

**COMMONWEALTH OF MASSACHUSETTS
DIVISION OF ADMINISTRATIVE LAW APPEALS
BUREAU OF SPECIAL EDUCATION APPEALS**

In RE: Jolene¹ and the Natick Public Schools

&

BSEA #1400521

Natick Public Schools

DECISION

This decision is issued pursuant to M.G.L.c. 71B and 30A, 20 U.S.C. 1400 et seq. 29 U.S.C. §794, and the Regulations promulgated under those statutes. A hearing was held on January 23, February 25, March 11 and 18, and May 1, 2014 at the Town Offices of Natick, MA. Those present for all or parts of the proceedings were:

Mr. & Mrs. J ²	Parents
Danielle Jarjura	Speech-Language Pathologist
Leslie Deutchman	Executive Director, APEX Behavioral Consulting
Ali Kelleher	BCBA, APEX
Elizabeth Hopkins	ABA Therapist, APEX
Jacqueline Adams	BCB, RCS School
Lauren Stockholm	Behavior Therapist, RCS School
Caitlin Abelli	Behavior Therapist, RCS School
Kym Meyer	Director of Outreach-Learning Center for the Deaf
Elissa Sanford	Teacher of the Deaf
Paul Tagliapietra	Assistant Director Student Services, Natick Public Schools ("Natick")
Hannah Cross	Evaluation Team Leader, Natick
Mary Beth Kinkaid	Preschool Principal, Natick
Brooke Kapetanakos	Preschool Speech-Language Pathologist, Natick
Candice Bangert	Occupational Therapist, Natick
Alison Caruso	Physical Therapist, Natick
Christina Kiebish	Preschool Teacher, Natick
Hillary Hotchkiss	BCBA, Natick

¹ "Jolene" is a pseudonym chosen by the Hearing Officer to protect the privacy of the Student in documents available to the public.

² "J" is a pseudonym chosen by the Hearing Officer to protect the privacy of the Student's Family in documents available to the public.

Mary Gavin
Timothy Luff
Mary Ellen Sowyrda
Ginny Brennan
Ann Bohan
Ken Di Frairo
Lindsay Byrne

ACCESS Teacher, Natick
Director of Student Services, Natick
Attorney for Natick
Advocate for Student
Court Reporter
Court Reporter
Hearing Officer

The official record of the Hearing consists of exhibits submitted by the Parents marked P-1 through P-63, exhibits submitted by the School marked S-1 through S-21, and approximately 30 hours of recorded testimony and argument set out in transcripts prepared by the Court reporters. The Parties submitted closing arguments on May 23, 2014 and the record closed on that date.

ISSUES

1. Whether the May 2013-March 2014 Individualized Education Program developed by the Natick Public Schools calling for special education services to be delivered through the SPLASH program in the summer 2013 and in the ACCESS program during the 2013-2014 school year was reasonably calculated to provide a free appropriate public education to Jolene?
2. If not, whether the Parents are entitled to reimbursement of expenses they incurred associated with their unilateral placement of Jolene at the RCS School in June 2013?

SUMMARY OF THE EVIDENCE

1. Jolene is a 7 year old child with complex medical and developmental needs including autism spectrum disorder, a communication disorder which affects both the processing and the motor production of spoken language, significant global developmental delays, and fine and gross motor weaknesses. Jolene is also cheerful, engaging, enjoys books and toys, and has a fine sense of humor. (Parent; Deutchman; Jarjura; P-60; P-57; P-35; P-26; S-20; P-11; P-60; S-21)
2. Jolene began receiving early intervention services through the Department of Public Health when she was 15 months old. Her direct 1:1 home based services provided by HMEA included: developmental education 4 hours per week; occupational therapy one hour per week; speech-language therapy 2 hours per week; and ABA/discrete trials 8.75 hours per week. Jolene also attended an Early Intervention playgroup once weekly for 2 ½ hours. The Parents supplemented those services with additional occupational, physical and speech-language services for a total of more than 20 hours of direct intensive services weekly. (Parent; P-54; P-59)
3. Dr. Rafael Castro of the Integrated Center for Child Development (“ICCD”) conducted a comprehensive evaluation of Jolene in December 2009 when she was 2 ½ years old. He found that her overall developmental and language functioning clustered at the 1-1 ½ year level. Dr. Castrol recommended that Jolene receive comprehensive special education in a full day

language based preschool program that incorporated both exposure to typical age peers for up to 7.5 hours per week and intensive ABA-based discrete trials targeting her cognitive and language needs. He noted that Jolene required consistent implementation of the expressive language modalities then in place at home and in early intervention: manual sign and low-tech photographs. He also recommended that Jolene participate in occupational, physical and speech-language therapies each three times weekly. (P-60)

4. The Parent contacted the Natick Public Schools in the fall 2009 to arrange for a transitional evaluation in anticipation of Jolene's 3rd birthday in May 2010. Natick conducted an initial comprehensive special education evaluation in March 2010. The speech-language evaluator, Brooke Kapetanacos, found Jolene's language and developmental skills to center at the 12-18 month level, consistent with that reported by Dr. Castro. She recommended direct speech-language intervention but did not indicate the type, frequency, amount or setting of recommended services. She did not indicate Jolene's preferred language mode nor the one(s) to be used by the preschool teachers. Similarly the physical therapy evaluator, Alison Caruso, and the occupational therapy evaluator, Christine Carson-Bugden, recommended continued direct services but failed to note the recommended frequency, amount, setting or focus of services. Janet Schaffer, School Psychologist, observed Jolene during home-based therapy and during the Early Intervention Playgroup. She found Jolene to "demonstrate significant delays across all areas with skills clustering in the early to mid-one year range". (P-58) She recommended placement in a language-based preschool as Jolene "might benefit from some time for integration with typically developing peers." Ms. Schaeffer continued "The eventual use of a picture exchange system may help her more effectively communicate her needs as [Jolene] continues to develop more oral language or expands her manual sign repertoire." Finally Ms. Schaeffer offered "standard recommendations for 'best practice' instructional methods and accommodations for preschool age children... typically implemented by a classroom teacher/language specialist." Hillary Sotir³, Board Certified Behavioral Analyst (hereafter "BCBA"), observed Jolene at home in March 2010. Her observation report contains no service or placement recommendations. (P-58)

5. Dr. Gara-Matthews, a developmental pediatrician who evaluated Jolene in April 2010 and thereafter provided regular follow up wrote: [Jolene] should attend a full day, full year program with a 1-1 aide. She should also receive four thirty minute [sessions] of therapies: speech-language therapy, occupational therapy, and physical therapy. (P-57)

6. The Team met on May 10, 2010 to develop an initial IEP for Jolene. The Parent requested a full day, full week preschool program incorporating 12 hours of discrete trials and an individual aide with sign language skills. She also requested that physical therapy and occupational therapy be provided in school. Natick offered a half day preschool program with no individual aide, no signing staff and no home services.

Ms. Hotchkiss, the BCBA assigned to the preschool program, acknowledged that professional research in the field of education of students with a diagnosis of Autism Spectrum Disorder (hereinafter "ASD") supports the delivery of 30-40 hours per week of Applied Behavior Analysis (hereinafter "ABA") programming as the appropriate type and intensity of

³ Hillary Sotir and Hillary Hotchkiss are the same person.

educational intervention for young students with an ASD diagnosis. She testified though that she “feels that each child is individual” and that she did not necessarily follow those research recommendations. (Hotchkiss Tr. Vol. III, p. 54))

Responding to the Parents’ direct request for school-based ABA services, Natick originally offered to provide 4 hours of in-school “ABA” services to Jolene. Ms. Hotchkiss testified that Natick did not typically provide “ABA services right off the bat” to students transitioning to preschool, preferring instead to observe the incoming student in the new school setting without ABA services before making a determination as to whether those services would be appropriate. She acknowledge that this process can take “a little bit longer”. Since Jolene had been receiving home based ABA services through the early intervention program Ms. Hotchkiss offered to continue to support some ABA services, initially at the four hour level, later at the eight hour level “just to cooperate with the parents.” (Hotchkiss; Tr. Vol. III p. 46-48; P-55)

Natick also offered to place Jolene in its Summer SPLASH Integrated Preschool Program, (“SPLASH”) a five-week, four half day program providing related services and discrete trials at reduced frequencies and intensity. Natick offered to provide two hours of ABA discrete trials daily for four days during two additional weeks of summer. There is no expert educational recommendation to support this level of service. (P-52)

7. The Parents accepted the proposed 2010 – 2011 IEP. Jolene participated in the preschool program and received the services outlined in the IEP for the time remaining in the 2009-2010 school year after she turned three in May 2010. She also attended the summer 2010 SPLASH program. The Parent testified that Jolene demonstrated significant regression during the summer 2010, losing both signing and PECS capability and sharply increasing negative behaviors. (Parent). Jolene returned to the preschool program for the 2010-2011 school year. (P-50)

8. The Team met again in April 2011 to develop an IEP for the 2011-2012 school year. The Parents requested the assignment of a 1:1 signing aide in school, home ABA and speech-language services, and an assurance that the preschool classroom would use a total communication approach with Jolene. These requests were not initially incorporated into the IEP. Later Natick offered one hour per week of unspecified home based service by an unspecified provider. Natick did not perform any assessments and made no verifiable or supported service recommendations at this time. The Parents arranged for individual speech-language services at their own expense. (Parent; Jarjura; P-40, S-13) Natick offered to place Jolene in its summer 2011 SPLASH program with reduced related services and discrete trials hours.

9. Danielle Jarjura, a private speech-language pathologist, conducted an initial speech-language evaluation of Jolene at home in June 2011. She recommended immersion in a simultaneous communication approach using paired voice and sign language at all times in all settings, with additional communication tools such as PECS and objects when appropriate. (P-44; P-61) Ms. Jarjura began to provide direct sign language instruction and support to Jolene twice a month in 2 hour sessions at the Parents’ request. (Jarjura; Ms. J.)

10. Tracey Callahan, Speech-Language Pathologist, Spaulding Rehabilitation Hospital, conducted an evaluation of Jolene in July 2011. She found that Jolene was not acquiring functional communication skills consistent with her developmental profile. She strongly recommended a change in “intervention strategy” including additional supports to improve Jolene’s receptive and expressive language within a year-round educational program based on ABA principles, specifically targeting Jolene’s language needs, and using a multimodal communication system and teaching approach. (S-20)

11. Jolene returned to the Natick preschool for the 2011-2012 school year. Her preschool services were substantially similar to those she received during the 2011-2012 school year. (P-40; S-13) Ms. Jarjura continued to provide sign language instruction and support to Jolene outside of the school setting during 2011-2012 school year. The Parents continued to fund physical, occupational and speech-language services outside school hours. In February 2012 Natick increased home-based ABA services to 2 hours per week. There are no contemporaneous professional recommendations indicating that that level of home-based ABA service was appropriate for Jolene’s learning needs. (Parents; S-12).

12. Dr. Gara-Matthews evaluated Jolene again in April 2012 and noted positive skill developments in all areas. In particular Dr. Gara-Matthews observed that Jolene’s receptive language skills had increased to the 40 month level while her expressive language skills had increased to the 25 month level using single signs and sign combinations. Given this rate of progress Dr. Gara-Matthews recommended that Jolene continue to participate in an integrated preschool program rather than a kindergarten and to receive intensive, individual ABA/discrete trial preschool for a minimum of 15 hours per week, with five of those hours taking place in the home. Dr. Gara-Matthews also recommended that a 1:1 aide be provided to Jolene and that both the aide and the classroom teacher be trained to use Jolene’s communication system and assistive device. (S-21)

13. The Team met on April 26, 2012 to develop an IEP for the 2012-2013 school year. Natick did not conduct any evaluations or develop any educational or related service recommendations for this Team meeting. The Team considered the evaluation report of Dr. Gara-Matthews and the Parents’ request for a 1:1 aide with signing capability. Natick accepted the recommendation of Dr. Gara-Matthews that Jolene continue in a preschool program rather than transition to kindergarten in September 2012. Natick rejected the Parents’ request and Ms. Jarjura’s recommendation for a signing aide and instructor because, according to Natick, Jolene is hearing and should communicate in a manner her hearing peers can understand. (P-38) Natick elected to focus on training Jolene and her teacher to use an assistive communication device. The Parent also asked Natick to provide additional 1:1 discrete trial ABA services in the home in accordance with Dr. Gara-Matthews’ evaluation note, the only home service recommendation in the record. Natick declined to provide more than the two hours already set out in Jolene’s IEP. (P-38; P-39; S-11)

14. After several discussions over the course of the spring and summer 2012 Natick agreed to arrange for a 1:1 aide who would be trained in sign language to work with Jolene beginning in September 2012. (Parent)

15. During the summer 2012 Jolene participated in the reduced service SPLASH program. No adults in the summer program signed. There are no educational or professional recommendations in the record for the type, level, or frequency of educational or therapeutic interventions available to Jolene in the SPLASH program. (Parent)

16. The Parents supplemented Natick's program with a home based ABA/discrete trial program provided through APEX Behavioral Consulting. In August 2012, Jolene began receiving 25 hours per week of home based services focused on improving her functional communication, functional living and behavioral skills. The APEX ABA therapists use simultaneous sign and voice for most interventions. (Deutchman; Hopkins; Kelleher; P-2)

17. Leslie Deutchman, Director of APEX which provides Jolene's home-based ABA program, testified that when services began in August 2012 Jolene had no systematic communication and could not sit still. Since receiving consistent intensive signed English/ABA instruction Jolene has made "excellent" progress as evidenced in the daily data sheets completed by her ABA therapists. These show improvement in a variety of targeted developmental skills with increased independence and reduced prompting, improved attention and body control and independent intentional use of signs to request or respond. (Deutchman, Hopkins, Kelleher; P-2; P-61)

Ms. Deutchman recommended, given Jolene's level of need and demonstrated ability to make progress, albeit slowly, with appropriate services, she recommended that Jolene receive intensive ABA programming for a minimum of 40 hours per week combined in both home and school locations. Ms. Deutchman reviewed the 2010-2011 and 2011-2012 IEPs implemented by Natick for Jolene and determined that neither offered an intensive ABA program as they reflected inadequate discrete trials and BCBA supervision. Ms. Deutchman noted that Natick did not provide data sheets for review that would counter her conclusion. (Deutchman; Parent.) see also

Ms. Deutchman also examined the 2013-2014 IEP proposed by Natick and determined that it did not offer an intensive ABA program for Jolene. She testified that ten hours of direct service and 1 hour 15 minutes of BCBA supervision and consultation did not qualify as an intensive ABA program. Ms. Deutchman pointed out that Jolene had made little progress in the acquisition of any developmental skill targeted by Natick, including language, in the 2010-2013 preschool years with a substantially similar service set. Jolene only began the consistent progress toward mastery of intensively taught development skills, including feeding and toileting, observed by her Parents, outside speech-language therapist, and Ms. Kiebish and noted on daily data sheets and graphs, once APEX began its 25 hour per week 1:1 home ABA program. (Deutchman)

18. In September 2012 Jolene returned to the preschool program in accordance with the partially accepted 2012-2013 IEP. Ms. J. attended the open house the day before school started and learned that the adaptive equipment necessary for Jolene was missing. She also learned that neither the teacher nor the individual aide assigned to Jolene was trained in sign language. The aide was familiar with Springboard Lite, an assistive communication device that was present in the classroom but not available for Jolene's exclusive use. (Parent; S-11; P-38)

19. Ms. J. observed Jolene's special education program in October 2012. Ms. J. reported that no adult used any signs to communicate with Jolene and that the Springboard equipment was on a shelf, unused. Ms. J. testified that Jolene appeared uninterested and disengaged from the classroom activities in contrast to her enthusiastic and productive engagement in the sign-supported ABA and speech-language therapy sessions conducted outside the school setting. Ms. J. did not see any facilitation of peer communication in the classroom and, despite Natick's promises to create name signs for the other children so that Jolene could request or comment on her peers thereby encouraging social interaction, none of the adults in the classroom used name signs for the other children. (Ms. J.)

20. Ms. Jarjura, Jolene's private speech-language therapist, accompanied Ms. J. during the October 2012 observation. Ms. Jarjura testified that although Jolene's primary expressive communication method is sign, it did not appear that sign was used in any manner or for any purpose in the classroom or in the direct occupational therapy session she observed. Ms. Jarjura noted that Jolene was engaged and participatory during the ABA and speech therapy sessions when the adults used sign and supported Jolene's expressive signs. She noted the marked difference in Jolene's attention to classroom activities where no adults used sign. Ms. Jarjura also noted that no assistive communication device was being used in the classroom, no adult facilitated peer interactions and no name signs were used. She concluded that Jolene's most significant special need, communication, which required a fully signing environment for accessibility and instruction, was not being met in the Natick preschool classroom. (Jarjura; P-30; See confirming testimony of Kiebish)

21. Ms. J. described her observation and concerns in a letter to the principal dated October 20, 2012. In November 2012 Natick agreed to add a consultant Teacher of the Deaf to Jolene's program for 8 weeks. (P-27; P-29)

22. An Augmentative Communication Evaluation was conducted in November 2012. The Augmentative Communication Specialist, a speech-language pathologist, recommended strategies for use and programming of a device without specifying any particular system. She also noted the importance of continuing to support Jolene's use of signs for communication. (P-28; P-8)

23. Elissa Sanford, a consultant Teacher of the Deaf through the TOPP program at the Learning Center for Deaf Children, began working with Jolene and the preschool teaching team in January 2013. She testified that she had not been provided with any background information about Jolene prior to arriving in the classroom. She did not review Jolene's IEP, did not consult with Jolene's Parents nor with her private speech-language pathologist or other home service providers, and did not review a list of Jolene's sign vocabulary. Ms. Sanford testified that she

understood her role was to assist in the creation of a signing environment and to train the classroom teacher and Jolene's individual aide in signing. First, Ms. Sanford observed the classroom and the related services sessions. She testified that the individual provider's sign use varied from none to inconsistent and that the classroom was not a signing environment. She noted that the adults, in particular the behavioral technician, did not understand Jolene's attempts to communicate. Ms. Sanford assessed Jolene's communication competence and style and concluded that Jolene used sign as her primary means of expressive communication. Jolene therefore needed to be in a fully signing environment where all adults and peers sign and the physical features of the room, e.g. placement of furniture, visual reinforcement of signs, handshapes, etc. support sign communication. According to Ms. Sanford the appropriate sign system for Jolene is "SSSE": spoken English with sign support. Consistent correct signing will improve Jolene's functional communication more quickly.

In her role as classroom consultant Ms. Sanford directly taught Jolene's 1:1 aide signs; created a video of Jolene's signs for instructional purposes; developed fine motor goals to support Jolene's signs, e.g. handshapes, hand strength; gave the other students name signs; put sign labels on classroom objects; encouraged Jolene to use her signs in all settings and to expand signs beyond one word labels; gave sign training to Jolene's related service providers and the classroom teacher. Ms. Sanford noted significant improvement in the adults' signing skills, and in Jolene's use of signs in the class, by the end of the 8 week consultant period. The Parent and Ms. Jarjura asked Ms. Sanford to collaborate with the home service providers but that was not part of the consultant agreement and did not happen. (Sanford; See also P-26)

24. The Parent and Ms. Jarjura observed the preschool program again in February 2013. Ms. Jarjura noted that although both Jolene and some staff members appeared to have improved communication, the classroom environment continued to be insufficiently accommodating to Jolene's signing needs. Ms. J. testified that Jolene was making "great" progress at home acquiring sign language skills through her weekly work with Ms. Jarjura, and using those signs consistently with the APEX home service providers to learn new skills such as toileting and feeding. Ms. J. concluded that Jolene needed an educational placement that had the characteristics of the APEX program in which Jolene was making notable progress: 1:1 instruction, universal access to sign; and reduced environmental distractions. (Jarjura; Ms. J.; P-25; P-23; See confirming testimony of Kiebish)

25. Hillary Hotchkiss was the Board Certified Behavior Analyst ("BCBA") assigned to the preschool program Jolene attended. She described her involvement in Jolene's educational programming. She spoke with Jolene's Early Intervention Team, conducted the initial home observation in March 2010, and participated in Jolene's Team meetings. Though Ms. Hotchkiss has never provided direct ABA services to Jolene she has supervised the behavioral technicians that provide Natick's discrete trial sessions to Jolene in the preschool, analyzed data and developed the discrete trial programs. The record contains no behavioral data, programs, or supervision sheets. (Hotchkiss)

Ms. Hotchkiss did not observe any of the ABA services Natick provided in the home setting. She testified that home services are meant to train the Parents to carry over the techniques used in school. Natick provided two hours per week of home services during the 2012-2013 school year. Ms. Hotchkiss testified that although none of the home service goals was met, the level of service was adequate to meet Jolene's needs. According to Ms. Hotchkiss lack of progress does not indicate that either the service levels or the goals require adjustment. She recommended that home ABA services be continued at the two hour per week level for the 2013-2014 school year. (Hotchkiss; P-16; S-4; S-5)

Ms. Hotchkiss testified that sign should not be used exclusively with Jolene as she has limited ability to use it and other people have limited capacity to understand sign. During the 2012-2013 school year the ABA technicians used sign with Jolene. Jolene's 1:1 aide did not. In previous school years the PECS system had been successful for Jolene even when her hands were occupied holding her walker, or when she played with the cards instead of using them to communicate, because it was available in the classroom and the pictures could be understood by others.

At the Team meetings held in April and May 2013 to develop Jolene's 2013-2014 IEP Ms. Hotchkiss agreed with the recommendation for placement in the ACCESS program because the ACCESS program is similar to the preschool model of service delivery. She did not recommend any change in level, location or frequency of ABA discrete trial services. She made no specific recommendations for extended year services. (Hotchkiss; S-6)

26. Christina Kiebish was Jolene's preschool classroom teacher during the 2012-2013 school year. Ms. Kiebish is certified to teach severe special education and is a BCBA. Ms. Kiebish testified that Jolene spent most of the school day engaged in one-to-one discrete trials or related services and did not participate meaningfully in the larger classroom activities. Ms. Kiebish met with the related service providers for half an hour each week. That time was not dedicated exclusively to discussing Jolene's programming. Jolene did not meet any of the 9 IEP benchmarks or goals related to the classroom during the 2012-2013 school year. Ms. Kiebish collected data on Jolene's classroom benchmarks and analyzed her progress. Data was not collected by Jolene's 1:1 aide or by her related services providers. No 2012-2013 data appears in the record. Ms. Kiebish noted that Jolene made some behavioral progress through the course of the year. At the beginning of the year Jolene was extremely distractible and inattentive and did not notice there were other students present in the classroom. By the end of the school year Jolene could approach other children with curiosity and had developed some capacity to manage frustration. Nevertheless Jolene required direct skill instruction and remained unable to learn incidentally.

Ms. Kiebish testified that she did not know how many hours or what type of services Jolene received at home. She was aware though that Natick's home service providers intended to carry over Jolene's discrete trial goals, not the classroom goals. Ms. Kiebish did not coordinate or observe Jolene's home services.

Ms. Kiebish stated that she knew some basic school signs and that Jolene's 1:1 aide knew no sign language. Neither knew how to operate the Springboard Lite device. They both found Ms. Sanford's January 2013 consultation to be very helpful for Jolene, for the teachers and for the students. Ms. Sanford gave the other students name signs although the sign names were not shared with Jolene's family or home service providers. Ms. Kiebish did not use the name signs during classrooms activities such as circle time. They were used only when targeting communication during contrived situations.

Ms. Kiebish saw the ACCESS program about one half hour before the scheduled Team meeting on May 13, 2013. There was no classroom teacher in the room at that time. The paraprofessionals and behavior technicians were present. The discrete trial table was at one side of the small classroom. Ms. Kiebish did not know the ages or diagnoses of the children in the room and did not observe any classroom activities.

Ms. Kiebish was part of the Comprehensive Team Evaluation conducted on March 5, 2013. The Evaluation report contained a few recommendations concerning appropriate teaching methodologies and strategies. It contains no recommendations or descriptions of appropriate classroom models, therapeutic interventions, staff qualifications or environmental modifications. At the Team meeting on May 13, 2013 Ms. Kiebish recommended that Jolene's kindergarten program include: a teacher who knows sign language; a very small group of peers with similar educational needs; a consistent routine and structure; direct services from a physical therapist, occupational therapist and speech-language therapist, an environment in which everyone signs: teachers, therapists and students, to create communication opportunities; and access to typical peers. Ms. Kiebish stated that placement in the ACCESS program would be appropriate for Jolene. She made no specific recommendations for summer services. (Kiebish)

27. Brooke Kapetanacos has been providing speech-language services to Jolene since she became eligible for special education services through the Natick public schools in May 2010. She has used voice, sign, PECS, and Springboard Lite in her sessions and consultations. Ms. Kapetanacos testified that all methods had their merits and appropriate uses. Expressively Jolene is a signer; receptively Jolene is hearing and attends to spoken language. Ms. Kapetanacos stated that Jolene had made progress in language over the course of the three years she has received speech-language through Natick. She had developed the appropriate foundational skills in gross motor control, core strength, attention and fine motor coordination as well as the developmental maturation to support language acquisition. Ms. Kapetanacos acknowledged that Jolene's most rapid progress, during the 2012-2013 school year, could be attributed to the substantial increase in home based services. Ms. Kapetanacos also confirmed that Jolene did not have a consistent signing environment at school, and that could have retarded her acquisition of a signing system.

Ms. Kapetanacos participated in the Comprehensive Team Evaluation conducted on March 5, 2013. In the Evaluation report she made some recommendations for use of "her Springboard Lite AAC device and/or signing as an expressive mode of communication." She recommended adult models, cuing, and reinforcement for communication attempts. At the Team meeting in May 2013 Ms. Kapetanacos recommended continuing direct speech-language

services three times per week in half-hour sessions, a continuation of the level of speech-language services Jolene had been receiving since entering Natick's preschool in 2010. She testified that placement in the ACCESS program would be appropriate for Jolene. (Kapetenakos; S-6)

28. Alison Caruso provided direct physical therapy services to Jolene in the Natick preschool during the 2012-2013 school year. She and another physical therapist share the two weekly 30 minute pull out sessions and the one half hour of classroom cotreatment with the occupational therapist. The goal of the physical therapy interventions is to support Jolene's safety and independence. Jolene has poor balance, poor protective responses, limited endurance and an asymmetrical walking posture. According to Ms. Caruso Jolene requires direct physical therapy as well as observation, assessment and consultation in the school setting to monitor her gait and AFO use, improve environmental safety, ensure correct positioning and emergency evacuation response. Ms. Caruso has no experience with ABA principles and did not know whether they were part of Jolene's physical therapy IEP goals. She was not aware of any physical therapy services Jolene received outside Natick Public Schools and had no communication with any outside physical therapist concerning Jolene. Ms. Caruso participated in the March 5, 2013 Comprehensive Team Evaluation. In that report there are no recommendations concerning the type, frequency or setting of appropriate services for Jolene for the summer of 2013 or the 2013-2014 school year. (Caruso; S-6)

29. Candace Bangert supervised the certified occupational therapy aide ("COTA") who provided direct occupational therapy services to Jolene in twice weekly ½ hour sessions, and one half hour of co-treatment with the physical therapist during the 2012-2013 school year. Ms. Bangert "intermittently" observed the COTA working with Jolene. Ms. Bangert never saw the COTA sign with Jolene. Ms. Banger did not provide any occupational therapy services directly to Jolene.

She testified that the primary occupational therapy goal for Jolene is to increase her independence and access to the curriculum by addressing her fine motor delays and improving her bilateralism, strength, coordination, dexterity, manipulation, and stabilization. These foundational skills affect all areas of Jolene's functioning, particularly use of sign language, ADLs such as feeding, and paper/pencil tasks. Therefore, according to Ms. Bangert, Jolene's occupational therapy needs must be addressed in all settings at all times, not solely in direct, segregated therapy sessions. Ms. Bangert was aware that the Parents were providing additional occupational therapy services to Jolene outside the Natick preschool. Ms. Bangert did not communicate with the Parents or other occupational therapists about those services.

Ms. Bangert participated in the March 5, 2013 Comprehensive Team Evaluation. She did not make any recommendations concerning the appropriate level, frequency or setting of occupational therapy services for Jolene for the summer 2013 or for the 2013-2014 school year. (Bangert; S-6)

30. The Team met to discuss Jolene's kindergarten program and placement on April 2, 2013. Natick developed an IEP designating the ACCESS program at the Bennet-Hemenway School as Jolene's placement for the 2013-2014 school year. The IEP continued direct and co-treatment services by the occupational, physical and speech-language therapist at the same level and frequency Jolene had received in preschool. The IEP continued the staff and Parent consultation with the BCBA at the same level as provided in preschool. It reduced by half the speech-language consultation time to the Parent. School-based discrete trials were continued at two pullout hours per day four days per week. Home-based discrete trials continued to be offered for 2 hours per week. The IEP provided for a 1:1 aide ("SSF") during OT and PT and at times Jolene would not otherwise be receiving 1:1 services. Speech-language therapy and school-based discrete trials were to continue at school year levels in a 6 week extended year program. All other special education and related services were to be reduced during the summer. (S-4, P-16; S-15; S-16)). There are no professional recommendations in the record reflecting the level, frequency or intensity of special education and related services set out in the proposed IEP.

31. On May 16, 2013 the Parents rejected the proposed IEP. Specifically they rejected placement in the ACCESS program, the lack of a 1:1 aide trained in sign language in both the school year and the SPLASH program, inadequate discrete trial time, and many of the benchmarks and goals. The Parents pointed out that the core of their rejection was their belief that the service delivery model of the ACCESS program mirrored that of the preschool which they had found to be inappropriate for Jolene because it did not fully accommodate and address her communication needs. (P-19; S-5; S-11; S-15; S-16)

32. The Team reconvened on May 28, 2013 to discuss the Parents' dissatisfaction with the IEP proposed for 2013-2014. Natick added two hours of school-based discrete trials to Jolene's program to reflect the full school day on Wednesdays at the elementary level. Otherwise Natick made no changes to the services, methodologies or staff qualifications listed on the IEP. There is no provision for inclusion with regular education peers at any time. On the N-1 accompanying the IEP developed as a result of the May 28, 2013 meeting, Natick noted that it did not accept the findings and recommendations of the therapists and doctors working with Jolene outside of school. The N-1 also states that the Parents' request to change other aspects of the proposed special education plan was rejected because the Parents' suggestions "do not reflect [Jolene's] profile as a learner on school based re-evaluation data, current performance, therapy session data collections and ongoing observational data collection taken throughout her school day." (S-5; P-16) Other than the 3-year re-evaluation conducted at the same time on one day by five Natick-related service providers (S-6) there is no authenticated long term data collected or reported by Natick personnel in the record.

33. Mary Gavin is the ACCESS program classroom teacher. She testified that the primary focus of the ACCESS program is communication. Teaching based on ABA principles is available to students who need it. All instruction is individually designed and scheduled for each student. There are limited group activities. Currently 11 students aged 6 through 10 attend ACCESS. Their developmental levels range between one and three years old. Three students use sign as a primary communication mode; eight do not use sign at all. Three students participate in discrete trials.

There are six staff in the classroom: the lead teacher Ms. Gavin, 3 teaching assistants/paraprofessionals and 2 behavior technicians who provide direct one-to-one discrete trials for students whose IEPs call for this service. Ms. Gavin and one of the behavior technicians, Mr. Shade, are comfortable with sign language. Two of the staff have completed one unit of sign language instruction. Two other staff members have little current knowledge of sign language. Were Jolene to attend the ACCESS program Mr. Shade would be responsible for providing her discrete trials due to his experience with sign language. Two speech-language therapists, two occupational therapists and two physical therapists also provide direct related services to individual students in the classroom. A BCBA is in the classroom twice a week for at least an hour supervising the discrete trials, analyzing data and adjusting individual student programs.

Ms. Gavin testified that although each student's schedule is individualized there are some common activities. On entering the classroom at the start of the day the students go to their cubbies, unpack their home items and review their daily schedules. The students then move to their "buckets", a set of individually designed activities and materials linked to the common core standards. After and during "bucket" time is a 15 minute morning meeting. There are 2 groups. The group Jolene would participate in works on communication and social relations, including how to say hello and goodbye, how and when to shake hands, day of the week, and weather. The second group operates at a higher developmental level on more academically based concepts such as word find, symbol matching and sequencing, dates and days of the week, and math. After morning meeting the students receive their direct related services and discrete trials. Lunch/recess is at 11:00 am. Jolene would also participate in "specials": gym, library, music and art with the other ACCESS classroom.⁴

Ms. Gavin testified that she could not describe what Jolene's individual program schedule would look like because she had not yet started in the classroom. Ms. Gavin saw Jolene briefly in the preschool program before she was assigned to the ACCESS class. She did not attend the two team meetings at which Jolene's participation in the ACCESS program was discussed and which resulted in the current proposed IEP calling for Jolene's placement in the ACCESS K-4 classroom. (Gavin; S-15)

34. On May 28, 2013 the Parents confirmed their rejection of the placements proposed by Natick. They also informed Natick of their intention to place Jolene at the RCS School beginning July 8, 2013 and continuing into the fall 2013 and to seek reimbursement from Natick for costs associated with the placement. (P-17)

35. Jacquelyn Adams, Program Manager at RCS, described the school. RCS is a DESE approved private special education day school which operates year round. It provides 30 hours per week of ABA intensive instruction focusing on communication. It uses a language based teaching approach incorporating each student's preferred expressive/receptive modality, including sign language, in three different environments daily: discrete trials, a natural environment and peer group activities. All students have an individual adult with them at all times. RCS uses a consultative model of delivering related services. Under this model the

⁴ The other ACCESS program serves a group of 4 first grade students with higher functioning ASD.

occupational and speech-language therapists observe and assess the student and create interventions and programs that are delivered directly to the student in discrete trial sessions or implemented by the teacher or individual aide in natural, inclusion or peer group settings. A student's ABA data is collected in all settings. RCS does not employ a physical therapist. The staff including the behavior technicians, aides, special education teacher, speech-language therapist, program manager, and inclusion facilitator, meets together weekly to review student progress and adjust programming. In addition, for Jolene, there is ongoing email and in person contact with Jolene's Parents, with her private speech-language therapist, Ms. Jarjura, and with her APEX home ABA providers to ensure coordination of goals and services. The Parent is included in twice monthly Team meetings, observes once a month, communicates with a daily log book, and is encouraged to share information. (Adams, Abelli)

36. Jolene enrolled in RCS in July 2013. She was placed in a classroom with five other students aged 6-10 all of whom have individual aides. Two students use sign language. Three students use assistive technology to communicate. The individual aides facilitate the signed communication between Jolene and the non-signing peers. The classroom has one special education teacher who is responsible for group activities, lesson planning, staff training and coordination. She also directly teaches each student and observes each student's educational programming for a minimum of one hour each week. The special education teacher signs. Each student also works individually with two different behavior technicians in discrete trials. They both sign.

Jolene's daily schedule is:	8:00- 8:30	arrival activities
	8:30-9:30	discrete trials 1:1
	9:30-10:30	facilitated inclusion with preschool class of 3-4 year olds
	10:30-11:30	discrete trials
	11:00-11:30	lunch
	11:30-12:30	group time with classroom peers
	12:30-1:00	recess
	1:00-2:30	discrete trials

On entry Jolene was at a 2 ½ year level developmentally. She was very curious about objects and had a few spontaneous signs she used to request items. Over the course of the year Jolene has improved her attention and physical compliance in the discrete trial setting. She has been able to use some 2 word sign sequences spontaneously, has improved her communicative accuracy, has independently generalized sign vocabulary learned in manding to label an object in another setting, and has signed spontaneously to initiate social interaction. Jolene is meeting all program expectations and making progress. (Adams; Abelli; Stockholm; P-1; P-4; P-5; P-9)

FINDINGS AND CONCLUSIONS

There is no dispute that Jolene is a student with special learning needs as defined by M.G.L. c. 71B and 20 U.S.C. §1401 et seq. and is therefore entitled to receive a free, appropriate public education. The issue here is whether Natick Public Schools has fulfilled its

statutory obligation to offer Jolene an Individualized Education Program that is carefully and specifically tailored to address her unique learning needs and to confer a meaningful educational benefit to her? *D.B. v. Esposito*, 675 F.3d 26 (1st Cir. 2012); *Lessard v. Wilton Lyndeborough Cooperative School District*, 528 F.3d 18 (1st Cir. 2008). After careful consideration of the entire evidentiary record and the thoughtful arguments of both parties, it is my determination that the Parents have carried their burden of proving that the 2013-2014 Individualized Education Plan developed and proposed by Natick Public Schools in April and May 2013 is not reasonably calculated to ensure that Jolene receives a free appropriate public education. *Schaffer v. Weast*, 546 U.S. 49 (2005) I further find that the Parents have demonstrated through substantial persuasive evidence that the program and services at the RCS School address all of Jolene's identified learning needs, meeting the explicit recommendations of all comprehensive evaluations in this record, and that placement there is reasonably likely to result in meaningful educational benefits to her.

Federal and state special education statutes require school districts to offer a resident student with disabilities a custom-tailored individualized education program targeting all of the student's learning needs, and offering specialized instruction and related services designed to enable the student to make effective educational progress and derive a meaningful education benefit. *Lenn v. Portland School Committee*, 998 F. 2d 1083 (1st Cir 1993). A school district may select the educational approach, methodology and staff it considers appropriate for a student and that selection will be affirmed so long as it is reasonably supportable and results in a demonstrable educational benefit to the student. *G.D. v. Westmoreland School Dist.*, F. 2d 942 (1st Cir. 1991).

While the law provides the analytical structure, this is a matter that turns on the facts. The facts found here clearly support the Parents' position. The Parents showed with substantial persuasive evidence that Natick's choice of placement at the ACCESS program, as well as its emphasis on direct provision of related services as the bulk of Jolene's educational program, was not supported by expert evaluations and recommendations. Indeed the type and level of educational service selected for Jolene over her three years in the Natick preschool ran counter to nearly every evaluation her Teams considered. Expert evaluators consistently recommended a higher level of service than Natick was providing or offered to provide at any time. For example, the four evaluators who considered length of school year all recommended that Jolene attend a full year program. (P-60; S-20; P-57; Jarjura) Although there are no contrary recommendations in the record Natick never offered such programming.

Furthermore, Natick was not able to link any notable progress in any area to any service it provided to Jolene in preschool. On the contrary the Parents were able to demonstrate progress, albeit slow, with the intensive home services they arranged and funded in the breach after Natick consistently refused to augment the two hour per day discrete trials service plan it had selected for Jolene. (P-2; P-10; P-23) Similarly the RCS School was able to show progress in a variety of areas in which Jolene received intensive instruction between July 2013 and May 2014. (P-1; P-5)

While not outcome determinative at this juncture Natick's lackluster response to Jolene's special education needs as she transitioned from Early Intervention services to Natick's preschool likely set the tone for family-school relations over the subsequent four years. Natick's failure to incorporate the recommendations set out in, or even to address, the comprehensive developmental evaluation conducted by Dr. Rafael Castro of the ICCD and of the then direct service providers at HMEA is striking particularly because its own "evaluations" neither disputed those findings nor made any individualized service recommendations at that time. (P-60; P-59: cf P-58) The testimony of Ms. Hotchkiss, the BCBA responsible for coordinating behavioral services to Jolene as she transitioned to Natick Public Schools in 2010 was refreshingly candid. Although she was aware of the severity of Jolene's needs as set out in the ICCD report and of the intensity of early intervention ABA services Jolene was then receiving, as well as of the standard research-supported intervention recommendations, Ms. Hotchkiss acknowledged that it was her practice to "wait and see what she looks like" before continuing ABA services. This practice is not consistent with the school district's obligation to ensure a "smooth and effective" transition of service responsibility from early intervention under Part C to special education under Part B. 20 U.S.C. §1412 (a)(1)(a) and (a)(9); 20 U.S.C. §1437 (a)(1)(a) and (a)(9); 34 CFR 300.209; 34 CFR 300.305; *DL v. District of Columbia*, 845 F. Supp. 2nd I (D.D.C. 2011). When the Parent objected to Natick's failure to incorporate recommended ABA services in its plan for Jolene Ms. Hotchkiss offered a seemingly random number of hours-four-of ABA discrete trials to assuage the Parent. Neither that service level, nor the later increase of ABA hours to eight, were connected to her own evaluation of Jolene or to any other expert evaluation or recommendation for ABA service. This was an inauspicious start. (Hotchkiss)

Another example of systemic inattention to Jolene's identified learning needs is the provision of extended year services. The only recommendations in the record concerning extended year services come from expert evaluators and service providers outside of the Natick Public Schools. Dr. Castro, Ms. Callahan, Ms. Jarjura and Dr. Gara-Matthews recommended that Jolene receive "full year" programming. Full year programming is generally understood to mean virtually uninterrupted delivery of special education and related services at a consistent level and location throughout the year. There are no contrary recommendations in the record. Nevertheless Natick offered, for the 10-11 week school vacations during the summers 2010, 2011, 2012 and 2013, placement and services in a 4-6 week summer program with significantly reduced special education time and, apart from direct speech-language therapy, significantly reduced related services. The summer service providers were not familiar with Jolene and did not sign. That remained true even after sign was identified as Jolene's primary mode of communication in 2012 and the Student was promised a signing aide. (Parent) There are no expert evaluations or professional recommendations to support the reduced level of summer service set out in Jolene's IEPs. This leads me to conclude that Natick offered what was available rather than thoughtfully considering and planning for Jolene's individual learning needs as is required by the IDEA.

One final example from this record of troubling special education service delivery to Jolene is the long contested "signing environment". After reviewing the findings of multiple outside evaluators beginning in 2009 Natick eventually acknowledged in the 2012-2013 IEP that Jolene's preferred mode of expressive communication was sign. In the summer 2012 Natick

agreed to provide a signing aide for the 2012-2013 school year. It did not. When the 2012-2013 school year began neither the classroom teacher nor Jolene's 1:1 aide could sign. (Parent; Jarjura; Sanford; Kiebish) The 2012-2013 classroom was clearly not the "signing environment" recommended by all outside evaluators and service providers.

Most significantly though I find that Jolene failed to make progress consistent with her potential in the Natick preschool program in 2012-2013. Natick's progress reports show limited improvement in all targeted skill areas and declines in some. (S-7; S-14; eg. P-15. See particularly p. 22 and p.32; p. 1 and p.28)) Apart from some improvement in attentional skills and interest/awareness of other children Natick either could not identify any progress Jolene made during the 2012-2013 school year or could not link progress to any particular intervention or service provided by Natick. (P-43; Kiebish) For example, any improvement over the course of the year in Jolene's signing skills cannot fairly be attributed to Natick as the clear preponderance of the evidence shows that the preschool was not a signing environment and lacked competent sign communicators (with the possible exception of Ms. Kapetanacos). On the other hand the record reflects that intensive sign language instruction and practice was provided outside the school setting. (Jarjura; Deutchman). The growth noted by Ms. Kapetanacos and Ms. Jajura, and later by RCS staff, in Jolene's expressive and receptive sign skills supports the Parents' contention that Jolene is capable making progress toward acquisition of discrete skills with appropriate intensive instruction (P-10; P-23; P-2)

It is not surprising then that the Parents approached the IEP planning process for Jolene's kindergarten year with skepticism. The three year re-evaluation conducted by Natick personnel in March 2013 did not contain any particularly individualized service recommendations. (S-6) None of Jolene's Natick service providers made any meaningful assessment of the appropriateness of the ACCESS program for Jolene for the 2013-2104 school year. Ms. Kiebish stopped in to see the program for a few minutes just before the Team meeting. Ms. Hotchkiss thought ACCESS would be appropriate because it was a continuation of the preschool model. She did not explain how, if Jolene made only minimal progress in the preschool model, she would benefit from placement in a substantially similar model. No one evaluated whether ACCESS was a signing environment or whether classroom structure, organization and instruction was based on ABA principles. Ms. Gavin, the ACCESS teacher, spent more time observing Jolene at RCS than she did in either observing how Jolene functioned in the similar preschool program or in planning for Jolene's transition. I found that the testimony of Natick's teachers and therapists did not support their spring 2013 recommendations for Jolene's placement in the ACCESS program because they had inadequate familiarity with the ACCESS program, they were unable to explain how a continuation of the preschool model would provide meaningful educational benefits to Jolene, particularly in light of her limited progress in preschool, and they did not credibly dispute the consistent outside service provider recommendations for placement in a year round ABA based, signing, learning environment for Jolene.

I further note that there is no relevant professional evaluation in the record to support Natick's provision of two hours per week of home services. The most recent evaluation addressing Jolene's need for ABA discrete trial services in the home, conducted by Dr. Gara-Matthews in April 2012, recommends five hours per week of that service. While a school district may reject an outside evaluator's recommendation it must provide some rational basis for doing so. That does not appear in this record. Indeed I was impressed with Natick personnel's lack of engagement in, and curiosity about, the extensive educational services Jolene receives at home.⁵

On the contrary I found both Ms. J. and Ms. Jarjura to be open, thoughtful and flexible in their work with Jolene and with their approach to creating an appropriate holistic set of educational services for her. Their interactions with Natick, particularly when the Natick preschool services unquestionably and inexplicably did not comply with Jolene's accepted IEP as during the 2012-2013 school year, were respectful and focused on problem solving. In particular I note that Ms. J. and Ms. Jarjura advocated for services and approaches that were consistent with the recommendations of expert evaluators, and resulted in carefully documented progress when implemented outside the school setting. I therefore relied heavily on their testimony, and on Ms. Jarjura's evaluations, observations and progress notes, in assessing the appropriateness of Natick's proffered 2013-2014 IEP and in reaching the conclusion that it is not reasonably calculated to provide a free appropriate public education to Jolene. Similarly I placed significant weight on the testimony of Ms. Deutchman, an expert with experience with Jolene and with no vested interest in the outcome of this Hearing. Her description of Jolene's educational needs and responses to intervention were highly persuasive.

The preponderance of the credible evidence in this record supports the conclusion that Jolene requires full time, full year, placement in a signing environment which uses the principles of ABA in its structure, organization and instruction, offers intensive 1:1 discrete trials, coordination with home based service providers and opportunities for inclusion with developmentally appropriate peers. Natick's proposed placement in the ACCESS program does not offer Jolene a learning environment with these necessary characteristics. RCS does. Therefore I find that Natick's proposed 2013-2014 IEP does not offer a program or placement that is carefully tailored to meet Jolene's unique learning needs as consistently set out in credible, uncontested, professional evaluations. Instead it offers a model of service which, in the immediate past, has not permitted Jolene to demonstrate effective educational progress.

⁵ I also note that the IEP proposed for 2013-2014 contains numerous errors that, while not independently significant, contribute to the Parents' perceptions that Natick did not scrupulously attend to the educational planning process for Jolene. For example: the preschool teacher is listed in the consult section of the service delivery grid; and physical therapy is listed as occurring twice a week on the N-1 form but is shown as once a week on Part C of the service delivery grid.

The preponderance of the evidence also persuades me that Jolene continues to require the expert intervention of speech-language, occupational and physical therapists. The appropriate level, frequency, setting and approach of those services is less clear. Because the most recent related service evaluations conducted by Natick do not address these issues, and because the type of consultative therapeutic program model currently used at RCS has not been considered by other evaluators in the record, I find that further evaluation of Jolene's needs in these areas is necessary to ensure that she will receive the appropriate interventions. Similarly as Natick's most recent evaluations do not address the issue of home-based services, and the evaluations that do address this area are several years old, the available evidence does not provide sufficient guidance concerning the educational necessity of home-based or extended day services. Questions this record raises about the need for such services, and the appropriate type, level and frequency of professional intervention if need is proven, should be addressed by further evaluation to ensure that Jolene receives the free appropriate public education to which she is entitled.

Based on the analysis set out above I find that the Parents were amply justified in rejecting the 2013-2014 IEP proposed by Natick as it was not supported by credible professional evaluations and recommendations, it continued a program model in which Jolene made little demonstrable progress and it did not offer full year programming. The Parents gave appropriate written notice of their intent to make a unilateral placement at RCS and to seek reimbursement from Natick for that placement. I further find that the RCS program in which Jolene has been enrolled since July 2013 provides the key elements identified as critical to Jolene's progress in the acquisition of communication skills and general cognitive development: a year round signing environment in the context of consistent, intensive ABA based instructional approach. When, as here, Parents provide the special education program the school district should have, but did not, the school district must reimburse any expenses the Parents incurred in shouldering the substitution. *Florence County School District Four v. Carter*, 510 U.S. 7 (1993); *Matthew J. v. Mass. Dept. of Education*, 989 F. Supp. 387 (D.Mass. 1998).

ORDER

The 2013-2014 Individualized Education Plan developed by the Natick Public Schools is not reasonably calculated to ensure that Jolene receives a free appropriate public education. The Parents are entitled to retroactive reimbursement of all expenses they incurred associated with their unilateral placement of Jolene at the RCS School beginning in July 2013.

The following additional Orders are entered:

1. Natick shall arrange for reimbursement to the Parents forthwith and in no event later than September 30, 2014;
2. Natick shall arrange for either one comprehensive independent evaluation, or a series of independent evaluations, as the Parties may agree, in the areas of: physical therapy, occupational therapy and speech-language therapy, to consider Jolene's current functioning and determine the appropriate approach, level and frequency and setting of interventions in those areas, if necessary.
3. Natick shall arrange for a comprehensive independent evaluation of Jolene's ABA home programming needs. The question to be answered is whether Jolene requires additional educational services outside of a full day, full year special education program in order to make meaningful educational progress consistent with IDEA standards?
4. The Team shall reconvene to consider the results of these evaluations and to develop an IEP for the ensuing year.
5. The Hearing Officer will retain jurisdiction of this matter for compliance purposes only. The Parties shall submit written status reports on September 15, 2014.

By the Hearing Officer

Lindsay Byrne
Dated: June 17, 2014