college and Students significant reliance on the assistance of others. (N.T. at 427-29).

42. On August 11, 2025, District issued a Notice of Recommended Educational Placement (NOREP) refusing Parent's conditional consent. (P-29; P-39.06 at 2).

43. On August 11, 2026, District issued a corresponding Request for Consent for Reevaluation including a record review; review of Student's progress reports and Assistive Technology plan; Parent, Teacher and Student input, Observations, and an Assistive Technology Assessment. (S-5 at 1).

44. Parent and District engaged in discussions wherein Parent sought clarification on what the AT Evaluation would include. (N.T. at 438).

45. Parent provided consent for the reevaluation on September 3, 2025 (S-5 at 2).

46. On October 21, 2025[4], District issued the Reevaluation Report (October 2025 RR), which contained the following information:

a. Parent input included concerns for Student's lack of progress with organization and task management with direct and daily adult support (S-6 at 4). Parent sought a system of AT that Student can use that prioritized independence and completion of school work both in school and at home. (S-6 at 10).
b. Parent requested organizational tools be accessible on Student's phone. (S-6 at 14).
c. Student has had access to various executive function supports and services, but Student rarely uses these tools independently. (S-6 at 5).
d. The October 2025 RR primarily contains data from the second half of the 2024-2025. (S-6 at 24-27).
e. Student made improvement on attendance during the second half of the 2024-2025 school year, and attended an average of 2.3 class periods in the general education setting. However, Student spent an average of 67% of time in the resource setting when in school. (S-6 at 27).
f. By the end of October 2025, Student improved attendance to 55% of enrolled classes, and an average of 4.3 classes a day. (S-6 at 41; N.T. at 83, 136).
g. Teacher input indicated that Student continued to display social skills and attendance deficits. However, Student was able to complete assignments, though [student] continued to run the risk of falling behind. (S-6 at 39).

[4] Exhibits S-6, P-5, and P-6 are all labeled as the October 21, 2026 Reevaluation Report. For the purposes of this Decision, S-6 will be used to cite to the October 21, 2025 Reevaluation Report. The only cited difference between P-5 and P-6 regarded the signature page. (N.T. at 456-57). S-6 was the final and complete version of the October 21, 2025 RR. (N.T. at 465).

h. The October 2025 RR contains a record review including a review of prior evaluations, progress monitoring information, benchmark testing, and review of Student's grades. (S-6 at 24-26).
i. A vision screening was conducted on April 4, 2025. Student did not qualify for direct vision services, but vision consultative services were added to [the] IEP to monitor [redacted]. (S-6 at 28; P-18).
j. The October 2025 RR contained information from the AT consultant regarding the supports and services provided to Student on a day-to day basis. (S-6 at 28).
k. The AT evaluation identified the following areas of need for Student: handwriting, spelling, reading, math, written expression, vision, notetaking, organization, and task completion (S-6 at 34-35; S-7 at 1). Fourteen different devices or tools were identified as have been used with [student] to address [their] needs. (S-6 at 34-35; N.T. 248).
l. The AT evaluation used the SETT framework, surveyed Student's teachers to gauge what was used in the classroom, if teachers required more AT support, completed observational Data, reviewed Student's IEP and feature matched Student's SDI to AT being used. (S-6 at 34-35; S-7; N.T. at 23-27, 105-07).
m. The AT evaluation did not include any input from Student. (N.T. at 190-92).
n. The AT evaluation determined that no additional AT support was needed. (S-6 at 35).
o. Student continued to be eligible for special education services under the disability categories of Emotional Disturbance, Autism, [redacted] with Disability, and OHI. (S-6 at 36).

p. Recommendations included support for decision making, balancing Students academic abilities and medical needs, extended time, modify course schedule and load, and consistency in schedule for gifted and related services, and incorporating rest and recovery into schedule. (S-6 at 42).

47. The October 2025 RR utilized the Student, Environment, Tasks, and Tools (SETT) framework when assessing Student's Assistive Technology needs. (S-7; N.T. at 22, 256). District used the universal SETT framework and guidelines (P-39.08; N.T. at 22). The goal of the SETT process is to ensure that Student can fully interact with [the]curriculum and educational needs. (N.T. at 23).

Assistive Technology

48. AT consultants trained and worked with Student regarding AT tools available, and how to use them. AT consultants also worked closely with the IEP team to address Student's ongoing needs. (N.T. at 20-21, 61, 101-02, 141, 217, 220, 241, 259, 263, 369). However, Student was, at times, pulled out of class to learn about AT tools available, which Student found embarrassing. Student also did not like missing class to have access to AT support. (N.T. at 499).

49. Student has access to two laptops, one from the District, and one specifically from AT, and two iPads. Student also has access to a stylus pen and accessories for the iPad. (S-6 at 28; P-8, page 9; N.T. at 56, 110). However, Student prefers the smaller iPad, because it is easily accessible when lying down. (N.T. at 26, 61, 486).

50. Student began trialing an iPad Pro for split screen use to support visual and motor fatigue. (S-6 at 28, 35; N.T. at 80, 141, 260).

51. Student does not often use AT made available to [them]. (N.T. at 28-29).

52. Class Transcription was explored. However, transcription could not translate a different language, dictate group activities, or various small group discussions, or keep pace with the change in teaching methods in the class. (N.T. at 228-31). Also, Student would have to read or listen to hours of transcripts, adding to an already rigorous workload. (S-6 at 28, N.T. at 64, 66).

53. District attempted to use Otter AI, Glean, and other transcription tools and pair them with Microsoft, Read&write, or OrbitNote, but no system could adequately transcribe the nuances of the classroom environment. (N.T. at 228-31).

54. According to the AT evaluation, Student had access to the following AT support (S-6 at 34-35):

    a. Read&Write and OrbitNote to support reaching comprehension, spelling, and written expression. Read&Write and OrbitNote are partner programs which offer text-to-speech and speech-to-text and can highlight text, which was intended to reduce eye fatigue while reading (N.T. at 33-34, 80, 88-89).
    b. Notability provides electronic access to textbooks, and supports annotation, note-taking, assignment submission, and minimizes need to switch between modalities and screens (N.T. at 32-34, 54). Student utilizes Notability often (N.T. at 203, 494).
    c. Corg, Bubl, MindNote, SimpleMind are semantic mapping and graphic organizers. These AT tools are purposed to help Student break down larger projects and reading materials. (N.T. at 35, 59). However, Student does not use these tools often. (N.T. at 35).
    d. EquatIO is an extension on laptop for digital math support (N.T. at 36).

e. Digital class materials were made available on Schoology. Schoology also has an immersive reader that can track Student's reading. (N.T. at 88-89)
f. Snaptype Pro captures class notes to provide digital access to student (N.T. at 36, 235-36).
g. AI Based tools (ChatGPT and Gemini) are used for content generation, organization, and clarification of concepts. Student uses these programs most often. (N.T. at 36, 88-89).
h. Other tools such as Google Sheets, dictation through Microsoft Word was trialed, but Student either had difficulty assessing the tool or was anxious about how the information was stored. (N.T. at 214).

55. Student had access to digital Homework To-Do list managed by District staff. (P-46). Other organizational strategies that have been trailed were Post-It notes, templates, Schoology, and reinforcement systems. (N.T. at 155-57, 202, 506).

56. Student and Parent have requested organizational tools be explored and utilized on Student's phone. District rejected request because District cannot control a personal phone. (P-47 at 3; N.T. at 82, 203, 514-15, 560).

57. Telepresence was explored, but ultimately rejected because it is primarily available for students with a medically established need for homebound instruction. Student was encouraged to attend in-person classes. Student's need for telepresence was not established by the issuance of the October 2025 RR. (P-51.01 at 3; N.T. at 64 399-400). District ordered and trialed a webcam for telepresence, but it was deemed inappropriate, as it could not capture the moving parts of a class, between small-group discussions, large-group lectures, and independent work. (N.T. at 234).

58. District provides curriculum materials for student when [student] is not in class. (N.T. at 72, 76.). However, AT tools are not always available or working at home. (P-53.01; P-53.02).

59. Student's behavioral, sensory, and medical needs can impact [their] ability and/or willingness to use AT tools accessible to [them]. (N.T. at 142). For example, Student does not utilize text-to-speech because the voices annoy [them]. (N.T. at 89-90, 475, 558). Student has been observed to easily access technology tools of preference, but often forgets where AT tools such as Notability are located. (N.T. at 158, 506, 508-09).

60. Student shuts down when [student] is triggered, and [student]often is agitated when technology makes errors (N.T. at 479, 534).

Discussion and Application of Law

Burden of Proof and Witness Credibility

In an administrative due process hearing, the burden of proof encompasses the burden of production and the burden of persuasion. The party seeking relief bears the burden of persuasion. *Schaffer v. Weast,* 546 U.S. 49, 62 (2005); *L.E. v. Ramsey Bd. of Educ*, 435 F.3d, 384, 392 (3rd Cir. 2006). Accordingly, the burden of persuasion rests with the filing party, in this case the District. For reasons set forth below, I find that District has met their burden of persuasion, and has demonstrated that the October 2025 Reevaluation Report is substantively and procedurally appropriate at the time of issuance.

Special education hearing officers must also make credibility determinations of witnesses called to testify before them. I find that all witnesses called to testify did so credibly. However, I found District's AT Consultants and Student's Special Education Teacher to be particularly persuasive, and their testimony was afforded heightened weight. The AT

Consultants and the Special Education Teacher testified with specificity beyond the pages of exhibits in front of them. They demonstrated knowledge of their roles within the District, and knowledge of the unique and complex needs of Student.

Evaluation Requirements and Independent Educational Evaluations

Under the IDEA, a parent has a right to an independent educational evaluation (IEE) if they disagree with an evaluation conducted by the local education agency (LEA). 34 C.F.R. §300.502(b)(1). The School District must either file for due process to defend their evaluation as appropriate or fund the IEE. §300.502(b)(2).

A School District must reevaluate a student with a disability at least every three years or "if the conditions warrant a reevaluation." 20 U.S.C. § 1414(a)(2). To be appropriate, the evaluation must assess the student in "all areas of suspected disability." §1414(b)(1)(3)(C). In assessing the student's areas of suspected need, the evaluation report must contain

(A) a variety of assessment tools and strategies to gather relevant functional and developmental information, including information provided by the parent that may assist in determining (i) whether the child is a child with a disability, and (ii) the content of the child's [IEP], including information related to enabling the child to be involved and progress in the general education curriculum…

(B) not a single procedure or assessment as the sole criterion for determining whether a child is a child with a disability or determining an appropriate educational program for the child; and

(C) Use of technically sound instruments that may assess the relative contribution of cognitive and behavioral factors, in additional to physical or developmental factors." § 1414(b)(2).

The assessments and evaluation materials must be administered by trained and knowledgeable personnel who administer the materials in

accordance with instructions provided, must address all areas of suspected disability in a student, and must provide relevant information that directly contributes to the determination of the student's educational need. § 1414(b)(3).

A reevaluation report must also include existing data of the student, present levels of academic performance, identify additional data, if needed, and must assess whether the student continues to qualify for special education services, and whether the student's special education services require additions or modifications. §1414(c)(1). In cases where additional data is not required, the reevaluation must identify the reason and the right of the parent to request an assessment. §1414(c)(4).

Assistive Technology

Assistive Technology Device includes "any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized that is used to increase, maintain, or improve functional capabilities of a child with a disability." 20. U.S.C. § 1401(1)(A). Assistive Technology services include any service that directly assists a student with a disability's selection, use, or acquisition of a device. § 1401(2). Services encompass an evaluation, "including a functional evaluation of the child in the child's customary environment" as well as obtaining the device, customizing and applying the device, coordinating with other therapies, training the student with the device, and training the professions with the device. § 1401(2)(B-F); 34 C.F.R. § 300.6.

Application of Law and Fact

Parent claims that the October 2025 RR is legally insufficient "strikingly passive", substantively inaccurate, and lacked a data-driven assessment targeted to identify tools for "post-secondary autonomy." Additionally, Parent claims that District's evaluation was flawed as it failed to fulfil specific commitments made to Parent in the Request for Consent for

Evaluation. Conversely, District defended the October 2025 RR, arguing that, with the issuance of the January 2025 RR, they comprehensively identified all areas of Student's suspected disability, used a variety of assessment tools and strategies to gather functional, academic, and developmental information of Student, and that all assessments were completed by experienced evaluators, who had specific knowledge working with Student. For reasons set forth below, I find District's October 2025 RR was substantively and procedurally appropriate.

The October 2025 RR, analyzed together with the January 2025 RR, is substantively and procedurally appropriate under the IDEA.

Functionally one semester of data separated the issuance of the January 2025 RR and October 2025 RR. Therefore, information and data gathered in the former informed the decision-making in the latter. Student's needs had not changed in that time. (N.T. at 138, 284, 310). If anything, data suggests that Student improved in some areas of need, particularly attendance, from the January 2025 and October 2025 RR. Student doubled class attendance from an average of 2.3 class periods a day in 2024-2025 school year to 4.3 classes a day by the end of October 2025. (S-6 at 27).

By way of background, District established a pattern of evaluating Student regularly, pivoting to [student's] changing needs. Student was evaluated by District in March of 2015, December 2017, November 2019, March 2020, April 2021, March 2024 prior to the January 2025 RR. Each evaluation contained its own variety of assessments (S-3 at 14-16). The January 2025 RR accounted for Student's complex educational history, while assessing and addressing [student's] changing needs.

In sum, the January 2025 RR contained a summary of AT devices used in the educational environment, Parental concerns, a summary of Parent provided evaluations and medical reports from December 2019 to August 2024, progress monitoring data, Student's grades, and standardized test,

data regarding Student's class attendance and work completion, teacher input, Physical Therapy input, an Occupational Therapy Screening with an Adolescent/ Adult Sensory Profile, Writing Academic Achievement testing via the WIAT-4 and TOWL-4, various rating scales assessing Student's executive functioning, behavioral, and anxiety needs completed by Parent, Student and Teachers, Summary of Gifted information, a Speech and Language Assessment including TOPL and the Pragmatic Language Skills Inventory, a Secondary Transition Assessment including the AIR-SDS, and an FBA with twenty-nine pages of sufficient data. (S-3; P-47).

The January 2025 RR identified Student's needs as increasing class attendance and consistent work completion, development of organizational strategies, increase [student's] independence using those tools, increase independence in setting realistic goals that may need adjusted to support overall mental and physical health, facilitate opportunities for Student to be involved with same age peers and to improve social interactions, improve social communication skills, and Student's need to advocate for needs as they relate to tremors and sensory sensitivity. (S-3 at 68).

Parent's request for a Reevaluation sent on May 28, 2025, and reissued on July 11, 2025 specifically requested an AT Evaluation that included, organizational supports/strategies to help with planning and tracking assignments, visual supports with writing process, access to instruction when not in class, and access to extracurricular activities during periods of illness. (P-39.02 at 3). Parent argues that District failed to assess all areas of suspected disability and failed to address functional barriers of Student's access to [student's] education. To the contrary, District data suggests that Student's needs have been closely monitored and District has responded in real-time to [student's] changing needs.

The October 2025 RR contained both a record review of the information obtained in the January 2025 RR, but also updated information

from the second half of the 2024-2025 School year. (S-6 at 24-27). Parent and Teacher input noted Students continued executive functioning, social skills, social-emotional, and attendance deficits. (S-6 at 39). The October 2025 RR contained a vision summary that occurred in April of 2025, after Parent obtained a private Vision Evaluation, assessing Students [redacted] needs (S-6 at 28; P-18).

The AT evaluation identified handwriting, spelling, reading, math, written expression, vision, notetaking, organization, and task completion as areas of need for Student. (S-6 at 34-35; S-7 at 1). Whereas Student has superior cognitive and academic achievement, [student] sometimes struggles to read, write, and complete basic arithmetic due to [redacted] related symptoms. (S-3 at 15, 46-47; N.T. at 474, 476-77, 547, 548). Using Student's identified needs, District listed fourteen different devices or tools that was trialed with Student or in which Student had access to in the educational environment or at home. (S-6 at 34-35; N.T. at 248).

Regarding the hardware, District has supplied Student with two laptops and two iPads. District began trialing the iPad Pro to address Students visual and motor fatigue caused by [redacted]. (S-6 at 28, 35; N.T. at 80, 141, 260). Student has access to Read&Write and OrbitNote for text-to-speech and speech-to-text needs with the intent to reduce eye fatigue and to support Student when symptomatic. (S-6 at 34-35; S-7; N.T. at 33-34, 80, 88-89). Likewise, Student has access to Notability, which supports annotation and minimizes Student's need to switch modalities to reduce eye fatigue. (S-6 at 33-34; S-7; N.T. at 32-34,54, 203, 494).

District also provided Student access to four semantic mind mapping tools, electronic textbooks, electronic class notes, and even AI based tools such as Chat-GPT and Gemini. (S-6 at 34-35; S-7; N.T. at 35, 36 59, 88-89). Other, less formal AT supports for student included various organizational tools such as to-do lists in multiple formats, Google Sheets,

Microsoft tools, templates, and digital class materials. (N.T. at 155-57, 202, 214, 506).

The above list does not account for the consideration or trials of AT tools that not were accessible to Student during the issuance of the October 2025 RR. For example, telepresence and livestream webcams were explored. However, Student's attendance was deemed a need to be addressed in [student's] programming, and the webcam could not capture the dynamics and moving aspects of class, diminishing Student's ability to immerse [themself] in the material. (N.T. at 64, 234, 399-400). Parent and Student requested that Student's phone be used as an organizational AT tool. However, this was deemed an unreasonable request, and rightfully so. District does not and should not manipulate and control a personal device. (P-47 at 3; N.T. at 82, 203, 514-15, 560). Finally, transcription tools were also trialed such as Otter, AI Glean, and their correspondence with Microsoft, Read&Write or OrbitNote. However, no system or combination of systems could adequately transcribe the nuances of the classroom environment, and Student could not have been expected to read through the hundreds of pages of transcriptions, as [student] already struggled to maintain pace with [their] classes. (S-6 at 28; N.T. at 64, 66, 228-31).

Considering and analyzing all this information, District utilized the SETT framework, a universal framework and guideline designed to ensure that a student can fully interact with their curriculum and education. (N.T. at 22, 256). The SETT process requires that Student's needs, environment, tasks, and tools be identified and assessed. As part of the SETT framework, District feature-matched Students areas of need with AT to determine whether each area of need was addressed, and whether additional AT needed to be considered. (S-7).

Further District's AT Consultant testified to conducting observations of Student, interviewing teachers to identify what was used in the classroom,

and whether more supports were required, and reviewed the Student's IEP to determine whether any area of need was not addressed. (S-6 at 34-35; S-7; N.T. at 23-27, 105-07). The AT Consultant, after looking at all the data collected in the present and over the years, determined that no additional AT support was needed. (S-6 at 35).

Parent argues that District's AT evaluation was devoid of data-driven trials, and merely contained record review and interviews, and as such, is legally insufficient. (*citing J.K. v. Pleasant Valley Sch. Dist*., ODR No. 8453-07-08 (Oct. 7, 2028)). The facts in *J.K.* are highly distinguishable from the from the instant matter[5]. District's AT consultants have worked with Student prior to issuance of the October 2025 RR, and demonstrated a robust knowledge both of available AT supports utilized by District, and those specifically assigned to Student. Further, the AT consultants work with Student directly, trained [student] how to use AT tools, and worked with the IEP team to address Student's needs. (N.T. at 20-21, 61, 101-02, 141, 217, 220, 241, 259, 263, 369). Whereas this evaluation was issued using the data leading up to October 2025, District has asserted that AT will continue to monitor and work with Student's needs. District's October 2025 RR encompassed District's long-standing process for assessing and addressing Student's needs.

By way of dicta, this hearing officer is sympathetic to Student's current medical needs. Parent, Student, and District staff testified to the extent Student's medical needs have significantly impacted [student's] daily functioning. When symptomatic, Student experiences [redacted] own. (*passim*). These are terrifying symptoms that have rendered an exceptionally bright and talented young student significantly disabled.

[5] In *J.K*., the A.T. Evaluator did not read the student's IEP, never observed the student, did not consult the student's teachers, and never spoke with the student before or after the evaluation, and performed minimal assessments for the student. (*Id*. at 4).

Parent has argued that District discounted the impact Student's [redacted] symptoms has on access to [their] educational environment, and therefore the October 2025 RR is legally insufficient. I disagree. The record is rife with detailed information on how Student's medical needs impact [their] ability to function in the school setting. District's recommendations in the January 2025 RR and October 2025 RR are centered around management and flexibility of Student's classes and assignments due to medical needs and fostering independence. (S-3 at 69-70; P-47 at 29; S-6 at 42).

Student's inability or lack of willingness to access the plethora of AT tools available are seemingly manifested both from [student's] medical and behavioral/sensory deficits. Student complex needs in light of [their] Autism, Anxiety, Recurrent Major Depression, ADHD, and OCD taken together with [redacted] diagnosis have been fully considered when evaluating the supports and services required to provide Student access a meaningful education.

To the extent that Student's programming does not appropriately address these needs, and prohibits Student from accessing these tools, or does not appropriately plan to manage conflicting needs, that issue was not before this hearing officer. This decision is intentionally silent as to any analysis regarding the appropriateness of Student's programming, and/or implementation of Student's supports and services.

Overall, District's January 2025 and October 2025 RR identified all areas of suspected disability using a variety of assessments and tools completed by experienced educational professionals who followed the assessment guidelines required. The record painted a clear picture of Student's educational needs, and Districts extensive efforts to assess and address those needs. Therefore, the District's October 2025 Reevaluation is appropriate.

Parent is not entitled to an IEE at public expense.

In finding that District's 2025 October RR is appropriate, Parent is not entitled to an IEE at public expense pursuant to 34 C.F.R. §300.502(b)(1).

Conclusion

For the reasons set forth in the above Discussion and Application of Law and Fact, District's October 2025 RR, supported by District's January 2025 RR, fully complied with the IDEA's procedural and substantive requirements. Parent is not entitled to an IEE at public expense.

This Decision, its conclusion and Order, should not be interpreted to reach any conclusions regarding the provision of FAPE to Student. Even though Student is in [redacted] year, and anticipated to graduate shortly, nothing in this decision terminates District's ongoing obligation under the IDEA's FAPE requirements, nor the Parents right to request evaluations in response to Student's changing needs. See 20 U.S.C. § 1414.

An appropriate Order follows.

Order

AND NOW, this 13th day of April, 2026 in accordance with the foregoing findings of fact and conclusions of law, it is hereby **ORDERED** as follows:

1. The October 2025 Reevaluation report was procedurally and substantively appropriate when it was issued.
2. Parent's demand for an Independent Educational Evaluation at public expense is **DENIED**.

It is FURTHER ORDERED that any claim not specifically addressed in this Order is **DENIED** and **DISMISSED**. With issuance of this final decision, jurisdiction over this matter is hereby **RELINQUISHED**.

Savannah L. Murphy, Esquire.
Special Education Hearing Officer
ODR File Number 32340-25-26