

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

Pennsylvania

## Special Education Hearing Officer

### DECISION

ODR No. 15140-1314AS

Child's Name: A.R.

Date of Birth: [redacted]

Dates of Hearing: 9/8/14, 9/30/14, 10/21/14

### CLOSED HEARING

Parties to the Hearing:

Representative:

Parents

Parent Attorney

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Scranton, PA 18510

School District

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Date Record Closed:

November 17, 2014

Date of Decision:

December 3, 2014

Hearing Officer:

Anne L. Carroll, Esq.

## **INTRODUCTION AND PROCEDURAL HISTORY**

Student in this case has been assigned to an out of District placement, an Intermediate Unit class for children in Student's age range with significant cognitive and physical needs. After Student completed two years in the multiple disabilities classroom, Parents initiated a due process complaint, contending that the District failed to conduct thorough and appropriate evaluations of Student, and that based solely upon their own observations, without objective data, Student's teachers and therapists have underestimated Student's potential, and, therefore, provided inadequate instruction and services that resulted in virtually no developmental or educational progress for Student during the 2012/2013 and 2013/2014 school years. Parents further claimed that the District failed to provide adequate and appropriate related services in the areas of speech/language, occupational and physical therapies and transportation

The due process hearing was held in three sessions from early September to late October. For the reasons that follow, the issues involving the adequacy of evaluations of Student, and transportation services are decided in favor of the Parents. Without comprehensive evaluations, however, there is insufficient evidence to determine the adequacy and appropriateness of the educational, speech/language, physical and occupational therapy services that the District provided to Student through the IU classroom, given Student's combination of significant impairments. The District, therefore, will be ordered to provide comprehensive independent evaluations of Student in order to fully assess Student's potential and needs in all areas, as well as to review the IU services and to develop recommendations for future services, if necessary. The District will also be ordered to provide an aide for Student on the bus. Student will not be awarded compensatory education due to insufficient evidence to determine the nature and amount of a compensatory education award.

## ISSUES

1. Did the School District deny Student a free, appropriate public education for the 2012/2013, 2013/2014 school years, and continuing to the present, in that the District:
  - a. Did not sufficiently evaluate Student in all areas of need;
  - b. Provided insufficient and/or inadequate, and therefore, inappropriate special education and/or related services, including transportation?
2. Should the District be required to provide compensatory education and/or any other remedy or remedies to Student?

## FINDINGS OF FACT

### Background/Functioning/Evaluation Information

1. [Student], a [middle teenaged] child, born [redacted] is a resident of the School District and is eligible for special education services. (Stipulation, N.T. p. 8)
2. Student has been identified as IDEA eligible in the multiple disabilities category, in accordance with Federal and State Standards. 34 C.F.R. §300.8(a)(1), (c)(7); 22 Pa. Code §14.102 (2)(ii); (Stipulation, N.T. p. 9)
3. Student is diagnosed with a neurological impairment that adversely affects muscle tone and movement control, and causes spasmodic movement. Physically, Student is unable to walk or independently change position when lying on a mat. Student is completely dependent on others for all basic needs/activities of daily living. (N.T. pp. 116, 179, 180, 213, 214, 379 ; P-3 pp. 2, 3, P-7 p. 2)
4. In terms of independent, voluntary movement and the ability to maintain a position, Student's physical skills are at the approximate developmental level of a 6 month old child. Student will reach for and attempt to grasp preferred objects placed on the wheelchair tray. At home, Student likes to slide beads on an abacus, can work the power windows on the family car. (N.T. pp. 431, 432; P-4 p. 6, P-5 p. 7)
5. Student has shown an ability to visually track preferred objects and verbal stimuli. Student will turn toward a speaker in close proximity and demonstrates awareness of some familiar voices, such as grandparents. (N.T. p. 21; P-3 pp. 2, 3)
6. District evaluations of Student from 2011 and 2013 include information based primarily on records reviews, teacher observations, parent and therapist input. The 2013 evaluation includes the results of a Brigance Inventory of Early Development II and the Adaptive Behavior Assessment System II (ABAS-II), completed by only by Student's teacher. The results of both assessments placed Student in the extremely low developmental range, at the 0.1 or less percentile. ( P-3 p. 5, P-7 pp. 2, 3)

## Placement/IEPs

7. Beginning with the 2012/2013 school year, Student has been placed in a full-time multiple disabilities classroom operated by the local Intermediate Unit in a neighboring school district. Student is considered a 9<sup>th</sup> grade student for the 2014/15 school year. (N.T. pp. 14—16; P-5 pp. 1, 34, P-8 pp. 1, 36, P-10 pp. 1, 31)
8. Throughout that placement, Student has received two 30 minute sessions each week of speech/language therapy, occupational therapy (OT) and physical therapy (PT) for a minimum of 62 and a maximum of 72 sessions per 180 days for each type of therapy. (P-5 p. 29, P-8 p. 31, P-10 p. 27)
9. The IU special education teacher for the MD class has been Student’s teacher since Student entered the classroom. At the time Student joined the class, the teacher was implementing an IEP dated February 12, 2012. The present levels section of the IEP stated that Student reached for and explored objects placed on the wheelchair tray, visually tracked preferred objects and independently touched preferred objects. Currently, Student enjoys playing with/making noise with beads placed on Student’s tray, (N.T. pp. 20, 127, 128; P-5 p. 7)
10. The teacher did not observe that Student demonstrated knowledge of any words at the beginning of the 2012/2013 school year, but noted that Student now has knowledge of a “couple of words.” Student’s IEPs from the 2012/2013 school year through the present include no goals for learning words. (N.T. pp. 34, 35; P-5, P-8, P-10)
11. Student’s IEPs include life skills/functional goals and short term objectives for a) maintaining/improving fine and gross motor skills by using an adaptive switch to participate in activities; b) maintaining/improving interpersonal communication and social skills, specifically, responding to sensory stimuli, observing/participating in classroom activities, tracking and touching a preferred object, operating switches and participating in community-based instruction.<sup>1</sup> (P-5 pp. 18—25, P-8 pp. 19—28, P-10 pp. 17—24)
12. The primary focus of Student’s classroom activities from the 2012/2013 school year through the present has been learning to consistently depress a large, round button switch at the teacher’s direction. During classroom cooking and craft activities, pushing the switch button activates a mixer, blender or electronic scissors, for the purpose of developing Student’s understanding of cause/effect relationships. In the 2012/2013 school year, Student required hand over hand (HOH) assistance to depress the button and activate the switch, but can now do it independently. (N.T. pp. 36—38, 121—124, 130, 131)

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<sup>1</sup> The comparable goal in the 2012 IEP was described as “maintain/improve cognitive skill,” but the short-term objectives accompanying the original 2012 goal and the revised goal in the 2013 and 2014 IEPs are similar and target the same skills. (P-5 pp. 19, 20, P-8 p. 22, P-10 p. 20)

13. Although Student's most recent evaluation acknowledges that Student uses assistive technology to participate in classroom activities, each IEP from 2012 through the present has a check in the box indicating that Student has no need for assistive technology. Student's special education teacher acknowledges that the statement is inaccurate, but only insofar as Student uses the switch, which is an AT device. Student has had no assistive technology evaluation to determine the need for or usefulness of any other assistive technology. (N.T. pp. 41, 42, 65; P-5 p. 6, P-7 p. 2, P-8 p. 5, P-10 p. 5)
14. Responding to stimuli has consistently been an IEP objective for Student. The special education teacher described the purpose of the objective as increasing Student's awareness of his/her surroundings, but she does not know whether there is reason to believe that Student is unaware of his/her surroundings. The teacher does not track whether Student's responses to the same stimuli are consistent over time and does not know whether there is a further purpose or next step to increasing Student's awareness of the environment. (N.T. pp. 118—120, 167)
15. To work on the tracking and touching a preferred object goal, the teacher holds up two objects in front of Student, asks which one Student wants and observes which Student gazes toward. Student exhibits a preference for the color yellow. The teacher does not describe objects that she holds in front of Student before or after Student chooses one to follow, just asks which object Student wants. (N.T. pp. 128, 168)
16. For the 2013 IEP, Student's special education teacher revised the expected levels of achievement specified in the 2012 IEP for the short term objectives on which she monitored Student's progress. Those expected levels of achievement remained the same for the 2014 IEP. (P-5 p. 20, P-8 p. 22, P-10 p. 20)
17. During the 2012/2013 school year, the special education teacher noted no progress in Student's use of a switch or /visual tracking/touching preferred objects. Progress monitoring data indicated that Student would track/touch a preferred object 41% of the time, short of the 75% level of achievement specified for that objective. (N.T. pp. 70, 78; HO-1)
18. During the 2013/2014 school year, the special education teacher noted progress in Student's ability to track visual stimuli and a slight increase in Student's ability to use a switch. Overall, Student did not reach the expected levels of achievement for the short term objectives on which progress was monitored. Student did, however, reach the expected achievement level for the visual tracking component. (N.T. pp. 97—101, 112; HO-2)
19. Student began receiving post-secondary transition services with the January 2013 IEP. The only post-secondary goal identified in Student's 2013 and 2014 IEPs is supportive employment. One of the activities to further that goal is career exploration using the computer. The special education teacher put a computer video in front of Student to look at for ten minutes twice each school year, but could not recall the careers that were

depicted. The purpose of the videos was to make Student aware of jobs that Student might be able to do. (N.T. pp. 80, 81, 106; P-8 pp. 14, 15, P-10 p. 13),

## Speech/Language

20. Student has limited receptive and expressive language, with no consistent, effective means of functional communication to specifically express needs and wants. Student lacks verbal language, a communication device or easily understandable non-verbal signals. Student expresses general discomfort and dislike of things by grimacing, crying or screaming and flailing. Student shows awareness of environmental stimuli, happiness/contentment by smiling and vocalizing. Student responds to the sound of his/her name by turning toward the speaker, but Student also responds to other auditory stimuli, so the speech/language therapist is unsure whether Student's name has special significance or Student is responding only to a sound. (N.T. pp. 286, 287, 291, 292, 305, 320, 421, 422, 426; P-3 pp. 2, 4, 5, P-7 p. 2)
21. When Student cries or screams in the classroom, the special education teacher attributes those behaviors to discomfort in the wheelchair, since Student stops crying when lifted from the wheelchair and placed on a mat, or thirst. Through observation and consultation with Student's prior teacher, the current teacher now recognizes early signs of discomfort that can be addressed before Student begins to cry or scream by, *e.g.*, offering water. (N.T. pp. 53, 54, 56, 57)
22. Since Student's communication of discomfort from any source depends on facial expressions and physical manifestations, the special education teacher cannot determine with any level of certainty whether crying or agitation signaled thirst or discomfort in the wheelchair. The teacher attempts various strategies to address the agitated behaviors but does not try to determine the meaning of Student's vocalizations and crying. (N.T. pp. 160, 166)
23. The speech/language therapist who works with Student has identified no knowledge of receptive words or purposeful, intelligible verbal output. At home, Parent has observed Student approximate vocalizing the words "Mom" and "Yellow," a preferred color, and to make sucking noises, drool or stick out his/her tongue to indicate thirst. Parent considers those behaviors purposeful. (N.T. pp. 286, 287, 418—420, 424, 425)
24. The 2014 IEP currently in place includes a goal for Student to respond to sensory stimuli through vocalizations, facial expressions and/or eye gaze. The short term objectives that the speech therapist tracks are listed as tracking or looking toward a named object in a visual field of two items or picture; reaching for a switch to activate a toy or make a request; responding to sensory stimuli through vocalization or facial expression. (N.T. pp. ; P-10 p. 24)
25. Speech therapy for Student does not include attempting to identify the specific meanings of vocalizations that express discomfort. The speech therapist works on teaching Student to express discomfort through eye gaze, facial expressions and reaching in response to

questions. She is not attempting to replace the crying and screaming that Student already uses as a means to express discomfort. (N.T. pp. 293, 295—299)

26. The speech/language therapist does not consider Student to be at a developmentally appropriate level for trying conventional augmentative communication systems, such as the Picture Exchange Communication System (PECS) or other kinds of augmentative communication systems or devices. (N.T. pp. 300, 301)
27. The District has conducted no formal evaluation of Student's speech/language skills. There are measures that could be used for a formal speech/language assessment, but not at Student's chronological age level, so such measures would not be standardized, but would provide information. Student's speech/language therapist does not believe that Student exhibits expressive communicative intent at any time and exhibits inconsistent communicative intent receptively. (N.T. pp. 301, 332, 333)

#### OT/PT

28. Student's IEPs include an OT goal for improving upper extremity functional performance and head control. The short term objectives associated with the OT goal are for Student to hold his/her head at mid-line for 30 seconds, look for sounds, pictures, people and track them 11 inches from midline to the right and to the left, with verbal cueing, and reaching toward a presented object with moderate assistance. (P-5 p. 23, P-8 p.24, P-10 p. 22)
29. The physical therapy goal in the IEPs is directed toward maintaining/improving gross motor functional levels for greater independence in the classroom. Short-term objectives currently target maintaining upright head and trunk control in various supported positions with facilitation; strengthening trunk and lower extremities and increasing range of motion (ROM); maintaining weight-bearing in supported positions with facilitation, and actively participating in turning to/from prone, supine and sidelying positions and to/from sitting through 2/3 of the transitions w/ facilitation. (N.T. pp. 382, 395; P-5 pp. 24, P-8 p. 26, P-10 p. 23)
30. Student's current physical therapist does not see maintaining upper extremity weight-bearing as a need for Student in terms of school functioning, directly, but is important for bone growth and density. (N.T. pp. 190—192)
31. Student's physical therapy has consisted primarily of passive stretching to increase range of motion and muscle facilitation, *i.e.*, stimulating muscle to control hypomobility (tightness, rigidity, at least in the hamstring muscles) as well as to relieve/decrease muscle spasms. Student's PT services are also directed toward improving strength and gross motor functional ability. (N.T. pp.180—182, 194, 384, 388—390, 398; P-5 pp. 11, 24, P-8 pp. 10, 25, P-10 pp. 10, 11, 23 )
32. Two weekly 30 minute sessions of school-based physical therapy is appropriate for Student's school functioning. Student's physical and mental condition strongly suggest

that PT services should be directed toward maintaining Student's strength and mobility rather than attempting to significantly increase strength or mobility, since Student has not shown an increase in either strength or mobility for some time, and a certain level of cognitive ability is needed to follow directions and fully participate in PT activities that will increase strength and mobility. Student's physical therapist during the 2012/2013 school year experienced difficulty with Student following directions during PT sessions. (N.T. pp. 230, 400—402, 412, 413)

33. Student did not consistently meet many, if any, of the PT objectives in the 2012, 2013 and 2014 IEPs, including maintaining upper extremity weight bearing for 60 seconds. (NT. pp. 201—204, 206—209, 392)

### Wheelchair

34. Adult care-givers use either a wheelchair or a large stroller for children with special needs to move Student from one location to another. Student's wheelchair includes head and neck supports and side supports to maintain Student in a sitting position. The stroller has no positioning devices or supports, but Student appears to prefer it to the wheelchair, which is generally not used for Student at home. (N.T. pp. 48, 132, 238, 239; P-3 p. 2, P-7)
35. Although parts of Student's wheelchair used for positioning are frequently broken, and alternatives have to be devised to perform the same function until the parts are repaired or replaced, the broken parts do not prevent Student from attending school or compromise Student's functioning in school. (N.T. pp. 49, 50)
36. When Student's wheelchair was broken and unusable for a time during the 2013/2014 school year, Student attended school in the stroller. Use of the stroller made feeding more difficult. The special education teacher noticed that Student has better head control in the wheelchair, making it easier for Student to participate in classroom activities. (N.T. pp. 47, 48, 131, 132)
37. When Student's physical therapist was made aware of Student's wheelchair issues in the spring of 2014, she discussed options with Parent, including having the wheelchair repaired or replaced, explored repair options and maintained contact with Parents to facilitate exploring repair or replacement of the wheelchair. The physical therapist believes that Insurance will permit purchase of a new wheelchair in January 2015. (N.T. pp. 231—237)

### Transportation

38. Student receives door to door van transportation to and from school. The trip, with Student the last child picked-up in the morning before the driver goes directly to the school, is approximately 30—35 minutes. At times, however, after arriving at school, Student remains on the bus for an extra five minutes before being taken off at school. (N.T. pp. 268—270, 285; P-5 p. 29, P-8 p. 31, P-10 p. 27)



39. Student is often agitated and flailing during the bus ride when Student's feet are strapped down for the ride. No adult is assigned to accompany Student on the bus. (N.T. pp. 274—279)
40. When Student returns from school at the end of the day, Student is often upset, indicated by flailing and crying. (N.T. pp. 427, 428)
41. To maintain comfort in the wheelchair, Student needs to be repositioned approximately every 15—20 minutes. Without an aide to accompany Student during the bus ride, Student cannot be repositioned while on the bus, including during delays between the arrival of the van at school and the time Student is taken into the school building. Parent attributes Student's upset to being in the wheelchair with strapped legs to prevent injury while riding. (N.T. pp. 428—430)

## **DISCUSSION AND CONCLUSIONS OF LAW**

Parents in this case asserted several claims arising, primarily, from concerns about the overall lack of progress on all IEP goals, despite the repetition of most goals and objectives in successive IEPs. Parents are also concerned about the absence of a comprehensive evaluation of Student, and the sufficiency of OT, PT and speech/language therapy. Parents further contend that the District did not address problems with Student's wheelchair, in terms of Student's discomfort in it and the need for frequent repairs. Finally, Parents contend that Student's transportation is inappropriate because Student is not accompanied by an aide for the approximately half-hour ride to and from school.

### **Evaluations**

In this case, the evidence is clear that the District violated its most fundamental IDEA obligation by failing to appropriately and comprehensively evaluate Student. The IDEA requirements for appropriate evaluations and reevaluation, as set forth in 34 C.F.R. §300.301 *et seq.* require that school districts must provide a reevaluation in accordance with the evaluation procedures listed in §300.304 through §300.311 "if the district determines that the educational or

related services needs... of the child warrant a reevaluation,” or if the student’s parent or teacher requests a reevaluation. 34 C.F.R. §300.303(a). A reevaluation must occur at least once every three years, unless the parent and the district agree that the reevaluation is not necessary. 34 C.F.R. §300.303(b). Pennsylvania regulations further require that a reevaluation of a child with an intellectual disability occur every two years. 22 Pa. Code §14.124(c).

In conducting evaluations and reevaluations, school districts must ensure that “assessments and other evaluation materials include those tailored to assess specific areas of educational need and not merely those that are designed to provide a single general intelligence quotient,” 34 C.F.R. §300.304(c)(2). Assessments must be selected and “administered so as best to ensure that if an assessment is administered to a child with impaired sensory, manual, or speaking skills, the assessment results accurately reflect the child’s aptitude or achievement level or whatever other factors the test purports to measure, rather than reflecting the child’s impaired sensory, manual, or speaking skills, . . .” . 34 C.F.R. §300.304(c)(3). The child must be assessed in all areas related to the suspected disability, including social and emotional status, general intelligence, academic performance, communicative status, and motor abilities. 34 C.F.R. §300.304(c)(4). The evaluation must be sufficiently comprehensive to “identify all of the child’s special education and related service needs, whether or not commonly linked to the disability category in which the child has been classified,” 34 C.F.R. 300.304(c)(6), and assessment tools and strategies that provide relevant information to determine the education needs of the child must be used. 34 C.F.R. §300.304(c)(7).

In the case of a reevaluation, the district must review the existing evaluation data and identify what additional data are needed to determine whether the child continues to have a disability and what his/her educational needs are, the present levels of academic achievement and

related developmental needs of the child, whether the child continues to need special education and related services, and whether any additions or modifications to the special education and related services are needed to enable the child to meet IEP goals. 34 C.F.R. §300.305(a)(1) and (2).

Full compliance with evaluation/reevaluation requirements is the best means to assure that program and placement decisions for eligible students are based upon sufficient, objective data, not subjective conclusions. In this case, Student's last two evaluations relied almost exclusively on records reviews. (FF 6) Despite significant communication deficits, no formal speech/language evaluation was ever conducted. (FF 27)

There is a very real possibility that an evaluation based almost entirely on past records and the observations of the same staff members who work with Student regularly, and are convinced they "know" Student and Student's capabilities will be flawed by subjectivity and pre-conceived conclusions.

Moreover, in this case there is evidence to suggest that Student may have a greater capacity for progress, at least in the area of speech/language development, than the IU staff are willing to acknowledge. Parent has reported attempts by Student to communicate, including by attempting words, however difficult to understand. (FF 23) Parent's testimony concerning her observation of somewhat greater communication skills in the home setting was credible. It is reasonable to credit the observations of a caregiver who has more time, opportunity and interest in attending to and eliciting interactions with her child than teachers and other staff who are responsible for several children with needs just as extensive as Student's. It is possible, even likely, that the IU staff is not as attuned to subtle signs that Student may be capable of more, even if very little more, than they have observed.

Obviously, with or without a comprehensive evaluation, there is no doubt that Student continues to need special education and related services, but it is quite possible a comprehensive evaluation may provide a greater insight into whether Student's potential has been underestimated, whether there are approaches to teaching Student that may yield greater success than has been realized to this point. It is, of course, possible that the evaluations will provide little, if any, new information, but that outcome would also yield important information, if only to confirm the effectiveness of informal staff assessments. There is no requirement that the outcome of an evaluation be known before it is undertaken. The IDEA regulations are clearly meant to assure that eligible students' abilities and needs get a fresh, objective look on a regular basis

For these reasons, Parents will be provided with comprehensive independent evaluations in all areas of need or potential need. Because Student is significantly affected by multiple disabilities, and there is no record of a prior comprehensive District or IU evaluation, it is impossible to determine whether there is District or IU staff with the necessary experience in selecting and administering assessments to a child with such significant deficits. Also, it may be that in circumstances like this, a cognitive assessment and/or a speech/language assessment, in particular, needs to be conducted by a medical professional, such as a developmental pediatrician, or other professionals with special expertise, not generally found within local communities. Parents, therefore, will be permitted to obtain the independent evaluations from a university hospital or regional center where evaluators with the appropriate expertise for evaluating Student are more likely to be found.

### Denial of FAPE/Compensatory Education

When the evidence at a due process hearing establishes that a public school district failed to comprehensively evaluate an eligible student, the lack of a comprehensive evaluation often supports the conclusion that there has also been a denial of FAPE. Here, however, the issues are not so clear. There is no dispute that Student in this case is profoundly affected by disabilities that adversely affect all aspects of Student's life—developmental, physical, intellectual, educational, social and communicative. Because of Student's combination of impairments, it is, in fact, impossible to determine whether the District has actually denied Student a FAPE based on limited progress until the independent evaluations are completed and the results analyzed.

It is possible that the District is entirely correct in its belief that it has provided, and is providing, a placement and services to Student that meet IDEA standards for a free, appropriate public education, in light of Student's limited abilities.

Although Parents are understandably concerned about the nearly “invisible” progress Student has made on all educational and related services goals over two school years, as limited as Student's progress has been, it might be as much as Student is capable of achieving. There is, in short, insufficient evidence to support a conclusion that the District has denied Student a FAPE, much less fashion an equitable award of compensatory education.

### Transportation

The evidence in this case establishes that even with the shortest possible bus ride, Student is on the bus for longer than Student can tolerate without a position adjustment. (FF41) As the record clearly establishes, Student is incapable of independently changing position. In addition, there is evidence that Student is often in discomfort at the end of the bus ride. A personal care

aide to accompany Student on the bus will assure that there is someone available to meet Student's needs for position adjustment and will be ordered.

### Wheelchair

The evidence in this case suggests that Student might be eligible to obtain a new wheelchair within a few weeks. (FF 37) Nevertheless, without a comprehensive seating evaluation, including both the wheelchair and necessary positioning supports, it is possible that the same or similar problems with discomfort and equipment breakage might recur. Since a functional wheelchair is necessary for Student to fully benefit from educational services, the District will be ordered to assist the family in obtaining a chair that will meet Student's needs.

## **ORDER**

In accordance with the foregoing findings of fact and conclusions of law, the School District is hereby **ORDERED** to take the following actions:

1. Provide Student with comprehensive and thorough independent evaluations, including, at a minimum, assessments in the areas of
  - a. cognitive ability;
  - b. functional and adaptive skills;
  - c. speech/language
  - d. assistive technology
  - e. occupational and physical therapy,as well as any additional assessments identified and recommended by any of the foregoing independent evaluations/evaluators, including but not limited to emotional/behavior assessments and a functional behavioral analysis.

It is **FURTHER ORDERED** that the independent evaluations shall include review of the District's existing and/or proposed IEP, in effect or offered to Parents, as well as recommendations, if any are warranted, for future placement, program and services to meet Student's special education and related services needs, as identified by the independent evaluations.

It is **FURTHER ORDERED** that any or all of the foregoing evaluations may occur at a Pennsylvania medical facility or rehabilitation hospital, including, but not limited to a hospital located in Allentown, Philadelphia, Pittsburgh, Hershey, Danville, etc., at the District's expense, including travel costs not to exceed Pennsylvania government travel reimbursement rates for mileage and lodging.

It is **FURTHER ORDERED** that although the District may make suggestions and advise Parents on selecting independent evaluators/ evaluation location(s), Parents shall make the final decision with respect to who conducts the evaluations and where.

It is **FURTHER ORDERED** that in connection with one or more of the foregoing evaluations, or separately, the District shall assist Parents in obtaining a comprehensive assessment of Student's wheelchair needs at a wheelchair seating clinic, in order to determine an appropriate wheelchair that will meet Student's needs, along with appropriate positioning tools and supports, such as a harness, side supports, special seat or back or other equipment.

It is **FURTHER ORDERED** that the District shall assist Parents in obtaining funding for an appropriate wheelchair and accessories, if necessary, via medical assurance, community resources or other public or private source(s).

It is **FURTHER ORDERED** that the District begin providing an aide to accompany Student on the bus rides to and from school no later than December 19.

It is **FURTHER ORDERED** that any claims not specifically addressed by this decision and order are denied and dismissed

*Anne L. Carroll*

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Anne L. Carroll, Esq.  
HEARING OFFICER

December 3, 2014