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

Final Decision and Order

CLOSED HEARING
ODR File Number: 21928-18-19

Child's Name: A.G. **Birthdate**: [redacted]

Parent:

[redacted]

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Hearing Officer: Linda M. Valentini, Psy.D, CHO
Certified Hearing Official

Date of Decision: June 10, 2019

Background

Student[1] is a pre-teen aged student who resides in the District but is placed in an IU program located in another school district. Student is eligible for special education under the Individuals with Disabilities Education Act (IDEA), 20 U.S.C. § 1400 *et seq*. and its Pennsylvania implementing regulations, 22 Pa. Code § 14 *et seq*. (Chapter 14) under the current classifications of multiple disabilities, intellectual disability, and speech or language impairment. As such, Student is also regarded as an "individual with a disability" as defined by Section 504 of the Rehabilitation Act of 1973 (Section 504), 29 U.S.C. § 701 *et seq*., and as a "protected handicapped student" under the Pennsylvania regulations implementing Section 504 in schools, 22 Pa. Code § 15 *et seq.* (Chapter 15).

The Parent requested this hearing, alleging in part that the District did not evaluate Student in all areas of suspected disability and requested that this matter be bifurcated such that the evaluation issues would be heard prior to the program and placement FAPE issues. The hearing officer granted this request over the District's objection.

The Parent required the accommodation of an interpreter. The interpreter worked throughout both hearing sessions, the only exception being the brief period at the beginning of the first session when the hearing officer and the interpreter engaged in a colloquy; during this period the Parent attorney was directed to interpret for the Parent.

In reaching my decision I carefully considered the witnesses' sworn testimony, documents admitted into the record, and the parties' oral closing arguments. Below I primarily reference the documentary evidence, which I found to be directly relevant to deciding the issues before me rather than, for the most part, referencing the testimonial evidence that I reviewed. Based on the record before me I find in favor of the Parent on some but not all her issues.

Issues

1. Did the District provide the Student with an appropriate evaluation in all areas of suspected disability?

2. If not, must the District fund independent educational evaluations in the areas of neuropsychology, speech/language, assistive technology, occupational therapy including sensory integration, functional behavior analysis and/or physical therapy?

[1] In the interest of confidentiality and privacy Student's name and gender, and other potentially identifiable information, are not used in the body of this decision. The identifying information appearing on the cover page or elsewhere in this decision will be redacted prior to posting on the website of the Office for Dispute Resolution as part of its obligation to make special education hearing officer decisions available to the public pursuant to 20 U.S.C. § 1415(h)(4)(A) and 34 C.F.R. § 300.513(d)(2).

Findings of Fact

Background:

1. Student was born outside the mainland United States and received Head Start preschool services there including speech/language, physical therapy and occupational therapy. Student was classified as having autism in 2010. Student came to the mainland United States in December 2012. [S-13]

2. English is not Student's first language and for the most part English is not spoken in the home. [S-12, S-13]

3. Upon beginning in the District in January 2013 Student was placed in a multiple disabilities support classroom and then in a physical disabilities support classroom; in the most recent two years Student has been placed in an autistic support classroom. [S-13]

4. Student has a number of medical/physical conditions including congenial cytomegalovirus, spastic diparesis, cerebral palsy, microcephaly, seizure disorder and global developmental delay. [S-13]

5. Student also has recently discovered deafness in one ear and oral dysphasia. [NT 9]

6. Although Student is verbal, Student often engages in echolalia and does not seem to engage in meaningful communication with a communication partner. [NT 10]

7. Student engages in self-injurious behaviors in school, but reportedly not at home. [NT 14]

8. Student is currently IDEA-eligible under the classifications of multiple disabilities, intellectual disability, and speech or language impairment. [S-13]

9. Student is not currently classified as autistic, although the record does not show if and when the autism diagnosis/classification was dropped.

Review of Psychological Evaluations 2013 through 2015:[2]

10. In March 2013 Student received the first evaluation after coming to the mainland United States. A bilingual psychologist participated in the evaluation. [S-1]

11. In March 2013, on the Stanford Binet Intelligence Scales – Fifth Edition, Student obtained the following scores in the area of cognitive functioning: Full Scale IQ 40, Nonverbal IQ 42, and Verbal IQ 43, all within the Moderately Impaired Range. [S-2]

[2] Note: Although each portion of the evaluation/reevaluations is addressed separately in these findings of fact, all evaluation/reevaluation components were included in a multidisciplinary ER and subsequent multidisciplinary RRs.

12. In March 2013 Student was assessed through the Carolina Curriculum for Infants and Toddlers with Special Needs; the Carolina assessment was done collaboratively by the classroom teacher, the physical therapist, the adapted physical education teacher and the speech/language therapist. [S-1]

13. In March 2013 areas assessed through the Carolina were Self-Regulation and Responsibility, Interpersonal Skills, Self-Concept, Self-Help/Eating, Self-Help Dressing, Self-Help Grooming, Self-Help Toileting, Attention/Memory: Spatial, Visual Perception: Blocks and Puzzles, Visual Perception: Matching and Sorting, Functional Use of Objects and Symbolic Play, Problem-Solving/Reasoning, Number Concepts, Concepts/Vocabulary: Receptive, Concepts Vocabulary: Expressive, Attention and Memory/Auditory, Verbal Comprehension, Conversation Skills, Imitation: Vocal, Imitation: Motor, Grasp and Manipulation, Bilateral Skills, Tool Use, Visual Motor, Upright/Balance and Upright/Ball Play. [S-1]

14. In March 2013, Student was given the Bracken Basic Concept Scales – Third Edition, The Bracken assesses early school readiness concepts such as colors, numbers, letters, sizes and shapes. Although a score was not reported, Student pointed to 5 out of 5 colors, and pointed to 3 out of 10 letters, but did not get any items correct in numbers, sizes or shapes. [S-2]

15. In March 2013, on the Vineland Adaptive Behavior Scales – Second Edition, the teacher's and the Parent's reports both resulted in Low Level of Functioning scores on all domains: Communication, Daily Living Skills, Socialization, Motor Skills and the Adaptive Behavior Composite. [S-1]

16. The March 2013 evaluation resulted in an eligibility classification of Multiple Disabilities and Speech or Language Impairment. [S-1]

17. In January 2015 Student was reevaluated; the RR is not clear as to whether or not the participating psychologist was bilingual. [S-2]

18. In January 2015 on the Bracken Student scored an age equivalent of 5 years, 5 months at chronological age 8. The only subtests that could be scored were colors, letters/sounds, numbers/counting. [S-2]

19. In January 2015 only the teacher completed the Vineland. Student scored at the Low Level of Functioning on all domains. [S-2]

20. The January 2015 reevaluation resulted in an eligibility classification of Multiple Disabilities, Intellectual Disability and Speech or Language Impairment. [S-2]

21. In December 2015 Student was reevaluated. Although various disciplines contributed to the RR, there was no participation by a psychologist included in the report, other than a psychologist's name and signature on the Evaluation Team Participation form.

Psychological Evaluation 2017:

22. In November 2017 Student was reevaluated; this is the psychological reevaluation at issue in this hearing. The psychologist participating in the evaluation was not bilingual. [NT 25-26; S-13]

23. The November 2017 RR contains a record review including results from previous evaluations, and written input from the Parent including information about Student's medications and services received through community-based agencies at the time the reevaluation was being conducted. [S-12, S-13]

24. In November 2017 Student's special education teacher and the speech-language pathologist completed the VB-MAPP Milestones Assessment as part of the reevaluation. The VB-MAPP assesses a student's ability levels on verbal and related skills. Student scored 83.5 out of a possible 170 points. [S-13]

25. In November 2017, at age 11 years, 2 months, Student had achieved nearly all Level 1 VB-MAPP assessed skills (expectations for typical children Birth to 18 months); about half of Level 2 assessed skills (expectations for typical children 18 months to 30 months); and about a fifth of Level 3 assessed skills (expectations for typical children 30 months to 48 months). [NT 227-228; S-30]

26. For the November 2017 reevaluation Student was given only the non-verbal sections of the Stanford Binet Fifth Edition. Student obtained a Nonverbal IQ of 42 (confidence interval = 39-51) at the less than 0.1 percentile, in the Moderately Delayed Range. Domain scaled scores were: Fluid Reasoning 1, Knowledge 1, Quantitative Reasoning 1, Visual Spatial 1 and Working Memory 1.[3] [S-13]

27. For the November 2017 reevaluation Student was assessed using the Adaptive Behavior Assessment System – Second Edition with responses given by the Parent and the teacher. Composite Skill Areas Standard Scores/Percentiles using the Parent/Teacher responses were: General Adaptive 54/54, 0.1/0.1; Conceptual 56/52, 0.2/0.1; Social 65/71, 1/20; Practical 52/54, 0.1/0.1. Both Parent's and teacher's ratings resulted in classifications of Extremely Low on all Composites, with the exception of a Low classification on Social as per the teacher's ratings. [S-13]

Review of Speech/Language Evaluations 2013 through 2015

28. In March 2013 Student's Speech/Language skills were assessed. It is unclear whether or not Student was assessed in English and/or Student's native language. Using The Functional Communication Profile Student was assessed on eleven major skill categories of communication and related aspects including Sensory, Motor, Behavior, Attentiveness, Receptive Language, Expressive Language, Pragmatic/Social, Speech, Voice, Oral and Fluency. Results in each area were presented descriptively, not quantitatively. [S-1]

29. In March 2013 Student was informally given The Peabody Picture Vocabulary Test – Fourth Edition (PPVT-4) to assess receptive vocabulary. At age 6 ½ Student was

[3] A scaled score of 10 is dead average, and is at the 50th percentile.

presented with modified (two pictures in a field rather than four) tasks in the 2:6-3:11 age range. Student accurately pointed to 8 out of 12 stimuli and when animal noises were given as prompts three more pictures were identified correctly. [S-1]

30. As reported in March 2013, during speech/language support Student could identify numbers 1-5 with 85% accuracy, could identify and match basic shapes with 62% accuracy, and could count numbers 1-20 with 50% accuracy. [S-1]

31. In March 2013 the Speech/Language pathologist participated in the Carolina Assessment. [S-1]

32. In January 2015 Student was reevaluated in the area of Speech/Language; it is unclear whether or not the speech/language evaluator was bi-lingual. The evaluator noted that although Student's native language is not English Student comprehended many basic concepts in English at that time. [S-2]

33. In January 2015 Student was assessed in the areas of Oral Peripheral Speech Mechanism (structures were functional for normal speech production), Hearing (appeared to be within normal limits although no formal hearing test was conducted), Voice (pitch, quality, and volume appeared appropriate for age and gender), Fluency (no dysfluencies noted), Articulation (inconsistently omits or substitutes sounds but will attempt to substitute correct sounds with prompts). [S-2]

34. In January 2015 The Functional Communication Profile was utilized, and again results were descriptive rather than quantitative. [S-2]

35. In January 2015 Student was given the Expressive Vocabulary Test – Second Edition (EVT-2). Student scored a standard score of 41; the average score is 100 thus Student is more than 1.5 standard deviations below the norm. This assessment was used to establish a baseline as Student's skills grow. [S-2]

36. In January 2015 the Peabody Picture Vocabulary Test – Fourth Edition (PPVT-4) was again administered, this time using Student's actual age group. Student received a standard score of 25, falling within the Extremely Low range. [S-2]

37. In December 2015 Student was reevaluated by the same speech/language pathologist who saw Student in January 2015. [S-3]

38. In December 2015 The Functional Communication Profile was utilized, and again results were descriptive rather than quantitative. [S-3]

39. In December 2015 the Expressive Vocabulary Test – Second Edition (EVT-2) was re-administered.[4] [S-3]

[4] According to the RR, Student obtained a "standard score of 39" which "indicates that [Student] is 4 standard deviations away from the norm thus functioning below the mean for [opposite gender] age group". Given that the

40. In December 2015 the Peabody Picture Vocabulary Test – Fourth Edition (PPVT-4) was re-administered Student received a standard score of 32 which falls in the Extremely Low range. [S-3]

41. In December 2015 The Boehm Test of Basic Concepts (designed for children K-2nd grade) was used to obtain an estimate of Student's basic concepts (quality, spatial, time and quantity). Student identified 4 out of 50 concepts; a score could not be obtained because of Student's age. [S-3]

Speech/Language Evaluation 2017

42. In November 2017 Student was reevaluated; this is the speech/language reevaluation at issue in this hearing. It is unclear whether or not the speech/language evaluator was bi-lingual. [S-13]

43. In November 2017 The Functional Communication Profile was utilized, and again results were descriptive rather than quantitative. [S-13]

44. In November 2017 no norm-referenced instruments were used in the re-evaluation. [S-13]

Review of Assistive Technology Evaluations 2013 through 2015

45. The March 2013 evaluation did not include an Assistive Technology assessment. [S-1]

46. The January 2015 reevaluation did not include an Assistive Technology assessment. [S-2]

47. The December 2015 reevaluation contained the results of a Functional Listening Evaluation (FLE) trial using an FM system in conjunction with the Word Intelligibility by Picture Identification (WIPI) instrument to see if Student's listening in the classroom would be improved with an FM system. No differences were discerned in a quiet or a noisy environment when the FM system was used versus when it was not. It was thought that perhaps "Student's history of autism and primary [non-English] language … may have negatively impacted" the findings. [S-13]

48. In December 2015 no other Assistive Technology assessments were conducted. [S-13]

Assistive Technology Evaluation 2017

49. For the 2017 reevaluation Student was not given an assessment to ascertain whether Student would benefit from assistive technology of any kind. [S-13]

Review of Occupational Therapy Evaluations 2013 through 2015

50. In March 2013 Student's Occupational Therapy needs were assessed through clinical observations and teacher interview. The occupational therapist assessed Student's Functional Mobility, Physical/Motor Manipulation Skills, Self Help Skills, Visual Skills,

previous score of 41 obtained in January 2015 was more than 1 ½ standard deviations below the norm and given that the Student's gender was misidentified this information is suspect.

and Prewriting Skills. The assessment results were presented descriptively. No assessment of sensory integration was conducted. [S-1]

51. In January 2015 the occupational therapist presented Student's present levels of functional performance in a version abbreviated from the March 2013 assessment. No assessment of sensory integration was conducted. [S-2]

52. In December 2015 the occupational therapist presented Student's present levels of functional performance in a version abbreviated from the January 2015 assessment. No assessment of sensory integration was conducted. [S-3]

Occupational Therapy Evaluation 2017

53. In November 2017 the occupational therapist very briefly described Student's Gross Motor, Fine Motor/ School Tool Use, and Self Help Skills and noted under Sensory, "[Student] participates in sensory activities involving tactile, and auditory". No assessment of sensory integration was conducted. [S-13]

Review of Functional Behavior Analyses 2013 through 2015

54. For the March 2013 evaluation no Functional Behavior Analysis was conducted. [S-1]

55. For the January 2015 reevaluation no Functional Behavior Analysis was conducted. [S-2]

56. For the December 2015 reevaluation when Student was 9 years old, a complete Functional Behavior Analysis was completed including a Motivation Assessment Scale. [S-3]

57. In the December 2015 reevaluation behaviors of concern noted in the Functional Behavior Analysis were yelling, hitting desk, hitting head, throwing items, whining, rocking in chair with force, dropping to floor, biting self, and crying. Antecedents present during Student's most concerning behaviors included transitioning, new people, being ignored, removal of a preferred item and waiting. Function of behaviors include escaping the demand task of transitioning, gaining access to a preferred item, and receiving attention. [S-3]

Functional Behavior Analysis 2017

58. For purposes of the November 2017 reevaluation no Functional Behavior Analysis was conducted. [S-13]

Review of Physical Therapy Evaluations 2013 through 2015

59. In the March 2013 evaluation Physical Therapy input was obtained through observation of Student and detailed information was reported. [S-1]

60. In March 2013 the physical therapist participated in the Carolina Assessment. [S-1]

61. In January 2015 Student was assessed in the area of Physical Therapy using formal and informal data. Instruments utilized were the Pediatric Berg Balance Assessment and the Physical Therapy School Based Functional Assessment. Student scored 46/56. [S-2, S-3]

62. In January 2015 strengths and needs in the area of Physical Therapy were ascertained and recommendations were made. [S-2]

63. In December 2015 Student was assessed in the area of Physical Therapy using the Pediatric Berg Balance Assessment and the Physical Therapy School Based Functional Assessment. Student scored 50/56 which was an improvement over the previous assessment with these instruments. [S-3]

Review of Physical Therapy Evaluation 2017

64. In November 2017 Student was assessed in the area of Physical Therapy using the Pediatric Berg Balance Assessment and the Physical Therapy School Based Functional Assessment. Student scored 52/56. [S-13]

65. In November 2017 Student was also assessed using the Modified Physical Therapy Functional Assessment (MPTFA). Student performed most of the tasks independently, but in some areas Student required supervision to ensure safety secondary to Student's [inadequate] safety awareness. [S-13]

66. In November 2017 the physical therapist presented Student's present level of functional performance using her own observations of Student as well as parent and teacher input. [S-13]

Legal Basis

Burden of Proof: The burden of proof, generally, consists of two elements: the burden of production [which party presents its evidence first] and the burden of persuasion [which party's evidence outweighs the other party's evidence in the judgment of the fact finder, in this case the hearing officer]. In special education due process hearings, the burden of persuasion lies with the party asking for the hearing. If the parties provide evidence that is equally balanced, or in "equipoise", then the party asking for the hearing cannot prevail, having failed to present weightier evidence than the other party. *Schaffer v. Weast*, 546 U.S. 49, 62 (2005); *L.E. v. Ramsey Board of Education*, 435 F.3d 384, 392 (3d Cir. 2006); *Ridley S.D. v. M.R.*, 680 F.3d 260 (3rd Cir. 2012). In this case although the Parent asked for the hearing the issues in this part of the hearing center on the appropriateness of the District's evaluation and therefore the District was assigned the burden of proof.

Credibility: During a due process hearing the hearing officer is charged with the responsibility of judging the credibility of witnesses, weighing evidence and, accordingly, rendering a decision incorporating findings of fact, discussion and conclusions of law. Hearing officers have the plenary responsibility to make "express, qualitative determinations regarding the relative

credibility and persuasiveness of the witnesses *Blount v. Lancaster-Lebanon Intermediate Unit,* 2003 LEXIS 21639 at *28 (2003); The District Court "must accept the state agency's credibility determinations unless the non-testimonial extrinsic evidence in the record would justify a contrary conclusion." *D.K. v. Abington School District*, 696 F.3d 233, 243 (3d Cir. 2014);.*see also* generally *David G. v. Council Rock School District*, 2009 WL 3064732 (E.D. Pa. 2009); *T.E. v. Cumberland Valley School District*, 2014 U.S. Dist. LEXIS 1471 *11-12 (M.D. Pa. 2014); *A.S. v. Office for Dispute Resolution (Quakertown Community School District*, 88 A.3d 256, 266 (Pa. Commw. 2014); *Rylan M. v Dover Area Sch. Dist*., No. 1:16-CV-1260, 2017 U.S. Dist. LEXIS 70265 (M.D. Pa. May 9, 2017). All witnesses appeared to be testifying truthfully to the best of their recollections, although I did not give equal weight to each witness.

Independent Educational Evaluations: If a parent disagrees with an evaluation because a specific area of the child's needs was not assessed, the parent has a right to request an IEE at public expense to fill the gap in the district's evaluation. In *Letter to Baus,* 65 IDELR 81 (OSEP 2015) OSEP Director Melody Musgrove wrote "When an evaluation is conducted in accordance with 34 CFR 300.304 through 34 CFR 300.311 and a parent disagrees with the evaluation because a child was not assessed in a particular area, the parent has the right to request an IEE to assess the child in that area to determine whether the child has a disability and the nature and extent of the special education and related services that child needs." Subsequently, in *Letter to Carroll,* 68 IDELR 279 (OSEP 2016), OSEP reinforced the earlier position in *Letter to Baus,* that the right to seek an IEE to make up for a missing assessment is not extinguished even if the district responds by conducting the missing assessments.

OSEP Acting Director Ruth E. Ryder commented "Therefore, it would be inconsistent with the provisions of 34 CFR 300.502 to allow the public agency to conduct an assessment in an area that was not part of the initial evaluation or reevaluation before either granting the parents' request for an IEE at public expense or filing a due process complaint to show that its evaluation was appropriate," Accordingly, as it stands now, there is no third option that allows the district to simply conduct the missing assessments. *See, Letter to Baus*, 65 IDELR 81 (OSEP 2015) *Letter to Carroll,* 68 IDELR 279 (OSEP 2016). In the end, the label assigned to a particular assessment is less important than the skill areas the assessment evaluates. Therefore, the focus of the inquiry in an IEE dispute is whether the district appropriately assessed the student in all areas of suspected disability. *See, e.g., Avila v. Spokane Sch. Dist. 81*, 69 IDELR 204 (9th Cir. 2017, *unpublished*)

Discussion

In deciding the issues in this case I carefully reviewed Student's evaluation/reevaluation history and the outcomes of each discrete area the Parent challenged.

Psychological: With regard to the psychological portion of Student's evaluation/reevaluation history it is relevant to note Student's congenital microcephaly[5], a condition that is linked to a

[5] Microcephaly is a condition where a baby's head is much smaller than expected. Microcephaly has been linked with the following problems: Seizures, Developmental delay, such as problems with speech or other developmental milestones (sitting, standing, walking), Intellectual disability, Problems with movement and balance, Feeding

number of conditions from which Student suffers. Intellectual disability is one of Student's current classifications and a review of Student's cognitive testing results and adaptive skills assessments from 2013 through 2017 demonstrate consistent findings. Whether tested by a bi-lingual psychologist or an English-speaking only psychologist Student's IQ levels have remained in the low 40's, the moderately delayed range. Further, whether rated by a teacher or the Parent, adaptive functioning skills have remained in the Low to Extremely Low ranges. Finally, academic functioning as assessed through observation and testing with a variety of instruments has consistently yielded results commensurate with Student' cognitive level. Given the Student's medical condition, and consistency of evaluation/reevaluation results in the psychoeducational area, I find it very highly unlikely that Student's scores on assessment are significantly affected by the non-English speaking background and do not believe that a neuropsychologist's testing would yield different results. I therefore hold that the November 2017 reevaluation was appropriate in the area of cognition, adaptive functioning and academic achievement, and that further assessment in these areas by a neuropsychologist is not necessary and would be very highly unlikely to yield significantly different or additionally useful crucial information.

Speech/Language: Although norm-referenced instruments were given in previous years, the latest used being in December 2015, no standardized testing was done for the purposes of the November 2017 reevaluation. Unlike cognitive functioning which is a fairly stable factor, speech/language skills can be expected to grow over the years. I find that the November 2017 lacked norm-based data in all areas of speech/language, including articulation which was noted to be an area of concern in January 2015. I find that in November 2017 it was important to ascertain and document Student's mastered skills and areas of need in the area of speech/language since the last-recorded norm-based assessments were administered. Therefore I hold that the November 2017 reevaluation was not appropriate in the area of speech/language and that an independent speech/language evaluation is warranted.

Assistive Technology: Other than the FM trial conducted in December 2015 to address hearing issues, no assistive technology assessment is present in the available record. Given Student's communication limitations it is important to ascertain whether Student would benefit from low-tech approaches such as PECS and/or high-tech approaches such as speech output devices for expressive communication, text-to-speech devices or audio books, and other innovative technology. As the November 2017 reevaluation was devoid of an assistive technology evaluation an independent assistive technology evaluation is warranted. This assessment should be coordinated with the independent speech/language evaluation to the extent practicable.

Occupational Therapy: The record notes that Student uses a few sensory tools to self-soothe. There is no information in the November 2017 reevaluation concerning Student's sensory aversions or needs. Accordingly an independent Occupational Therapy evaluation is warranted specifically focused on Student's Sensory Integration status and needs with the expectation that this information will form the basis of a sensory diet that is part of Student's future IEPs.

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problems, such as difficulty swallowing, Hearing loss, Vision problems. Microcephaly is a lifelong condition. There is no known cure or standard treatment for microcephaly.
https://www.cdc.gov/ncbddd/birthdefects/microcephaly.html Last visited on June 10, 2017.

Functional Behavior Analysis: The FBA completed in December 2015 was appropriate. Another FBA was not conducted for purposes of the November 2017 reevaluation. I do not find that another FBA is necessarily required if Student's behaviors of concern have not changed. However, it is appropriate for the IEP team to review Student's current behaviors of concern to see if there has been a substantial change. If such a change has occurred, then the IU will be ordered to conduct another FBA.

Physical Therapy: The physical therapy portion of the November 2017 reevaluation was robust, as were the previous physical therapy assessments. As the physical therapy in November 2017 was appropriate an independent physical therapy evaluation is not warranted.

Order

It is hereby ordered that:

In November 2017 the District did not provide the Student with an appropriate reevaluation in all areas of suspected disability.

The District must fund independent evaluations in the following areas: Speech/Language, Assistive Technology, and Occupational Therapy specifically Sensory Integration. These evaluations must be conducted and reports sent to the parties within 60 days of the date of this order.

The District is not required to fund independent evaluations in the areas of Neuropsychology or Physical Therapy.

The IEP team shall meet within 15 days of this order to determine whether Student's behaviors of concern are substantially different from those addressed through the FBA conducted at the time of the November 2015 reevaluation. If so, the IU is ordered to conduct a Functional Behavior Analysis within 60 days of the date of this order.

Any claims not specifically addressed by this decision and order are denied and dismissed.

Linda M. Valentini, Psy.D., CHO

June 10, 2019

Linda M. Valentini, Psy.D. CHO
Special Education Hearing Officer
NAHO Certified Hearing Official