

[REDACTED]

**ILLINOIS STATE BOARD OF EDUCATION
IMPARTIAL DUE PROCESS HEARING**

[REDACTED],

Student,

Case No: 2018-0494

v.

Kathleen C. Fuhrmann, Impartial Hearing Officer

[REDACTED],

School District.

FINAL DETERMINATION AND ORDER

JURISDICTION

The undersigned has subject matter jurisdiction over this matter pursuant to the Individuals with Disabilities Education Act (“IDEA”), 20 U.S.C. §1400 *et seq.* and the Illinois School Code, 105 ILCS 5/14/8.02a *et seq.* The personal jurisdiction in this matter of the undersigned is limited to the parties to this matter, specifically Student, Mother, Father, and the City of Chicago School District 299. The standard of proof in impartial hearings under the IDEA is a preponderance of the evidence. 20 U.S.C. § 1415(i)(2)(C)(iii). Under this standard, the party seeking relief must establish that the fact sought to be proved is more probable than not.

BACKGROUND

Petitioners, [REDACTED] and [REDACTED] (hereafter “Father” and “Mother” respectively or “Parents” collectively), are the parents of [REDACTED] (“Student”), a sixteen-year old student who is currently eligible for special education and related services under the disability category emotional disturbance under the IDEA and the Illinois School Code. Student currently attends [REDACTED], a therapeutic day school pursuant to the IEP developed by the District on October 23, 2018.

On June 14, 2018, Parents filed a Due Process Compliant (“Complaint”) against District. The complaint alleged that the District did not provide Student a free appropriate public education (“FAPE”) due to its failure to evaluate Student in all areas of suspected disability, find him eligible for special education and related service, provide him with special educational and related services and provide him with placement in a residential treatment facility. Parents alleged that [REDACTED], Student’s unilateral placement, is the least restrictive environment to meet Student’s needs. The

Parents were seeking as relief a finding of eligibility for special education and related services under the IDEA categories of Emotional Disability and Other Health Impairment; the development of an IEP for Student that includes all appropriate goals, short-term objectives, direct instruction, supplementary aids, and related services; with placement at [REDACTED], including tuition and room and board from the date of the decision until [REDACTED] and Parent conclude that he no longer requires placement there, or he ages out; with the District assuming full financial responsibility for all expenses associated with Student's subsequent educational placement once he leaves [REDACTED], whether that is another residential treatment facility, a therapeutic day school or otherwise; and reimbursement for the costs of placement at [REDACTED], including tuition and room and board expenses, from January 3, 2018 through the date that the District assumes prospective responsibility for the placement; and other relieve as the Impartial Hearing Officer deems appropriate.

This Hearing Officer was appointed to preside over this case on June 19, 2018. On June 24, 2018, this Hearing Officer sent a letter of introduction setting for the timelines for this matter and issued orders, including the Rights of the Parties Related to Hearings, Preliminary Order, and Standing Order.

On June 25, 2018, the District filed its Response to the Due Process Complaint. District denies that it failed to properly evaluate Student in all areas of suspected disability. District denies that it failed to fulfill its Child Find obligation by failing to evaluate Student and asserts that it has provided Student a FAPE. District denies that it denied Student a FAPE by failing to provide him with placement in a residential treatment facility and further asserts that it has place student in the least restrictive environment possible throughout his time in the District.

An initial status conference was convened on June 28, 2018 and a Notice of Prehearing Conference was issued on July 6, 2018 with the Initial Status Order. The parties timely filed their respective prehearing disclosures.

On July 16, 2018, a prehearing conference was held in the above matter. The conference was conducted by telephone from 9:00 a.m. to 10:22 a.m. Participating in the conference were: Kathleen C. Fuhrmann, Hearing Officer; [REDACTED], Esq. of [REDACTED], LLC for Petitioners; and, [REDACTED], Esq. [REDACTED], [REDACTED] for Respondent. On August 2, 2018, a second prehearing conference was convened by telephone. Participating in the conference call were: Kathleen C. Fuhrmann, Hearing Officer; [REDACTED], Esq. of [REDACTED], LLC for Petitioners; and, [REDACTED], Esq. [REDACTED] for Respondent.

On August 3, 2018, the parties filed a Joint Motion to Continue. The 45-day deadline was extended to November 1, 2018 to enable the parties to convene the hearing in October as agreed and for the issuance of a decision and order after the hearing. On September 26, 2018, at the request of the District a status conference was convened to discuss the District's request to continue the hearing and to extend the 45-day deadline to enable the District to convene an eligibility conference and IEP conference, if appropriate, prior to the hearing. On September 27, 2018,

District filed a Motion to Continue. The Motion was granted, the hearing was rescheduled to October 25, 26, 27, 29 and 30, 2018. The 45-day deadline was extended to November 20, 2018 to enable the parties to complete the hearing and for a decision and order to be issued.

On October 17, 2018 a status conference call was convened by telephone conference at the request of the parties. The parties discussed the upcoming Eligibility and IEP conference on October 23, 2018 and the proximity to the scheduled hearing. The parties worked out an agreement that allowed the District to supplement their Five-Day disclosures with the documents created for and at the October 23, 2018 Eligibility and IEP meetings. No changes were made to the hearing schedule or 45-day deadline.

On October 24, 2018, Parents filed a Joint Motion to Extend Hearing Deadline and Strike Current Hearing Dates. The motion asserted that the parties reached a preliminary resolution of the pending dispute and the parties anticipated the exchange of settlement documents. The motion asked that the hearing officer strike the first three days of the hearing only. The Order Granting the Continuance struck the first two days of hearing and extended the 45-day deadline to November 30, 2018. The matter was set for a status conference on October 26, 2018

On October 26, 2018 during the status conference Parents indicated that they want to go forward with the hearing. The parties agreed that the hearing would begin on October 29, 2018 from 8:30 a.m. to 5:00 p.m. at the [REDACTED]. In addition, the hearing was scheduled for October 30, 2018 from 8:30 a.m. to 5:00 p.m. at the [REDACTED]. The final day of hearing was scheduled on November 7, 2018 during the afternoon for the testimony of Dr. [REDACTED], parent's witness. The parties had filed a motion to extend the 45-day deadline to December 6, 2018, which was granted after the hearing was rescheduled.

The Due Process Hearing

The closed hearing was convened on October 29, 2018 at the [REDACTED], [REDACTED] Illinois. The hearing was transcribed by Nancy K. Speare, CSR of Toomey Reporting of Chicago. Present for the hearing were Father and Mother with their attorneys [REDACTED], Esq., and [REDACTED], Esq. and [REDACTED], intern, of [REDACTED], and District was represented by [REDACTED], Esq. and [REDACTED], Esq. The parties gave opening statement and testimony of the following witness was taken: [REDACTED], teacher, [REDACTED], [REDACTED] Counselor, [REDACTED], [REDACTED] case manager, and Father.

The hearing was reconvened on October 30, 2018 at [REDACTED]. The hearing was transcribed by Maureen Woodman, CSR of Toomey Reporting of Chicago. Present for the hearing were Father and Mother with their attorneys [REDACTED], Esq., and [REDACTED], Esq. and [REDACTED], intern, of [REDACTED], and District was represented by [REDACTED], Esq. and [REDACTED], Esq. The testimony of the following witnesses was taken: Father, [REDACTED], School Social Worker, [REDACTED], School Psychologist, and [REDACTED], [REDACTED] Medical Director.

At the close of the day the hearing officer noted that the Parents' unilateral placement claim seeks reimbursement as relief for alleged denial of a FAPE to student and that the invoices provided by the parents do not provide sufficient detail for the purpose of issuing a decision related to the request for reimbursement. Parents presented [REDACTED] invoices, Exhibit PD 6 pages 1 to 9, that state that "itemized statement for all therapeutic services" were attached to each invoice. Parents did not provide the itemized statements for all therapeutic service in their disclosures. A complete record is needed to assure that the hearing officer has the evidence needed to fashion whatever relief is appropriate in deciding this matter. Accordingly, Parents' were ordered to provide the [REDACTED] itemized statements that were attached to and/or are referenced in exhibits PD6 pages 1 to 9 before the next hearing date.

On November 5, 2018 at 7:43 p.m., Parents' tendered via email to the District and hearing officer a 50-page attachment containing what they described as fully detailed documentation of the family's expense associated with [REDACTED], including program costs and travel expenses. District objected by email at 7:50 p.m. to the introduction of the additional travel documentation provided by the Parents. The District stated that these documents were not disclosed as part of the Five-day disclosures, the expenses were not contemplated in the Complaint, the District was never put on notice of these travel expenses and were not ordered by the hearing officer. The next day the District emailed restating their original concerns and specifically objecting to the table provided in the additional travel documentation, asserting that it appears to be attorney work product created for the purpose of the hearing. District asserted that Parents had not provided the required cost breakdown, noting that the [REDACTED] invoices document that there should be an itemized list of costs that are incorporated into the "Program fees." The District requested that those documents be provided as they will help them understand what costs were related to academic/education, room and board and medical treatment and other fees and costs. District also noted that the Parents had the opportunity to submit these documents as part of the Five-day disclosures and failed to do so. The District acknowledged the hearing officer's right to order the disclosure of these records but wanted an opportunity to put their concerns on the record.

On November 7, 2018 the hearing was reconvened at Lincoln Park High School. The hearing was transcribed by Robin Ochenkowski, CSR of [REDACTED] of Chicago. Present for the hearing were Father and Mother with their attorneys [REDACTED], Esq., and [REDACTED], Esq. and [REDACTED], intern, of [REDACTED], and District was represented by [REDACTED], Esq. and [REDACTED], Esq. The testimony of the following witnesses was taken: [REDACTED], special education teacher, [REDACTED], Residential Manager, [REDACTED], teacher, [REDACTED], Private Clinical Psychologist, and [REDACTED], District Representative. At the close of the day the parties reviewed all documents offered into evidence and moved for the admission into evidence the following:

Joint Exhibits marked JE 1 to 16,

Parent Exhibits marked P 1 to 12, 17, 18 to 25, 28 to 33, 55 to 57, 59 to 61, and 64, and
School District Exhibits marked SD 1, 2, 8, 12, 14 to 17, 28, 38, 40, 42, 52 to 56.

The District objected to the admission of the Parents' 50-page additional travel documentation due to Parents' failure to disclose in their Five-Day Disclosures and their failure to seek travel reimbursement in the complaint, have travel reimbursement certified as relief being sought at the prehearing conference. Parents asserted that the District was on notice of this claim because they were seeking "reimbursement for the costs of placement at [REDACTED], including tuition and room and board expenses." The District's objection was sustained for the failure to disclose in the Five-Day Disclosures and the documents were not admitted into evidence.

Parents were ordered to provide the [REDACTED] itemized statements that were attached to and/or are referenced in exhibits PD 6 pages 1 to 9 by noon on November 8, 2018. The case was scheduled for a hearing by telephone on November 9, 2018.

On November 9, 2018 the hearing was reconvened by telephone conference call. The hearing was transcribed by [REDACTED], CSR of Toomey Reporting of Chicago. Present for the hearing were Father and Mother with their attorneys [REDACTED], Esq., and [REDACTED], Esq. of [REDACTED], District was represented by [REDACTED], Esq. and [REDACTED], Esq. At the beginning of the hearing the District objected to the admission of the [REDACTED] documents (marked as Exhibit IHO D pages 1 to 33) tendered by Parents in response to the Hearing Officers request for additional information and order to produce the itemized statements that were provided in support of the [REDACTED] invoices found in PD 6 pages 1 to 9. District objected due to the Parents late production, one hour late and incomplete, then two hours later, the production was complete which did not provide the District with enough time to prepare. In addition, the District objects to the admission of these documents due to the Parents' failure to disclose them in their Five-Day disclosures which resulted in the District not being aware of the existence of the documents and the inability to question Parents' witnesses concerning these documents. District had concerns about the meaning of the services listed, job titles, amounts requested, and amounts accounted for on the itemized statements. The hearing officer requested testimony from Dr. [REDACTED] and an [REDACTED] billing department employee be provided to establish the foundation for the documents, and to answer the District's and hearing officer's questions concerning codes, services provided, service providers, etc., for before the close of evidence in this matter to assure that a complete record has been developed in this matter. The parties selected a group of dates that were available for the taking of the additional evidence and the matter was recessed to enable the Parents' counsel to speak to the needed witnesses concerning their availability to be recalled for testimony. The matter was scheduled for a telephone conference call on November 15, 2018 at 3:00 p.m. to schedule the last day of hearing.

On November 9, 2018, the parties filed a Joint Motion to Extend Hearing Deadline. The motion requested that the 45-day deadline be extended to February 15, 2019 to enable completion of the hearing and the rendering of a decision and issuance of an order. On November 14, 2018, the motion was granted for the reasons stated in the motion. The hearing's 45-day deadline is February 15, 2019.

On November 15, 2018, the matter was reconvened by telephone conference call. Participating in the conference were [REDACTED], Esq. for parents and [REDACTED], Esq. for the

District. Mr. [REDACTED] reported the availability of Dr. [REDACTED] and [REDACTED] (of [REDACTED] billing department) for testimony by telephone as December 17th or 19th from 11:00 to 1:00 p.m. After discussion concerning the availability all parties and witnesses, it was determined that adjustments to the time needed to be made for either date to work for the parties. It was determined that the parties could begin the hearing at noon on December 19, 2018 if the witnesses were available. Mr. [REDACTED] needed to contact the witnesses and agreed to email the District and hearing officer to confirm availability. In addition, a status conference was set for November 21, 2018 at 11:30 by telephone conference call if the witnesses would not be able to accommodate the requested adjustment to the hearing schedule.

On November 16, 2018, at 3:50 p.m. Mr. [REDACTED] confirmed the availability of the needed witnesses on December 19, 2018 at 2:00 and 3:00 p.m. respectively. On November 19, 2018, a Scheduling Order was issued setting the final day of hearing on December 19, 2018 at 1:30 p.m. at the District Administrative Offices for the testimony discussed above and closing argument.

On December 19, 2018 the hearing was reconvened at the District Administrative Offices for the recalling of Dr. [REDACTED], M.D., [REDACTED] and for the testimony of [REDACTED], [REDACTED] Billing Department. The hearing was transcribed by Robin Ochenkowski, CSR of [REDACTED] of Chicago. Present for the hearing were Father and Mother with their attorneys [REDACTED], Esq., and [REDACTED], Esq. of [REDACTED], District was represented by [REDACTED], Esq. and [REDACTED], Esq. The hearing officer was informed by Parents' counsel that there was a problem with service of the District's subpoena and as a result, [REDACTED] has not complied with the subpoena. In addition, Parents' counsel learned that [REDACTED], [REDACTED] Billing Department just had surgery and would not be available to testify. The District asked to continue the matter to give them the opportunity to ascertain how their client wanted to proceed in light of [REDACTED]'s non-compliance with the subpoena and the unavailability of a witness. Parent objected to the District's request for a continuance and asserted that Dr. [REDACTED] as director of the organization would be able to answer any questions that the District might have concerning the meaning of the invoices and itemized statements. The hearing officer requested that the District withhold its response to the current situation until after the testimony of Dr. [REDACTED] was completed. The Dr. [REDACTED] was recalled as a witness. After Dr. [REDACTED]'s testimony was complete, the District made an oral motion to continue the matter to enable them to consult with their client concerning the enforcement of the subpoena. The hearing officer allowed the District's motion for the continuance because [REDACTED] will not respond to the subpoena or make other staff members available to testify, because District attorneys must consult with general counsel to determine if the District will be moving forward in court for the enforcement of the subpoena. The District was ordered to file it motion in writing. Parents indicated they would respond to the written motion in writing. The parties were asked to hold January 3, 2019 at 9:00 a.m. open for this hearing pending the determination of the District concerning whether or not they would be enforcing the subpoena. The matter was scheduled for a telephone status conference call on December 31, 2018 at 11:00 a.m.

The District filed its written motion on December 28, 2018.

On December 31, 2018 this a telephone conference call was convened in this matter. [REDACTED], Esq. (Parents) and [REDACTED], Esq. (District) participated in the call. Parents stated that they would not respond to the District's motion in writing. District stated that it has determined that it would not be pursuing enforcement of the subpoenas against [REDACTED]. District requested to allowed to call [REDACTED], parent, to testify concerning [REDACTED] expenses. District noted that Ms. [REDACTED] was on their five-day disclosures and that their questions would not be lengthy. The District's request was allowed for the reasons requested. The final day of hearing was scheduled on January 3, 2019 at 9:00 a.m. at the District Administrative Offices. The parties were directed to be prepared to present their closing argument.

On January 3, 2019 the hearing was reconvened at the District Administrative Offices for the testimony of [REDACTED]. The hearing was transcribed by April Hansen, CSR of [REDACTED]. Present for the hearing were Father and Mother with their attorneys [REDACTED], Esq., and [REDACTED], Esq. of [REDACTED], District was represented by [REDACTED], Esq. The testimony of [REDACTED] was taken. The Hearing Officer Exhibits A through E were admitted into evidence. The parties provided oral closing argument and tendered written points of authority found in IHO Exhibit E. The hearing closed.

ISSUES PRESENTED

The issues to be determined are as follows:

Issue One: Whether the District met its child Find obligations under the IDEA by failing to evaluate Student in all areas of suspected disability during the 2016-2017 school year?

Issue Two: Whether the District met its child Find obligations under the IDEA by failing to evaluate Student in all areas of suspected disability during the 2017-2018 school year?

Issue Three: Whether the District denied Student a FAPE by failing to find him eligible for special education under the IDEA from June 14, 2016 to the present?

- a. 2016-2017 School year,
- b. 2017-2018 school year, and/or
- c. 2018-2019 school year.

Issue Four: Whether from June 14, 2016 to the present, the District failed to provide Student with the special education and related services due to denying his eligibility for special education, resulting in a denial of a FAPE?

- a. 2016-2017 School year
- b. 2017-2018 school year
- c. 2018-2019 school year

Issue Five: Whether from September 28, 2017 the District denied Student a FAPE by failing to provide him with placement in a residential treatment facility?

Issue Six: Whether from January 3, 2018 to the present, [REDACTED] is the least restrictive, appropriate educational setting to meet Student's academic, functional and social/emotional needs?

Petitioner seeks the following remedies:

i. Finding Student eligible for special education and related services under the IDEA categories of Emotional Disability and Other Health Impairments;

ii. An IEP for Student in conjunction with his private clinicians and Parents that includes all appropriate goals, short-term objectives, direct instruction (reading, math, and science), supplementary aides, and related services (executive function and social/emotional) and indicates eligibility in accordance with item i. above and placement in accordance with item iii. below;

iii. District to assume full financial responsibility for all expenses associated with Student's placement at [REDACTED], including tuition, and room and board, from the date of the decision in this case until [REDACTED] and the Parents conclude that he no longer requires placement there, or he ages out, whichever comes first;

iv. District to assume full financial responsibility for all expenses associated with Student's subsequent educational placement once he leaves [REDACTED], whether that is another residential treatment facility, a therapeutic day school, or otherwise;

v. Reimbursement for the costs of placement at [REDACTED], including tuition and room and board expenses, from January 3, 2018 through October 19, 2018, the date of Student's discharge from [REDACTED]; and

vi. Other such relief as the Hearing Officer deems appropriate.

Respondent raises the following defenses:

Issues One and Two: The District denies that it failed to properly evaluate Student in all areas of suspected disabilities and asserts it has appropriately evaluated Student in all relevant domains in a timely manner. District asserts that these evaluations have allowed it to provide appropriate services to Student throughout his academic career within the District.

Issue Three and Four: The District denies that it failed to fulfill its Child Find obligation by failing to evaluate Student in a timely manner. It further asserts that it evaluated Student in a timely manner and has provide the Student FAPE.

Issue Five and Six: The District denies that it failed to provide Student with a FAPE by failing to provide him with placement in a residential treatment facility. It further asserts that it has placed Student in the least restrictive environment possible, in accordance with the law, throughout his time in the District.

FINDINGS OF FACT

The following is based upon the hearing officer's recollection, personal notes and documentary evidence presented at the hearing. After considering all the evidence, as well as the arguments of both counsels, this Hearing Officer's Findings of Fact are as follows:

General background information

1. Student is a sixteen-year old who resides within the District and was enrolled at █████ during the 2016-2017 and 2018-2019 school years, was dually enrolled at █████ and █████ during the 2017-2018 school year. (Testimony of Father, and Exhibit SD 1-001.)

2. Student is currently eligible for special education and related services under the disability category of emotional disturbance and receives special education and related services in a therapeutic day school pursuant to the IEP developed on October 23, 2018.

3. Father views Student as a poised, serene, thoughtful person who is comfortable being alone. Student is very smart, articulate, and a voracious reader. Student is physically fit and active. He loves his cat. Father's understanding of Student's disability is that he has an adjustment disorder, meaning that Student is disconnected from his emotions. Student generally manifests a flat affect, never a rise in his emotions, never lashing out. He is generally very quiet and removed. At home, Student would go to the basement with books and the cat for hours at a time. Student didn't share his feelings other than an occasional reference to the cat. Student didn't talk about school or his after school activities with friends. He gave his parents vague and convoluted answers and said that he was frustrated a lot. Student complained that books were being ruined by the assignments at school. Student did not have goals for the future. Student claimed that he didn't need much, and that he could be a cook and would be happy with a mattress and a pebble. (Testimony of Father.)

4. Parent noticed Student's grades declined (1 A, 4 Bs, 3 Cs, and 1 D), and he had several behavior incidents in middle school, including bringing a knife to school and shoplifting while on a school trip. (Exhibit P-55.) The summer between 8th and 9th grade Student's problems increased. Student's first overdose was in June 16, 2016. Student was cool as a cucumber at the

emergency room, never cried. Until then parents were not aware of Student's drugs use and had no concerns about drug use. On August 21, 2016, student was robbed at gunpoint after Student entered an area he should have known was unsafe. (Testimony of Father and Dr. J.B., and Exhibit P 2.)

2016-2017 School Year

Student's academic and social/emotional performance at [REDACTED]

5. J.D.¹ and ET² describe Student as cheerful, kind, polite and playful with adults and peers. Student had friends and got along with others, was not disruptive to the class and was easily redirected. Student worked in class; completing worksheets, participating in group work and working on essays. Student's completed work was on par with his peers. However, homework, was late or not completed. Both teachers believed that Student was capable of successful completion of the coursework. (Testimony of J.D. and K.C.)

6. Both teachers spoke directly to Student concerning his missing work. Student responded to these conversations in a polite and respectful manner, he often assured them would finish the work or gave vague answers. Student did not follow through to complete the missing work. J.D. teacher offered after school assistance to Student. He came after school to work with J.D. a couple of times. (Testimony of J.D. and K.C.)

7. Both teachers communicated with parents during the first semester concerning incomplete and missing assignments and the impact on Student's grades. (Testimony of J.D. and K.C., Exhibits P 17, 18, 19, 20, 21, 22, 23, 25, and 28.) After the first semester, both teachers decreased communications with parents due to the parents' ability to access grades online through Grade Book.³ (Testimony of J.D. and K.C.) Throughout Student's freshman year, Parents and teachers periodically communicated, largely through email, to discuss Student's failure to complete school work and the resulting decline in his grades. Parents repeatedly asked for additional time to get Student back on track. (Testimony of Father, J.D., K.C. and Exhibits P 29 and 30.) (Testimony of Father.)

¹ J.D., Student's freshman World Studies teacher holds an Illinois teaching high school certificate with endorsements in the World Studies/Social Sciences. J.D. has a master's degree in special education and training in identification of students with disabilities. J.D. is employed by District as general education teachers assigned to [REDACTED]. J.D. has 4 of teaching experience.

² K.C., Student's freshman English teacher at [REDACTED], holds an Illinois teaching high school certificates with English endorsements. She has been employed by the District as a general education teacher for 7years.

³ Grade book is an online program that provides students and parents access to student's grades. Teachers generally updated student grades on a weekly basis. Grade Book sends parents an email alert if a student's grade drops to an F. (Testimony of J.D..)

8. It is not unusual for freshman students who are capable of completing required school work to have difficulty with work completion. It appeared to both teachers that Student lacked motivation/choice or lack of organizational skills, which are not uncommon in a few students each year. Not all students who don't complete their work are referred for special education evaluation. Both teachers stated that they had no reason to believe or suspect that Student's difficulties were due to disability. (Testimony of J.D., K.C. and Dr. J.B.)

9. In early December, the C.B., 9th Grade Counselor, put Student into a weekly group to work on Goal Setting and Organization after J.D. spoke to her about Student. (Testimony of J.D. and Exhibit P 24.)

10. J.D. did not refer Student for an evaluation because although work completion was a problem, neither Student nor his parents gave any indicating of potential problems outside of lack of motivation. Student gave vague answers to her questions concerning work. Further she did not observe him to have conflict with others, aggressive behavior, talk back, to be upset, or to not be engaging with his peers. She did not consider providing Student with incentives other than grades, because in her experience grades were the incentive for students, the incentive not to fail. J.D. concluded that Student's problem was a lack of motivation because Student indicated that he did not want to do the work. (Testimony of J.D.)

11. Student's grades were mixed and inconsistent freshman year. Student passed all classes first semester, earned all credits and had a GPA of 2.8571. Second semester, Student failed two classes, earned 2.5 credits and held his GPA at 1.8571 with a cumulative GPA of 2.3571. (Exhibits P 56, 57, and SD1.)

12. Parents tried to work with Student, however their efforts were not effective. In October, parents provided Student with a "brass tacks" veteran tutor. The tutor, a youth pastor, would coach Student, giving bullet points, but Student refused to do the work. Tutoring continued until the end of May. Tutor had no contact with [REDACTED] staff. Parents tried doing the work for him. Student was able to trick parents by showing them something, but it was not the homework that needed to be done. (Testimony of Father.)

13. In spring 2017, parents were looking for a way to improve Student's school performance and concerned about ADHD. Parents had a full psychological evaluation done by Dr. L.B. After the evaluation was complete, Dr. L.B. reviewed her report with parents. Parents were relieved to find that Student did not have ADHD. Dr. L.B. did not make any recommendations the parents recognized as related to seeking special education services in her report or during the parent meeting to review the report. Parents implemented Dr. L.B.'s recommendations for Student to engage in individual therapy, and Student joined cross country. Student blew off cross country. In March, March parents pulled away all scaffolding to see how Student did. He was not successful. (Testimony of Father, and Exhibit JE 1-1 to 11.)

14. Parents never considered moving Student from the double honors program because they thought that moving Student in the middle of the program would be more stress to him and they hoped that he would pull up his grades. Parents never considered placement in a less rigorous

curriculum because they thought there wasn't much difference between the honors and double honors programs at [REDACTED]. (Testimony of Father.)

Student's behavior outside of [REDACTED]

15. During this period Student was also sneaking out of the house with a friend to climb on construction sites. He was caught after he was locked out. Student made up an elaborate story to get back into the house. On December 16, 2016, Student left home after-school to go to tutoring. In Student was hit by a car. A witness to the accident told Father that Student was launched 10 feet in the air. Student told Father that he made a snap decision to change from taking the bus, causing him to bounce off the car. In June 2017, Student overdosed on drugs a second time. (Testimony of Father, Exhibit P 3 and 4.)

16. Parents did not inform [REDACTED] staff about either drug overdose, the involvement of a tutor, that parents were completing/organizing/structuring some of Student's work, the August robbery, car accident, the Student sneaking out of the house, or the climbing on buildings at construction sites or the June 2016 or June 2017 drug overdose incidents. (Testimony of Father.)

17. K.C. was told about the car accident by Student. K.C recalled that Student just told her about the incident, not making much of it. (Testimony of K.C. and Exhibit P 25.)

Parents' Private Evaluation

18. Dr. L.B., a licensed clinical psychologist with [REDACTED] [REDACTED] [REDACTED] [REDACTED], LLC, completed an evaluation of Student over three dates in January and February 2017. The evaluation was completed after referral by Student's pediatrician due to Parent's concerns about inattention, disorganization, and declining academic performance. The evaluation included information on social, emotional, behavioral, cognitive, and academic functioning from multiple sources. The evaluation report containing diagnostic impressions and recommendations was completed and results were reviewed with Parents on March 1, 2017. (Exhibit JE 1-1 to 11.)

19. Student informed Dr. L.B. about his past success in school with minimal effort, including not completing homework. Student enjoyed school because he focused on socializing. Student formed a habit of not doing homework. Student realized this wouldn't work any longer due to academically challenging classes with more long-term assignments. As result he was struggling to plan ahead, put in effort and complete assignments. Student reported that he cared about his grades and in the past worked to pull them up at the end of the academic year. (Exhibit JE 1-1)

20. Student's reported behavioral concerns at school included occasional detentions for tardiness or not wearing his ID. Parents reported two suspensions from school, one for bringing a knife and showing it to someone, the other for stealing while on a class trip. Parents denied concerns about his mood. There was no reported history of anxiety or depression. Student was reported to be aloof when disciplined, but otherwise a caring individual. Student denied drug and alcohol use, history of abuse and suicidal ideation. (Exhibit JE 1-2.)

21. Student was described by his parents as a warm and affectionate adolescent, aware of the needs of others. While Student tends to be introverted, he does enjoy being with friends. Student spent most of his time with a friend who is very introverted, socially awkward, and prone to getting in trouble. He was participating in the ping-pong club to keep up with his brother's skills. (Exhibit JE 1-2.) Parents also described a rebellious nature in Student where he intentionally put himself in harm's way. Student reported that he likes taking calculated risks. (Exhibit JE 1-3).

22. Student was noted to be pleasant, polite with and an easy-going demeanor. He has good social skills, including eye contact and reciprocal conversation. No significant inattention was noted during testing. Student appeared invested in showing his cognitive abilities during testing. He tended to minimize the impact of negative experiences. Dr. L.B. concluded that the test results were likely an accurate reflection of Student's abilities. (Exhibit 1-3.)

23. Student's testing show that he functions in the very high range on IQ testing. He has exceptional perceptual reasoning skills, strong verbal processing skills, and relatively weaker speed of processing visual information. (Exhibit JE 1-3.) Academically, Student is in the superior range in math, and all other areas were in the broad average range and on target for his grade level. Student's attention, impulse-control, and activity-level were all report in the normal range. Parents scaled noted that Student has some executive functioning difficulties, with elevated working memory and plan/organize scores. He may have mild difficulties with sustained attention, but other indices of inattention were average or better than average. Other attention testing suggested that Student tends to disengage from tasks when they are perceived to be too simple or boring. Emotional and behavioral functioning scales support Student as an easy going and generally complaint adolescent, although one teacher's ratings yielded at risk scores in the areas of depression and withdrawal, and clinically significant adaptability scores. Also shown was a passive approach to school. However, his personality style showed a tendency to avoid self-disclosure, to seek out excitement and a pleasure-oriented lifestyle. (Exhibit JE 1-4 to 5.)

Student is incredibly bright (in the intellectually gifted range on perceptual reasoning) with strong verbal skills (high average range), but he is more of a visual learner. Student's academic testing was all at or above grade level. His attention capacity is on par with peers, despite his tendency to disengage on easy tasks. His short-term memory is high average for his age. His attention and organizational skills are within the average range for his grade. (Exhibit JE 1-4 to 6.)

23. Dr. L.B. observed that Student has not had to use his executive functioning skills or exert much effort in school in the past. In addition, he expressed very little motivation to do well in school. He prefers a pleasure-oriented life-style that values current gratification over delayed gratification to work toward longer-term goals. Socially, Student has not made as many friends at school and as result the positive effects from socialization are no longer providing motivation for Student to be engaged in school. Dr. L.B. opined in her report that Student's difficulties stem from a combination of personality factors and low motivation that are exacerbated by high school demands and decreased social enjoyment at school. Dr. L.B. diagnosed Student

with adjustment disorder with mixed disturbance of emotions and conduct due to his difficulty adjusting to the increased demands of high school that is expressed as discontent, irritability, and defiance towards schoolwork. (Exhibit JE 1-6.)

24. Dr. L.B. recommended for Student began with re-initiation of therapy to address his feelings, to work on proactive strategies for dealing with discontent, defining long-term goals to make school work meaningful and improve motivation. She recommended activities to improve his sense of engagement and increase opportunities for socialization. She recommended choosing personally meaningful and intellectually stimulating classes for the next school year. Tutoring for accountability with work and assistance with planning and organizing his long-term assignments was recommended. She suggested as a short-term option, rewards for turning in assignments. Dr. L.B. encouraged monitoring of Students behavior due to his personality profile suggesting that he is at risk for engaging in delinquent behavior and substance abuse. Finally, she recommended that Student's intellectual curiosity is fostered through independent reading and exploration of topics of interest through attendance at museums, lectures, etc. (Exhibit 1-6 to 7.) Dr. L.B. did not refer to these recommendations as special education or discuss special education services with parents. (Testimony of Father.)

25. Parents did not give the [REDACTED] evaluation to District until December 19, 2017 when they requested an evaluation. (Testimony of Father, and Exhibit JE 16.)

Summer 2017

26. On June 24, 2017, Student overdosed on Xanax and alcohol. Student was found by police passed out in [REDACTED]. Student was taken to the hospital and released with "common sense" recommendations, including follow up with regular pediatrician. There were no mental health recommendations given by the hospital. (Testimony of Father, Exhibit P4.)

27. Student's family started working with Dr. J.B.⁴ after Student's June 2017 overdose. Not long after family therapy began, it ended. Dr. J.B. began seeing Student on a weekly basis for individual therapy. Dr. J.B. recommended that parents stop doing school work with Student, make him earn his freedom. This did not work, Student was unmotivated to get things done. (Testimony of Father.)

28. Dr. J.B. described Student as pleasant, but he had a total disregard for the impact of his actions on his parents and family. Student was very guarded in sessions. He looked down and gave vague, perplexing and peculiar responses. Student had no plans for the future, no purpose in life and felt that he would be fine if his parents took everything away from him. Dr. J.B. had

⁴ Dr. J. B., private clinical psychologist, with a BS in Psychology from the University of Iowa, MS in School Psychology from Illinois State University, a 2 yr. degree from Family Institute at Northwestern University and a doctorate in Clinical Psychology from the Illinois State Psychiatric Institute in Chicago. She is currently a licensed clinical psychologist and held an Illinois Educator's License type 73 in School Psychology. She worked as a school psychologist in schools including a therapeutic day school. She has also worked in hospital and out patient settings.

not seen in her 33 years of practice such an “utter and complete disconnect between a bright child and the behaviors he exhibited in therapy.” (Testimony of Dr. J.B.)

29. Dr. J.B. told parents that Student was he was extremely dangerous due to his behaviors (i.e. the car accident and his climbing on construction sites at night). Dr. J.B. diagnosed Student with depression and emotional detachment. She felt that he was tempting fate by taking serious risks. Dr. J.B. did not suggest that parents seek special education services for Student, she knew that he would be returning to ██████ and she was okay with trying ██████ Dr. J.B. did not mention special education services at any time prior to December 2017. (Testimony of Father and Dr. J.B.)

30. Parents enrolled Student in ██████ summer credit recovery courses for English and Spanish. Father testified that Student failed both courses. (Testimony of Father.) Student’s transcripts show that he passed Spanish I with a B during the summer session. The transcript does not show enrollment in English for the summer session. (Exhibit SD 1-001.)

2017-2018 School Year

31. Student returned to ██████ as a sophomore in 2017-2018 school year he immediately began falling behind on his work. (Testimony of Father.) On September 18, 2017, Father reached out to ██████ asking for assistance with monitoring of Student’s assignments. (Exhibit P31.) The ██████ response for Father to must parent portal and to access Student’s Google classroom. Father’s contact with ██████ teachers was more of the same. In mid-September, A.M. Student’s Counselor recommended direct contact with individual teachers on Wednesday mornings to ask about missing assignments and provided information to find all teacher email addresses. In addition, she offered to work with Student to set up a system to keep organized on assignments. (SD 2-001 to 002.)

32. On September 29, 2017, after the family was in bed for the night Student took two (2) full bottles of cold medication (DXM) and video-taped it. In the morning, Student didn’t look good to Father, who took him to the emergency room. The hospital told Father that Student had overdosed, and they monitored him before releasing him with a referral to Rosecrance. (Testimony of Father.)

33. Father notified ██████ that Student was on “medical leave” on October 2, 2017 by email. (Exhibit SD2-001.) He did not provide any details concerning the reason for the medical leave. (Testimony of Father.)

Rosecrance

34. Student was admitted into ██████ for treatment on October 2, 2017. The length of stay was anticipated to be 35- 45 days. At ██████ Student received 2-3 hours of educational services and instruction from a certified teacher from Monday to Friday during his stay. (Exhibit P 33- 1.) ██████ is known as a treatment center for substance abuse issues. ██████ is

also known to provide some psychological treatment in its programs. (Testimony of P.G., and M.H.) Consents for District to communicate with ██████████ were signed upon admission on October 2, 2017. (Testimony of Father.)

35. ██████████ reached out to ██████████ to explain the education portion of Student's program, request assignments and materials for Student, and to request answer keys, calendars and pacing charts. (Exhibit P 32.) P.G.⁵, the home/hospital coordinator emailed all of Student's teachers, informing them of the request for modified assignments and make-up work, the anticipated length of stay. She arranged for the collection assignments, and other materials for Student at ██████████ and coordinated the exchange of Student's school work during his stay with parents and ██████████. P.G. was not told the reason for Student's need for treatment at ██████████ by parents or ██████████ staff. P.G. did not request this information from either parents or ██████████. (Testimony of P.G.) P.G. did not get much work back from ██████████. (Exhibit P33- 1.) Father believed that the ██████████ teacher was keeping ██████████ staff informed on Student's status. (Testimony of Father.)

36. P.G. spoke with Student's teachers who reported that Student was very smart and capable of doing his work. Student would doodle in class but was easily prompted back on track. None of his teachers mentioned social/emotional concerns observed in school. She did not believe that a referral for special education was needed due to these reports and placement at ██████████ doesn't automatically trigger a referral for special education evaluation. In addition, P.G. was a co-teacher in Student's U.S. History class and observed him in class. P.G. noted that Student was sweet and respectful, was organized in that he brought his materials to class, and he did assignments in class. Student doodled in class, but with a prompt got back on track. His social/emotion needs appeared on par with the other students his age. (Testimony of P.G.)

36. Student's November 15, 2017 discharge summary indicated that Student's primary diagnosis at admission and discharge was opioid use disorder, severe. Student was also given secondary diagnoses of an adjustment disorder, cannabis use disorder, alcohol use disorder, dextromethorphan ("DXM") use disorder, and sedative, hypnotic use disorder. Treatment included individual sessions, group therapy, DBT skill building, CBT base groups, art therapy, therapeutic recreation, and health lectures and groups to develop insight into the process of addiction. While in treatment, Student met with a psychiatrist to discuss both his mental health disorder and symptoms related to his substance use disorder. Student struggled to report the severity of his use or develop insight into how his behaviors caused concern from his parents. Student struggled to complete treatment work, engage in groups productively and listen to staff direction. During the second half of the treatment, Student began to become more engaged in treatment and began making progress. The discharge summary states that Student achieved his goals and completed treatment. The discharge recommendations for Student included completion of a longer-term treatment such as a wilderness program or therapeutic boarding school, attendance

⁵ P.G. is the ██████████ home/hospital coordinator, a special education position, and U.S. History teacher. She is a bachelor's degree in secondary education – History from De Paul University and a master's degree in Curriculum and Educational Leadership. She is a currently certified teacher in secondary education holding LBS 1 &2 and history endorsements. She has been employed by the District for the past 11 years.

in AA/AN/SMART Recovery meeting and return to therapy. (Exhibit JE 3-001 to 004.) No one at ██████ recommended consideration of special education services for Student at any time. No one from ██████ discussed special education services with parents. (Testimony of Father.)

Health

37. Student was admitted to ██████ partial hospitalization program on November 16, 2017. Father emailed A.M. and P.G. to notify them of the discharge and that Student would start at ██████ the day before the switch. (Testimony Father, Exhibit SD 8-001.)

38. Student participated in group, individual, and family therapy at ██████. He was seen by a psychiatrist for medication management. Therapies focused on skill building based on CBT and DBT. Skill development related to distress tolerance, mindfulness, interpersonal communication, and emotional regulation. He was discharged to from ██████ on December 22, 2017 with a plan to be admitted to the ██████ program on January 2, 2018. (Exhibit JE4-001.) Consents for the District to communicate with ██████ were signed on November 15, 2017. (Testimony of Father.)

39. ██████ informed P.G. that Student was still in the program but that he was experiencing significant obstacles in his ability to complete his work. ██████ did not request additional work for Student beyond what was initially provided for him. (Exhibit P40.) Student was moved from ██████' PHP (partial hospitalization program) to IOP (intensive outpatient program) on December 12, 2017. The change to IOP meant that Student no longer received academic support at ██████. (Exhibit SD 12-3.)

40. No one from ██████ discussed or recommended consideration of special education services for Student at any time. No one from ██████ Health discussed special education services with parents. (Testimony of Father.) ██████ was not told why Student was admitted to ██████ and was unaware of his diagnosis or treatment plan.

41. During Student's treatment at ██████ and ██████, Dr. J.B. was in communication with treatment providers concerning Student. Dr. J.B. stated that Student was a dual diagnosis patient while at ██████. She reported that the staff at ██████ is more focused on substance abuse treatment, but it is her opinion that Student's drug use was not the primary problem. She believes that his drug use was to cope with emotional distress. Student reported to her drug that he was experimenting with drug use and it gave him new, stimulating experiences. Dr. J.B. said that J.T., Student's ██████ therapist, reported Student's drug use was of a higher volume that she had known about. Dr. J.B. was not able to say whether or not Student had a drug addiction. She said that J.T. was more concerned about Student's lack of interaction with his peers and thought processes than his drug use. J.T. was also reported to have been perplexed by Student's engagement in other risky behaviors. (Testimony of Dr. J.B.)

42. Dr. J.B. said that J.T. told her that Student was not making progress in treatment at ██████ and that he couldn't justify Student staying at ██████ longer given his lack of

progress.⁶ J.T. recommended that Student be placed in a “boarding school” for combined residential and emotional support. Dr. J.B. took this to mean a residential treatment. She also believed that Student required residential treatment for emotional and (Testimony of Dr. J.B.)

43. Dr. J.B. conducted the Rorschach and the MMPI, projective tests, due to concerns that Student might be schizophrenic that were raised to her by a J.T. at [REDACTED]. Dr. J.B. and J.S⁷., parents’ placement consultant, determined that projective testing was needed to determine if Student was schizophrenic because that would be an important factor in finding an appropriate residential placement for Student. Because Dr. J.B. doesn’t normally administer these tests, she asked three colleagues who regularly administer the tests if they could complete these evaluations, but no one was available for a month. So, Dr. J.B. completed the testing herself as soon as Student was discharged from [REDACTED]. (Testimony of Dr. J.B.)

Dr. J.B. Summary of Needs

44. On December 14, 2017 Dr. J.B. wrote a summary of needs of Student. (Testimony of Dr. J. B.) This document states that it was written for the purpose of facilitating the decision-making process for residential placement (Exhibit JE 2.) The summary report was provided to J.S. (Testimony of Dr. J.B., and Father.) It was not given to [REDACTED] staff at this time.

45. Dr. J.B reported that Student presented with “a complex psychological profile highlighted by his difficulty managing his affective states.” Student was described as disengaging from emotions, shuts down in a quiet and removed manner. She notes that he has engaged in risk taking behavior, citing recent overdosing as the only example of risk-taking behavior. Dr. J.B. indicated that Student’s primary diagnosis was depression but noted that this diagnosis does not fully explain his psychological functioning. She notes that Student is unlikely to complain or present as feeling depressed or emotionally upset. (Exhibit JE 2.)

46. Dr J.B. states that projective testing indicates that Student had an unusual pattern of perceiving reality which results in instances of poor judgment and failure to anticipate the consequences of his actions. In addition, he misconstrues what constitutes an appropriate course of action. Student’s feelings of anger, resentment, and suspicion of authority indicate some paranoid thought processes. Student was not a risk or threat to others. (Exhibit JE 2.)

47. Student demonstrated some oppositional tendencies, not in an acting out manner. Projective testing supports the conclusions that Student was experiencing intense problems, was overly sensitive to criticism and was suspicious of others. He was not able to trust or compromise

⁶ The [REDACTED] discharge summary does give four different substance abuse diagnoses and a secondary diagnosis of adjustment disorder. It is noted that the substance abuse diagnosis of opioid use was the primary diagnosis at admission and discharge, not the adjustment disorder. (JE 3- 003.) The discharge summary does not support Dr. J.B.’s statements concerning Student’s lack of progress in treatment. It states that Student achieved his goals and completed treatment. The narrative expands on the progress Student made during treatment and provided a recommendation for residential treatment. (JE 3- 1.)

⁷ J.S. is a private consultant who was recommended by Dr. J.B. to work with the family to secure residential treatment for Student following his discharge from [REDACTED].

which interfered with his ability to develop warm close relationships. He has friends but does not share them with his family and is secretive about his actions. He has been involved with significant drug use but asserts that he is just exploring. He enjoys interpersonal contact but does not appear to rely on relationships for meaning in his life. (Exhibit JE 2.)

48. Dr. J.B. acknowledged that her findings contrast with Student's self-reports. He is rigid but friendly, can be talkative and interpersonal, but always at a distance. Student began to explore his intense feelings in counseling after discharge from the hospital. He recognizes how intense feelings make him anxious and that he would rather not deal with them. Student wanted to return to his typical routine. Dr. J.B. characterized Student's resistance to treatment as a by-product of his well-established defensive structure that allowed him to avoid feelings of distress and discomfort. Drug use and risk-taking behaviors are also part of Student's defensive structure. (Exhibit JE 2.)

49. Dr. J.B. recommended that clinical work needed to focus on increasing his tolerance of affective states and should proceed slowly. Dr. J.B. notes that Student had the capacity to cope with daily life, presented with a calm, pleasant demeanor, is not behaviorally resistant or unpleasant and had no history of acting out. Student is musically talented and derives pleasure from learning piano, loves mindfulness and yoga. (Exhibit JE 2.)

50. Dr. J.B. recommended that Student needed continued ongoing therapeutic intervention. His needs were beyond treatment in an out-patient therapy setting due to risks and concerns. Student was in [REDACTED] as an interim placement implemented after parents elected to bring him home to evaluate the specific residential placement more thoroughly. Dr. J.B. did not recommend the placement at [REDACTED]. (Testimony of Dr. J.B. and Exhibit JE 2.)

51. Dr. J.B. recommended direct therapeutic intervention with on-going supervision and structure to maintain personal safety while he deals with his internal emotional distress and learns to tolerate basic emotions and feeling states. He needs intensive therapeutic services to deal with depression, affective malaise, and negative suspicious feelings toward authority. Student needs a therapy goal to understand his feelings in general and their role in adaptive functioning and to bring his emotional experiences into consciousness to enable integration of his emotional and cognitive realities more effectively. Dr. J.B. recommended on-going assessment regarding his emotional need/vulnerabilities and thought processes due to his vague and confusing discourse and tendency to misperceive and mistrust others and his paranoid tendencies. She states that she did not recommend the placement at [REDACTED]. (Exhibit JE 2.)

52. Student's scores on the paranoid scales of the projective testing were highly elevated. Only 4% of boys his age had these scores. Student's style was defensive, and his responses were inconsistent. On the Rorschach, there was no evidence of distorted thoughts or delusions or hallucinations. Other testing revealed markedly poor decision-making, poor coping skills and an extremely rigid response style. Testing confirmed a diagnosis of depression, but depression didn't fully explain his psychological process needs. (Testimony of Dr. J. B.)

██████████

53. After Student was moved to the IOP program at ██████████, Father requested guidance from P.G. and A.M. due to no more academics. (Exhibit SD 12-003.) Father also inquired about the attendance policy to prevent Student from being marked as absent. (Exhibit SD 14-001.) District's response was to mark Student as absent, medically excused but it needed a note from ██████████ explaining why Student could not come to school for part of the day to do so. (Exhibit SD 14-001 and SD 15-001.)

Letter of Intent to Unilaterally Place Student at ██████████

54. The family worked with J.S. to find a residential placement for Student. The focus of the parent in seeking residential placement for Student was to keep him alive. J.S. had difficulty finding a placement that would take Student due to his high-risk behaviors. Parents were not aware of that the Illinois State Board of Education had an approval process for residential placements or of any approved schools in Illinois. (Testimony of Father.)

55. On December 19, 2017, Parents sent District a letter of intent to unilaterally place Student at ██████████ Academy, located in Coeur d'Alene, Idaho on January 2, 2018. (Testimony of Father, and Exhibit JE15.)

District Response to Letter of Intent

56. On December 26, 2017, District sent Parents a letter declining to fund the residential placement stating that it believed that Student's needs can be met in the general education setting at ██████████. The letter indicated that the District would be willing to complete a full case study evaluation to consider whether Student could qualify to receive special education through the District. Parents were instructed to contact the ██████████ District Representative if they wanted to discuss the evaluation. District provided Parents with a copy of the Explanation of Procedural Safeguards Available to Parents of Children with Disabilities. (Exhibit JE 15-001 and SD 15.) Parent acknowledged receipt of the Procedural Safeguards with the District's letter. (Testimony of Father.)

Request for Evaluation of Student

57. On January 15, 2018, Parents sent a letter and email to District requesting a Full and Individual Evaluation. Attached to the letter in support of their request were a document containing an overview of Student's hospitalization and tests, ██████████ Discharge Summary Plan, ██████████ Health Discharge, Primary Care Psychology Associates Psychological Evaluation, and ██████████, Psy. D., Summary of needs based on test results. (Testimony of Father and Exhibit JE 16.) Parents did not provide these documents to the school up to this point

because they did not feel that the information contained in the reports was pertinent to the school setting. (Testimony of Father.)

District Response to Request for Evaluation

58. On February 2, 2018, District convened an Assessment Planning Meeting. Parents participated in the meeting with K.W., case manager, S.B. District Representative, Dr. B.C. School Psychologist, School Nurse, M.H. Social Worker, and Speech-Language Pathologist. (Exhibit JE 8-001 to 006.) The team determined that an initial social assessment and current level of academic functioning needed to be completed for the case study evaluation. The team determined that interviews of parents, teachers and student were needed, academic assessment, review of records and rating scales were needed to complete a full case study evaluation. Mother signed the Consent for Initial Evaluation. (Exhibit JE 8, and testimony of Dr. B.C.) On February 2, 2018, Student's Mother signed a release of information for [REDACTED] for the purpose of completing a case study evaluation. (Exhibit SD 28-001.)

59. District school psychologist and social workers completed records reviews, reviewed outside evaluations and completed interviews and rating scales. (Testimony of Dr. B.C., M.H. and S.B.) S.B.⁸, the District Representative responsible for complaint with provision of special education services spoke with Student's team regarding concerns stemming from their inability to access Student, the need for valid and up-to-date information for the eligibility determination, validity of the outside evaluations and reports from [REDACTED] and [REDACTED] Health. The rehabilitation facility was discouraging contact with Student from the school. The team was concerned because they had received very little from [REDACTED], only one teacher completed the BASC-3 and one teacher shared academic/school functioning information. This was noted in both the social work and psychological evaluation reports. The team moved forward with the available information. (Testimony of S.B.)

60. S.B. did not participate in the April Eligibility meeting, but reviewed the reports from Dr. L.B., Dr. J.B., [REDACTED] and [REDACTED] discharge reports. She noted that these reports contained no significant school-based concerns and none of the reports contained school-based recommendations other than Dr. L.B.'s recommendation to be intentional about scheduling classes and to acknowledge work completion. S.B. did acknowledge that emotional disorders, individual therapy, a reward structure and activities noted in the Dr. L.B. report could be included in an IEP, are not typically found in them. Most of the reports from [REDACTED], [REDACTED] and Dr. L.B. and Dr. J.B. contained therapeutic and substance abuse supports. (Testimony of S.B.)

⁸ S.B., District Representative, has a BA in Social Work from Northern Michigan University, a MS in Social Work from University of Illinois at Chicago, and a MS in Educational Leadership from Northern Illinois University. She holds an Illinois professional educators license in social work and administration and is a Licensed Clinical Social Worker. She has been employed by the District since March 2017 and worked as a school social worker and PBIS coach prior to employment with District.

Social Work Evaluation April 17, 2018

61. M.H.⁹, [REDACTED] Social worker, completed Student's social work evaluation on April 17, 2018 as a component of Student's initial Evaluation. Father's was concerned that Student was resistant to initiate, engage and complete his school work and had difficulties with organization. Father characterized Student seemingly "stuck" and refusing to perform or produce schoolwork. Father reported that this began in 5th grade and was noted as his grades began to drop. Student failed classes in 7th and 8th grade. Father had concerns regarding unsafe, risky behaviors and poor judgment. Student had a history of two overdoses and being robbed at gun point. (Exhibit JE 9.) The evaluation report summarized social/emotional findings of the January 2017 psychological evaluation from [REDACTED], LLC and specifically notes that Student's "difficulties are thought to stem from a combination of personality factors and low motivation that is exacerbated by increased high school demands and decreased social enjoyment at school. Due to this difficulty adjusting to the increased demands of high school that is expressed as discontent, irritability, and defiance towards schoolwork." Student's diagnosis of adjustment disorder with mixed disturbance of emotions and conduct was noted. Student's active engagement when interested or intellectually stimulated and disengagement when not was also noted. (Exhibit JE 9)

62. The report summarized Student's history of hospitalization, inpatient and outpatient treatment, including the diagnoses given during hospitalization and maintained throughout treatment at [REDACTED] (primary Opioid use disorder, severe, and secondary Cannabis use disorder, moderate, alcohol use disorder, mild, Sedative, hypnotic, or anxiolytic use disorder, mild, and Adjustment disorder with mixed disturbance of emotions and conduct). The report notes that upon intake at [REDACTED], Student endorsed symptoms of depression. In addition, the report quotes Dr. J.B.'s December 14, 2017 summary concerning Student noting his complex psychological profile highlighted by his difficulty managing his affective states resulting in disengagement from and blocking of emotions. Also noted were Student's tendency to shut down in a quiet and removed manner, engage in risk taking behavior, most recently substance overdose. Dr. J.B.'s primary diagnosis for Student was depression, noting that this doesn't fully explain his psychological functioning. She notes Student's defensive style as reflected by instances of poor judgment, mistrust, indifference, unusual perception of reality, oppositional tendencies, drug use and risk-taking behaviors. Dr. J.B. recommended residential placement for intensive therapeutic intervention. (Exhibit JE 9.)

63. The report notes that Student did not attend [REDACTED] for most of the 2017-2018 school year and that there is no indication that he was struggling with his academic or social/emotional functioning at school. Parent reported that Student had good family relationships. Student is friendly, enjoying the company of others, can spend time alone, and withdraws from others at

⁹ M.H., [REDACTED] School Social Worker, has a bachelor's degree in Psychology and a master's degree in social work from University of Illinois at Chicago and ½ of an MBA from Northern Illinois University. She holds an Illinois Educators license with an endorsement in school social work. She has been employed by the District for 19 years as a school social worker. rose

times. He was reported to make friends easily, being easy-going and charming in social interactions. (Exhibit JE 9.)

64. Student's Father reported that Student's situation at the time of the evaluation was extremely serious and that Student was unable to leave [REDACTED]. According to Father, [REDACTED]'s directive was that Student was not available to the social worker for a telephone interview because he was too delicate. Student later became available to the District, but parent did not inform the District when Student became available for interview and testing. Father felt that he did not need to be the middle man between [REDACTED] and the District. (Testimony of Father.)

65. M.H.'s recommendations were to allow for a time-limited break at a designated place in the school building when upset or anxious and to allow student to speak to a social worker or counselor to help manage his emotions, if needed. (Exhibit JE 9-003.)

Psychological Evaluation and Review of Outside Evaluations

66. Dr. B.C.¹⁰, [REDACTED] School psychologist, completed a review of the [REDACTED] LLC report completed by Dr. L.B. in February 2017. He accepted in part this evaluation because is provided a comprehensive evaluation of Student's social, emotional, behavioral, cognitive and academic functioning. (Exhibit JE 10 – 001.) Dr. B.C. also reviewed and summarized Student's recent treatment history and reviewed his school attendance during the 2016-2017 year, noting only 5 absences of 188 school days. (Exhibit JE 10 -002.)

67. Dr. B.C.'s report summarized and interpreted the psychological data from the Dr. L.B. report. He notes that all of Student's scores on the Wechsler Intelligence Scale for Children – Fifth Edition (WISC-V) fell within the "Average" to "Extremely High" range with strengths in visual problem solving and that attention measures indicated average to above average functioning, on par with his peers. Dr. B.C. pointed out that Student may "check out mentally" when a task is not perceived to be intellectually stimulating. Dr. B.C. notes that Student did not meet the criteria for attention deficit/hyperactivity disorder (ADHD) at this time. (Exhibit JE 10 -002.)

68. Student's 2016-2017 grades were reviewed and included as a table. Wechsler Individual Achievement Test -Third Edition (WAIT – III) results were reviewed and it was noted that all academic schools fell within the "Average" to "Above Average" range. (Exhibit JE 10 -002.)

69. Dr. B.C.'s report indicated that [REDACTED] teachers noted that Student did not appear to have difficulty with reading comprehension, demonstrated strong problem-solving skills in math and science. Teachers also reported that Student tends to avoid difficult items and problems, noting this is probably due to his work ethic, not problem-solving difficulties. Teachers note that Student's note-taking skills are poor, and he exhibits low levels of engagement during lectures, educational videos and group learning activities. The low levels of engagement were probably due

¹⁰ Dr. B.C., [REDACTED] school psychologist, with a EDD from Chicago School Professional Psychology and holds an Illinois license with endorsement in school psychology and is a Nationally Certified School Psychologist. He has been employed by the District for 6 years. He is assigned to [REDACTED] and [REDACTED] Office as lead technician in school psychology.

to Student's lack of effort, distracting and unrelated activity (i.e. sketching). Dr. B.C. concluded that all of Student's performance issues are related to his work ethic and tendency to self-distract during instructional activities and work times. (Exhibit JE 10 – 003.)

70. Student's social/emotional functioning was based on review of the Dr. L.B report, Dr. J.B.'s summary of needs, a summary report by S.Y. [REDACTED] therapist, and behavior assessment scales completed by Student's parents and current teachers. Dr. B.C. noted from Dr. L.B.'s report that Student's laid-back demeanor that may result in a more passive avoidant style of coping with challenges and his past ability to get good grades without working hard. Dr. B.C. cited Dr. L.B. conclusion that "now that school assignments required more thought, effort, and planning Student is struggling because he has not had to use these executive functioning skills or exert this amount of effort in school in the past." Dr. B.C. noted that the [REDACTED] teachers feedback mirrors Dr. L.B.'s conclusion. Dr. B.C. notes Dr. L.B.'s diagnosis of adjustment disorder with mixed disturbance of emotional and conduct. During Student's 2017 evaluation, no clinically significant behaviors were noted on the Behavior Assessment System for Children, Third Edition (BASC-3) and Parent, Teachers or Children Depression Inventory, 2nd Edition (CDI-2) Self-Report. (Exhibit Je 10- 003.) Dr. B.C. testified that the BASC-3 is a standardized rating scales commonly used in the assessment of behavior concerning in school assessments.

71 Dr. B.C. summarized from Dr. J.B.'s December 14, 2017 summary that Student requires assistance dealing with his internal emotional distress and learning to tolerate basic emotions and feeling states. Dr. B.C. noted Dr. J.B.'s report of depressive symptoms, affective malaise, and negative suspicious feelings toward authority and he may have vague processing of emotion and may not understand his feelings in general, which may lead to poor judgment due to his failing to anticipate the consequences of his actions and misconstruing an appropriate course of action. Dr. B.C. notes that Dr. J.B. indicated that her findings are in contrast to what Student reports or admits. Dr. B.C. commented that Rorschach and Minnesota Multiphasic Personality Inventory – Adolescent (MMPI-A) were given, but no scores were reported which is unusual. Dr. B.C. notes Dr. L.B.'s report of Student strengths including capacity to cope with daily life, demeanor, no acting out or resistance, cooperative, likeable, musically talented, enjoying mindfulness and yoga. (Exhibit JE 10 -003.)

72. Dr. B.C. also reviewed and reported a summary report submitted by [REDACTED] therapist, S.Y. The S.Y. report largely repeated the findings of Dr. J.B.'s report. S.Y. added that Student made gains in his "behavior and mentality," noting that Student had ceased his negative acting out behaviors and had begun working on schoolwork more consistently. S.Y. noted Student working on being "present" with his attention and his beginning daily meditation practice. (Exhibit JE 10 -003 to 004.)

73. Dr. B.C. administered the BASC-3 to parents and two of Student's teachers due to the many diagnosis given to Student by various treatment providers. No significant behavioral concerns were noted by Student's parents on the BASC-3. Both parents identified conduct problems as at-risk concerns, noting the need to monitor this area. Father noted atypicality as an at-risk concern. Teacher BASC-3 scales were completed by only one [REDACTED] teacher. The

teacher did not note any clinically significant concerns and identified adaptability as an at-risk concern. Based on these reports, Dr. B.C. concluded that Student did not exhibit any clinically significant behavior concerns requiring intervention. (Exhibit JE 10 -004 to 005.)

74. Dr. B.C. concluded his report with a summary. First, the summary provided a review of all the diagnoses that were given to Student. Next his functioning in the “Average” to “Extremely” high range on the WISC-5 was noted. In addition, Student’s academic achievement was found to be solidly in the at or above grade level in all areas. It was noted that Student’s academic performance was an issue, this due to work ethic and self-distraction during instructional activities and work times. Also noted was Student’s loss of motivation to finish and give up when he falls behind. Finally, Student’s calm demeanor and likeable personality was noted, including that he is not behaviorally resistant and does not engage in acting out. Student’s therapist’s report of his presentation with depression, affective malaise, and negative suspicious feelings toward authority was noted. Student’s therapist conclusion that he does not understand his emotions and that leads him to engage in risky behaviors. Dr. B.C. notes that Dr. L.B.’s 2017 evaluation of Student noted no significant behavioral concerns were raised on the BASC-3 parent and teacher scales or on the CDI-2. In addition, the BASC-3 scales completed by parents and an [REDACTED] teacher did not indicate any clinically significant behaviors for Student. Dr. B.C. concludes that the behaviors observed during therapeutic support are not endorsed by parents or observed in the school setting. (Exhibit JE 10 -006.)

75. Dr. B.C. learned of the degree of Student’s substance abuse through his review of the [REDACTED] discharge plan. Dr. B.C. noted that the April 20, 2017 Report of S.Y. repeated verbatim sections of the report of Dr. J.B. and it did not provide any description of Student’s “acting out behaviors.” (see JE 10-003.) Dr. B.C. did not speak to S.Y. at [REDACTED]. Dr. B.C. noted that on the BASC-3 there were no concerns in the clinically significant range on either parent or teacher rating scales and few concerns in the at-risk range on the same scales. He did not make any recommendations for student because it didn’t appear that Student had clinically significant concerns at that time. Dr. B.C. shared at the eligibility meeting that he did not feel that Student was eligible based on the assessment data. Dr. B.C. indicated that the information available to the team did not show Student’s risk-taking behaviors other than drug use. The assessment data on Student did not reflect a Student with a disability requiring special education support and services. (Testimony of Dr. B.C.)

76. Dr. B.C. testified that evaluations completed by school psychologists are focused on assessment of cognitive, academic, and emotional problems for educational purposes. He stated that projective testing is used to assess emotional state. Dr. B.C. stated that he is not qualified to administer either the Rorschach or the MMPI. He acknowledged that these tests can be helpful but noted that they are not generally used in the school setting. (Testimony of Dr. B.C.)

Student at [REDACTED]

77. Student was admitted into [REDACTED]'s residential program and enrolled in [REDACTED] Academy on January 3, 2018 by his parents. (Testimony of Father, S.Y. and Dr. U.) Dr. J.B. was not involved in the selection of [REDACTED] as the residential treatment placement for Student. (Testimony of Dr. J.B.) After Student's admission, there were several email exchanges between the P.G. and A.M. concerning Student's enrollment status. (Exhibit SD 16 and SD 17.) The outcome of these discussion was that Student was dually enrolled in both [REDACTED] and [REDACTED] Academy.

78. On April 20, 2018, SY¹¹, Student's therapist at [REDACTED], wrote a letter, which he provided to the M.H., describing Student's participation and progress since January. SY copied much of the first page from the December 14, 2017 summary report by Dr. J.B. The letter states that he had made significant strides in his behavior and mentality, reporting that he is doing his schoolwork more consistently and had stopped all negative acting out behavior. (Testimony of S.Y. and Exhibit JE 5-001.) S.Y. or other [REDACTED] staff did not provide further detail concerning negative acting out behaviors to the District in response to their request for information for the initial evaluation. (Testimony of Dr. B.C. and M.H.)

April 26, 2018 Eligibility Meeting

79. On April 26, 2018 the District convened an eligibility Determination Meeting for Student. Participating in the meeting were Parents, K.W. case manager/district representative, a special education teacher/transition representative, a general education teacher, Dr. B.C. as evaluation representative and school psychologist, M.H. social worker, and Counselor, and Dr. J.B, as private license clinical psychologist. (Exhibit JE 11 – 001 to 002.) Parents waived the 10-day notice requirement. (Exhibit JE 11 – 002, and 004.) Parents were given and acknowledged receipt of the Notice of Procedural Safeguards for Parents/Guardians of Student with Disabilities. (Exhibit SD 38-001.)

80. The team reviewed Student's academic performance, including the 2017 evaluation completed by Primary Care Psychology Associates, reports from [REDACTED] teachers, and noted that an updated academic assessment could not be completed due to Student's current enrollment at [REDACTED] in Idaho. The team also reviewed the Social/Emotional performance as contained in the Social Work Evaluation which included parent interviews, a review of the 2017 evaluation completed by Primary Care Psychology Associates, a review of his hospitalization and treatment,

¹¹ S.Y., [REDACTED] Therapist, holds a Masters degree in Counseling from Liberty University in Virginia and an undergraduate degree in Psychology and Rehabilitation Counseling from Central Missouri State University. S.Y. has held a Marriage and Family Therapist license in Idaho for the past 17 years. He is a certified Hostage Negotiator and hold a certificate in "Adlerian Psychology" and is a Certified Hypno-therapist. S.Y. previous work experience includes alcohol and drug counseling in inpatient and outpatient settings, supervisor of Emergency Mental Health Services, private practice, and Clinical Program Director for a chronic pain management program.

the Dr. J.B. summary report and noted Student's was unable to participate in an interview per the directive of [REDACTED]. (Exhibit JE 11 -006.)

81. The team reviewed and determined that none of the determinant factors applied to Student. The team determined that no disability was identified. Based on this, Student was found not eligible for special education and related services. (Exhibit JE 11 – 007 to 009.) The team concluded that there was insufficient information in support of a finding of eligibility of Student for special education and related services. (Testimony of Dr. B.C., M.H. and K.W.)

82. During the Eligibility meeting the team discussed the Evaluation and Social Work Reports summarized above. The team discussed that Student's behavior in school setting. The team was not aware of Student's behaviors that were raised by the Parents and Dr. J.B. prior to the meeting. In addition, these descriptions of Student's behaviors were inconsistent with the recent report from [REDACTED] (i.e. S.Y. letter found at JE 5.) and the results of the behavior scales recently completed by the parents and one [REDACTED] teacher. Student had no history of acting out behaviors at [REDACTED]. There was discussion of possibility of the provision of tiered interventions for Student when he returned from residential treatment. (Testimony of Dr. B.C., K.W. and M.H.) The team did not adopt the recommendations found in Dr. J. B's summary report because they were inconsistent with the District's finding and the Dr. L.B. evaluation report. In addition, the District disagreed with her finding of depressive symptoms as these symptoms did not show up on the rating scales completed by parents and current teacher. The team would have needed to find that Student was a student with a disability under the IDEA, and that his academic performance was negatively impacted by that disability and the he required special education and related services. None of Student's medical diagnosis automatically qualified him as a student with a disability who is eligible for special education and related services. (Testimony of Dr. B.C.)

83. Meeting notes indicate that Dr. J.B. disagreed with the determination that Student does not have an emotional disability. She stated that Student can be disturbingly withdrawn and that his capacity to cope is significantly impacted in a negative matter. Parents also disagreed with the determination of ineligibility because they feel that Student has an emotional disability. Dr. J.B. says that Student's drug use is secondary to his depression and is a self-medicating behavior. Parent then described extreme behaviors at [REDACTED] and stated that Student was kept in stabilization (isolation, the most restrictive part of their program) due to some of these behaviors. Parent and Dr. J.B. believe that there is an adverse impact on Student's academic performance and that the experience of the professionals who have worked with Student over the past seven months concur that he has an emotional disturbance, including a mood disorder (i.e. depression, intensely bottled up emotions and insufficient coping strategies). The response was that it did not have that information in writing. (Exhibit JE 11-012 to 013, testimony of Father and Dr. J.B.)

84. Father recalled that Dr. J.B. talked about Student's risky behaviors, prior experiences and current problems at [REDACTED] during the meeting. Father also recalled that the team discussed why Dr. J.B.'s report did not persuade them that Student was disabled. He and Dr. J.B. were concerned because none of the District team had ever met Student and that they did not have current information concerning Student's difficulties at [REDACTED]. Father observed that the

District team seemed to be having difficulty getting information concerning Student's functioning from [REDACTED]. He had been trying to get information for the District from [REDACTED], but he was not successful either. (Testimony of Father.)

85. The team did not ask to postpone the meeting to gather more information after Father and Dr. J.B. reported on Student's recent behavioral concerns. Team members dismissed this information because it was not in writing and it conflicted with the responses given in the BASC-3 by parents and a teacher. (Testimony of Father, Dr. J.B. and Dr. B.C.)

[REDACTED]

86. [REDACTED] Academy is an accredited educational program in Idaho. (Exhibit SD 16-001.) [REDACTED] is a residential program that uses an Integral Psychology approach to assist struggling teens to improve their mental health. [REDACTED] specializes in a variety of mental health disorders but does not provide substance abuse treatment. [REDACTED] provides residents with intensive supervision and support, including services defined in each resident's goal-based treatment plan, therapy, comprehensive weekly medication management, individual therapy three times per week, weekly family therapy, group psychotherapy twice daily, personal health and fitness, 24-hour supervision and support, transportation, and academic support. [REDACTED] also has an Adolescent Stabilization Program that provides a safe, continuously supervised low stimulus environment for short-term support of individuals in crisis. Parents are participants in the program, setting expectations, measuring outcomes for the family, participating in therapy with their adolescent. Initially each resident must make a 6-month commitment. After the initial period, the length of stay is determined on an individual basis based on individual goal achievement. (Exhibit P12.)

87. Students in [REDACTED] programs begin each day with dressing/grooming followed by exercise activity, then breakfast. Students attend school from 8:00 a.m. to 11:00 a.m. daily. Lunch is served, followed by participation in two therapy groups in the afternoon. After groups, there may be an active community outing, followed by dinner. After dinner, there is an hour or so of free-time followed between 8:00 p.m. to 9:00 p.m. bedtime. Weekends schedules varied in that there was no school, fewer therapy groups and more activities and community outings. Residents meet with the psychiatrist weekly for a review of medication. The treatment team meets weekly to discuss the residents and care plans are reviewed bi-weekly. The [REDACTED] Academy is a school setting with small classrooms that seat a maximum of twelve (12) students. There is one teacher and computers are available for the students. Teachers are certified in Idaho. (Testimony of S.Y.)

88. At intake Student presented with a calm, flat affect, blunt demeanor lacking in facial expression and emotional vocal tone. Student seemed to be out of touch with his emotions and didn't seem to care about being at [REDACTED]. Student did not care about the future. This is problematic because he had no motivation to change. Student would identify what authority figures wanted from him and do the opposite. Student appeared to be cold and calculated, he

engaged in risk taking behaviors such as running away, sneaking out, hiding on the roof of a building, tried to blowup an aerosol can, killed chickens with a shovel, broke into a food cabinet with silverware, drank vanilla resulting in alcohol poisoning (and a visit to the ER) and was passively aggressive calmly and quietly refusing to do things. These behaviors were not normal but were consistent with what was in the records provided to [REDACTED]. Rewards did not motivate Student. (Testimony of S.Y.)

89. Early in the program, Student was guarded in his responses and talked about things that were not relevant to his treatment. Dr. U. indicated that Student's condition upon admission was more serious than his diagnoses suggested. Student initially demonstrated a mismatch between his emotions and behaviors. As an example, Dr. U. states that he found Student at a gas station with another peer. Student was not aware of the risks he had placed on himself by leaving to go to the library without adequate clothing or a plan to get there. Student stated that he went with peers who wanted to go, and he discredited any risk to himself. (Testimony of Dr. U.)

90. Initially, Student was not able to focus in class. To address focus, the teachers broke down assignments to avoid feelings of being overwhelmed. Student did not respond to treatment for two to four months. After Student refused to participate in treatment, he was placed in the Stabilization Program. In Stabilization, students are in the most restrictive setting, with the most intensive level of support. Student was in Stabilization for 2-3 weeks or more before he started to do his therapeutic and school work. Student was able to focus in class when there were only six (6) to nine (9) students and other stimulation was removed. After he was put in this environment, he discontinued his work refusal and was able to complete assignments. (Testimony of S.Y and Exhibits 60, 61 and 64.)

91. Dr. U. indicated that all previous diagnoses were reasonable based on the symptoms Student was displaying. Dr. U. indicated that there was nothing about Student's behavior the first month that he was in treatment that was predictive of his placing a can on a stove, placing himself and others at risk of harm. Student often presented better than he was able to function. Dr. U. indicated that after experience with Student, learning his family background, and consulting with his primary clinician from home, he was more able to understand Student's needs. As a result, the primary diagnostic codes on Student's records were adjusted to reflect the current diagnostic understanding. Student's risk-taking behaviors were not inline with the remainder of the behavior he demonstrated. (Testimony of Dr. U. and IHO Exhibit D.)

92. [REDACTED] charges \$15,400.00 monthly fee (\$513.33 daily when prorated) for its residential treatment program. The fees are all inclusive for the program. [REDACTED] doesn't breakdown the fees because the program design does not allow for selection of services, it integrates all available services, individualized to specific needs. This includes academic, clinical, nursing, transportation, recreation and room and board services. There may be additional charges for Stabilization services (up to 14 days are included in the monthly fee) or for damages to property. [REDACTED] does not bill insurance companies or school districts, parents are responsible for the costs and sign a financial contract. [REDACTED] will provide limited itemizations to parents for their submission for insurance reimbursement. Dr. U and a nurse practitioner Brittan

performed “Brief Med checks” that were itemized for insurance purposes. While this service may be covered by health care insurance it is not a service that can only be provided by a physician and are an integral part of the ██████ program including in the all-inclusive fee structure. (Testimony of Dr. U. and Exhibit P6.) Parents paid the costs of ██████ and are seeking reimbursement. (Testimony of Father and Mother.)

2018-2019 School Year

93. Student continued at ██████ throughout the summer. He progressed with his treatment plan goals. On August 5, 2018, Dr. U. composed a letter containing a summary of needs for Student’s on August 2, 2018. This letter was provided to parents. (Testimony of Dr. U.) Dr. U. indicates that Student’s high-risk behaviors appeared to stem from a complete disconnect between his emotional awareness and his impulsive behaviors. Student historically demonstrated long periods of uneventful interactions between the dangerous and concerning actions. These periods have complicated his care and he require a longer duration of residential care to persist at assisting him in understanding his emotions and the impact his emotions have on his actions. Residential treatment provides an environment where these high-risk behaviors are noted earlier than they could be in a usual community setting. Dr. U. indicated that discharge of Student was anticipated to be in October 2018. At that time, Dr. U. anticipated that Student would require a therapeutic day school setting that would provide him with a supportive and therapeutic academic environment that includes ongoing scheduled therapy with reinforcement in the moment by trained staff. Student needs social skills instruction that is taught and reinforced for the development of positive relationships. Student will need a comprehensive transition plan to support his post-secondary education and employment plans. Finally, Student also needs psychiatric therapy to develop internal structures for emotional regulation. (Testimony of Dr. U and JE 6.)

94. On September 10, 2018 District convened a Assessment Plan/Domain Meeting and agreed to complete an evaluation of Student in academic and social emotional domains. (Exhibit SD 40.) Parent signed consent for Initial Evaluation on September 11, 2018. (Exhibit SD 40-005) District completed another initial evaluation of Student.

95. On September 18, 2018, SY provided a letter to LPHS concerning Student’s inability to return to LPHS. SY explains that Student was placed in Adolescent stabilization, a portion of the program used for stabilization. Student was placed in stabilization for refusing to follow program rules, and guidelines, especially when it came to complete his school work. He was refusing to participate in groups, engaging in risk taking behaviors, such as attempting to run away, and leading other peers along those lines. Student needed a smaller quieter milieu to stabilize and to begin process toward his goals. After Student was able to move from Stabilization back to the Adolescent Program, he was able to make gains in all areas of his life. (Exhibit JE 7, SD 42-001 to 002.) Discharge for Student was anticipated to occur in October 2018.

96. District evaluations were completed. ██████ provided updates on Student’s progress and current status in its program. Student was available for interviews and to complete

rating scales. [REDACTED] teacher provided progress reports, grades, and completed rating scales for the evaluation. Student was found eligible for special education and related services under the IDEA and related sections of the Illinois School Code on October 23, 2018 under the category of Emotional Disability. (Exhibit SD 54.) An IEP was developed for Student that contains the provide of special education service to meet his need at NHA, a therapeutic day school, at District's expense. (Exhibit SD 55). Parents were given Notice of Procedural Rights on October 23, 2018. (Exhibit 56.)

Tuition Reimbursement Claim

97. Parents paid Father says he paid about \$150,000 plus an additional \$35K deposit for [REDACTED]. There were no cost breakdowns provided by [REDACTED]. It was an all-inclusive program. Advantage AISS fee for when he ran away from the program and people had to go out to find him. (Testimony of Father, Dr. U. and Exhibit P6.) Upon request, [REDACTED] provided parents with itemized listings of services that their insurance might cover. [REDACTED] did not submit any claims to insurance companies or to school districts. [REDACTED] does not have available the cost of tuition, room and board, recreation, therapy, mentoring, transportation or other program costs. (Testimony of Dr. U.) Father presented invoices from [REDACTED] for the months of January 2017 to October 2018. (Exhibit P6.) Father testified that he put down a deposit of \$45K and that there were \$15,400.00 per month for 10 months in charges from [REDACTED]. (Testimony of Father and Exhibit P6.) Mother testified that the itemized statements were provided by [REDACTED] at her request to enable her to seek reimbursement from the family healthcare insurance. Parents have been reimbursed for some but not all of the expenses submitted to insurance. (Testimony of Mother.)

98. Parents incurred travel expenses for admission trip January 2018 est. \$300 per ticket on Southwest (Exhibit P 8.) and a hotel for \$400.00. For two (2) trips for VC to come home to visit (end of July and October) \$100 cost for October with an estimated cost of \$700 roundtrip. Parents used airline mileage and credit card bonus to pay for the cost of air transportation. Parents made two additional trips in March and May. (Testimony of Father.)

CONCLUSIONS OF LAW

Based upon the above Findings of Fact, the arguments of counsel, as well as this Hearing Officer's own legal research, the Conclusions of Law of this Hearing Officer are as follows:

Issue One: Whether the District met its Child Find obligations under the IDEA by failing to evaluate Student in all areas of suspected disability during the 2016-2017 school year?

Issue Two: Whether the District met its Child Find obligations under the IDEA by failing to evaluate Student in all areas of suspected disability during the 201-201 school year?

Parents argue that the District had sufficient information to suspect that Student was a child with a disability and to justify at least a referral for special education evaluations during the 2016-2017 and 2017-2018 school years. Parents assert that Student's grades were progressively worsening beginning in 8th grade and continuing through 9th grade (2016-17 school year), his persistent failure to do work and his underperformance in many subjects, especially considering his high intellectual ability, should have triggered evaluations by the District. They assert that these changes began in 8th grade and because they started prior to the transition from high school to middle school they could not have been caused by the transition. Parents also assert that District staff acknowledged that Student displayed deficits in organization skills, work habits, making responsible decisions and in functioning in a way that would allow him to work. Parents argue that District staff acknowledged that the issues Student displayed in the classroom could be indicative of emotional disturbance.

Parents argue to that the District teachers, case manager, school psychologist, and social worker failed to seek out information, including diagnostic information and recommendations from [REDACTED] and [REDACTED] that would have been relevant to making a determination of eligibility. Parents assert that the District has cast blame on the Parents and argue that this is immaterial because Child Find creates an affirmative obligation on the District. The District cannot take a passive approach and wait for others to refer the student for special education services. Parents argue that the District must actively seek out IDEA-eligible students and they did not. (*Compton Unified Sch. Dist. v. Addison*, 54 IDELR 71 (9th Cir. 2010).) Then, as a result, the District failed to evaluate Student in all areas of need.

District argues that during the 2016-2017 or 2017-2018 school years it did not have reason to suspect that was Student a student with a disability or reason to suspect that special education services might be needed to address that disability. District asserts that Student's 2016-2017 teachers testified that although he did not always complete homework, he completed work in school and was a capable student, who had friends, and did not present with any emotional or behavioral concerns at school. District asserts that teachers testified that many students struggle with work completion and motivation the first few semesters of high school and that this is not unusual behavior that would have triggered the need for school staff to issue a referral for an evaluation. District argues that while Student was enrolled at [REDACTED] he passed most of his classes receiving As, Bs, and Cs and that these grades were not noteworthy, as many lower classmen in accelerated programs such as the double honors program, struggle with the rigorous coursework. District argues that there was nothing about Student, including his academic or social/emotional status was a "red-flag" indicating a need for special education services. District's staff communicated with one another concerning Student's status and observed that Student was capable of performing when he was motivated. Student was not brought to the attention of the [REDACTED] psychologist, social worker or case manager as a student needing additional academic

support or for social/emotional concerns. District asserts that Parents did not share their concerns for Student with the [REDACTED] staff during the 2016-2017 or the 2017-2018 school years. District asserts that even after Student was admitted to [REDACTED] information concerning Student, including his needs was provided only intermittently. District staff was not told and did not know the level of support Parents were providing to Student with homework. They did not know that Student had a tutor. They did not know that Student was held up at gunpoint, was hit by a car, was sneaking out of the house, climbing building at construction sites, or had overdosed twice by the time of the spring 2017 evaluation. District asserts that when some of the information was given information about the robbery and car accident, these incidents were represented as accidents. The District's home/hospital coordinator was never told the reason that Student was admitted to [REDACTED], [REDACTED] and [REDACTED]. Parents did not disclose the reason for Student's admission and the discharge reports from [REDACTED] and [REDACTED] show that the primary concerns for Student in those programs was drug and alcohol abuse. The District had no way to know that the secondary and underlying emotional concerns existed because Student was not presenting as a student with emotional struggles at school and the District did not have information concerning the struggles taking place outside of school. District argues that it did evaluate Student when it was first requested.

Child Find

One of the purposes of the IDEA is to "assure that all children with disabilities have available to them a free appropriate public education that emphasizes special education and related services designed to meet their unique needs and prepare them for further education, employment, independent living." 20 U.S.C. §1400(d)(1)A) and 34 C.F.R. §300.1. States must comply with certain requirements, including identifying, locating, and evaluating all disabled children who are in need to special education and related services. 20 U.S.C. §1412(a)(3)(A) and 34 C.F.R. §300.111. The Illinois School Code and its implementing regulations contain the requirements Illinois has placed on its local education agencies/school districts to satisfy this requirement. These regulations require school districts to employ the means and methods to find children with disabilities residing within its jurisdiction and to identify the specific individual children with disabilities who are eligible for special education and related services. 150 ILCS 5/14-1.01 *et seq.* and 23 Ill. Admin. Code §226.100.

The "child find" provision creates a duty requiring school districts to find "children who are suspected of being a child with a disability, and in need of special education, even though they are advancing from grade to grade." 34 C.F.R. §300.125(a)(2)(ii). The child find duty is "triggered" when the school district has reason to suspect a disability, and reason to suspect that special education services may be needed to address that disability.

While Child Find is intended to identify children who are in need of special education and related services even though they are advancing from grade to grade (34 C.F.R. §300.111(c)(1)) it does not demand that school district conduct a formal evaluation of every struggling student and

failure to diagnose a disability as early as possible is not per se actionable, in part due to the fact that some disabilities are difficult to diagnose. *D.K. v. Abington School District*, 112 LRP 50553, p.9 (3rd Cir. 2012). The school district is required to evaluate a child upon the reasonable suspicion of eligibility and evaluate within a reasonable period of time after being put on notice of the behavior that is likely to indicate a disability. *W.B. v Matula*, 67 F.3d 484, 501(3rd Cir. 1995), *abrogated on other ground by A.W. v Jersey City Pub. Sch.*, 486 F.3d 791 (3rd Cir. 2007)(en banc).

Teachers and other professional personnel are required to provide “ongoing review(s) of each child’s performance and progress to identify those students who exhibit problems which interfere with their educational progress and/or their adjustment to the educational setting, suggesting that they may be eligible for special education and related services. 23 Ill. Admin. Code §226.100(a)(2). Further, when these teachers and other professional personnel conclude that an individual evaluation of a particular child is warranted based on factors discussed below, they are required to make a referral for an initial evaluation. 23 Ill. Admin. Code §226.100(b). Teachers and other professional personnel should consider the child’s educational progress, interaction with others, or other functioning in the school environment when determining whether an individual evaluation is warranted. 23 Ill. Admin. Code §226.100(b).

Discussion: The 2016-2017 School Year

Student, a 9th grade double honors student, demonstrated difficulty with homework completion which resulted in lower grades than would be anticipated given his high intellectual ability. (FF # 1, 3, and 19.) However, the work that Student completed in class was on par with his peers and demonstrated to teachers that he was capable of work completion and he was learning. (FF# 5.) ██████ provided Student with additional support for his difficulty with organizational skills and work completion. (FF# 9.) Student was successful in many of his courses. (FF # 11.) District teachers concluded that Student’s difficulties with work completion were due to lack of motivation, choice or due poor organizational skills. (FF# 8 and 10.)

Teachers reported that this was not atypical for freshman students. (FF#8.) Parent argues that District staff’s attribution of Student’s lack of motivation, or organizational skills as a typical transition problem was simply a rationalization after the fact to make an excuse for the District staff’s failure to refer Student for evaluations. However, although the District did not have access to this information at the time, Dr. L.B.’s report concludes that Student was experiencing these difficulties due to his lack of motivation and poor organizational skills which he had not needed prior to the transition to the increasing demands of middle school and high school. Additionally, Dr. J.B. also testified that it is not unusual for students to have difficulty keeping up in school when they begin switching classes, as in 7th and 8th grade.

Parent communications with teachers did not raise suspicion of a disability either. Parents recognized that student was struggling with organization, homework and turning things in on time, but repeatedly asked for more time and asserted that they were working to get Student back on track. (FF# 7.)

The District provided Student with supports to address his lack of organizational skills and motivation at first through communication with parents, then in December, by putting him in a weekly group to work on goal setting and organization. Student's academic progress as measured by grades was mixed and inconsistent. He passed all courses first semester and failed two classes second semester. Student's grades were a mix of As, Bs, Cs, Ds and Fs. (FF#11.) Student's grades for work completed and on tests were on par with his peers in the double honor program. Student had friends in school and demonstrated no social problems in class and was not a behavior problem. (FF# 5.)

The Third Circuit Court recognized that Child Find does not demand that schools conduct a formal evaluation of every struggling student, even those having academic difficulties. Further, the court recognized that the district is not required to jump to the conclusion that behaviors denote disability. *D.K. v. Abington School District*, 112 LRP 50553 (3rd Cir. 2012) (citing *J.S. v. Scarsdale Union Free Sch. Dist.*, 82 F. Supp. 2d 635, 661 (S.D.N.Y. 2001)). The Seventh Circuit found that a school had no basis to suspect disability when a student's academic performance is average, and the student's guardian never requested special education services. *Rodiricus L. v. Waukegan Sch. Dist. No. 60*, 90F.3d 249, 254 (7th Cir. 1996). In *Rodiricus* the court was considering whether a district had reason to suspect disability for a student who invoked stay put in the context of a pending expulsion. The court discussed that the student's academics were not outstanding, but deemed average and that no one, including parent or staff, had proposed or suggested that he had a disability until student was facing expulsion for his acts of alleged burglary. It concluded that the district had neither knowledge nor reasonable suspicion to base a rational decision that Rodiricus was disabled.

Here, as in *Rodiricus*, no one, including parents or staff, proposed or suggested that Student had a disability during 2016-2017 school year. Unlike *Rodiricus*, Student did not demonstrate any atypical behaviors, he had friends and was not a behavior problem in class. His difficulties with work completion and organization were viewed by his teachers as typical. In addition, Student was making some academic progress, although it was mixed. Student earned 6/7 credits and had an overall GPA (grade point average) of 2.8571 during the 2016-2017 school year. Finally, Parents did not inform District personnel about any of Student's atypical behaviors they were observing at home during the 2016-2017 school year and District had no other way to know about these behaviors. Accordingly, I find that the preponderance of the evidence shows that District did not have reason to suspect that Student had a disability or reason to suspect that special education services may be needed during the 2016-2017 school year and therefore did not fail to evaluate Student in areas of suspected disability.

Discussion: The 2017-2018 School Year

Student began the 2017-2018 school year at [REDACTED] in much the same manner as the prior year. Student was still enrolled as a double honors student. Student was observed to demonstrate appropriate social skills in class and that during class, he brought his materials to class and worked

as asked. (FF#5.) Father indicated that the District response to his requests for assistance was minimal. (FF# 7.) The District offered Father access to the parent portal and recommended that parents access Student's Google classroom to monitor his progress. (FF# 31.)

By the end of the first month of the 2017-2018 school year, Student was no longer in attendance at [REDACTED] for reasons unknown to the [REDACTED] staff. Father did not disclose to [REDACTED] staff the reason for Student's need for a "medical leave." These institutions were known to primarily provide drug treatment and [REDACTED] was not told the reasons for Student's admission to [REDACTED] or [REDACTED]. In addition, [REDACTED] staff and District were not provided with the reasons for Student's admission to [REDACTED] until Parents requested a full individual evaluation. (FF# 34 and 35.)

On January 15, 2018 when Parents provided the District information in support of their request. (FF #57.) On February 1, 2018, the District timely convened thirteen school days after the request for evaluation was received by the District. (23 Ill. Admin. Code §226.100.) The District and Parent's agreed to evaluate Student in social/emotional and academic domains. (FF# 58.)

Both parties argued as discussed above. Again, as discussed above in Issues One and Two, Student's academic performance and behaviors during school did not raise red flags or reasonable suspicion concerning the possibility of disability for Student. No evidence was presented that Student's performance in school raised any red flags at the opening of the 2017-2018 school year and/or up to the point when Student did not return to [REDACTED] in late September.

Parents argued as above, that the District had reason to suspect that Student was a student with a disability, however, as discussed above, Student's perceived lack of motivation was not an unreasonable explanation for his incomplete work that caused his declining grades. District had no knowledge of Student's engagement in risky and dangerous behaviors outside of school and did not have any knowledge of the academic supports provided by the Parents and a tutor. Parents had this knowledge and failed to provide it to the District. IDEA does not eliminate the need for parents and others to assist schools in identifying children in need of special education services. (See *Huntsville City Board of Education*, 22 IDELR 931 (SEA AL 1995); and *Mantanuska-Susitna Borough Sch. Dist.*, 51 IDELR 56 (SEA AK 2008).) After the Parents provided the District with their request for an evaluation the District proceeded to evaluate Student for the purpose of determining eligibility under IDEA.

On January 15, 2018 the District received a request for an evaluation from Parents. Attached to this request were the reports of Dr. J.B., [REDACTED], [REDACTED] and Dr. L.B. (FF#57.) The District convened an Assessment Planning Meeting on February 2, 2018, less than 14 school days after the receipt of the request for an evaluation to determine if he has a disability and the nature and extent of the special education and related services that he might need. (34 C.F.R. §300.15 and 23 Ill. Admin. Code §226.110(c).) During the Assessment planning meeting the team determined that the social/emotional and academic domains should be assess for Student. IDEA requires that the evaluation be conducted within 60 days of the consent or within the timeframe established by the State. (34 C.F.R. §300.301(c).) Illinois regulations require that the evaluation be completed within 60 school-days of receipt of parent consent. (23 Ill. Admin. Code

§226.110(d).) Parents argument that the District failed to complete its evaluations of student until less than two months before the end of the 2017-2018 school year implies that the evaluation was not timely. Here, the District completed its evaluation and conducted the eligibility determination meeting on April 26, 2018, 50 school days after receipt of the consent for evaluation. District's evaluation was timely.

Parents' argument that District failed to initiate an evaluation after it had access to the reports of Dr. J.B., [REDACTED], [REDACTED] and Dr. L.B. may be technically true, but it fails for Parent's request for an evaluation came simultaneously with the disclosure of these reports to the District and the District's response to Parent's request was timely.

The IDEA regulations require that evaluations must include a variety of assessment tools and strategies to gather relevant information concerning the functional, developmental, and academic information, including information provided by the parents, that may assist in determining with a child has a disability under the IDEA and the child's involvement and progress in the general education curriculum. (34 C.F.R. §300.304(b). Teams may not use a single measure or assessment as the sole criteria for determining eligibility or to develop an IEP. (34 C.F.R. §300.304(b)(2). They are required to use technically sound instruments that may assess contribution of cognitive and behavioral factors. (34 C.F.R. §300.304(b)(4).)

Here, the District completed Psychological and Social Work evaluations of Student. The components of the District's Psychological Evaluation were a review of Dr. L.B.'s February 2017, provided by the parents, which included student and parent interviews, intelligence testing, academic achievement testing, several behavior rating scales, a performance assessment, an assessment of auditory attention, a depression inventory and a personality inventory. Dr. B.C. also completed a review of student's academic records, [REDACTED] discharge report, [REDACTED] discharge report, Dr. J.B.'s summary of needs, attendance records, BASC-3 parent form rating scales, BASC-3 teacher rating forms, and a letter from S.Y. Student's therapist at [REDACTED]. Dr. B.C. noted in his report that an academic assessment update could not be completed because Student was enrolled in a residential placement in another state.

The District's Social Work Evaluation was based on parent interviews, a psychosocial history including review of Dr. L.B.'s report, the [REDACTED] and [REDACTED] discharge reports, the Dr. J.B. summary, and a record review at [REDACTED]. The report explains that according to Father it was not possible for Student to participate in an interview by telephone at the direction of [REDACTED]. (FF# 64.)

Parents allege that when the District did evaluate Student, the evaluation was not full or adequate. Parents point to the District's failure to interview Student, failure to have Student complete rating scales, failure to interview [REDACTED] teachers, failure to use standardized rating scales in Spring 2018, to wrongly use adequate grades and achievement scores and lack of in-school behavior as the basis to deny eligibility even after becoming aware of the severe problems in Spring 2018. Parents also point to the District's failure to contact Student's clinicians, and failure to adequately investigate executive functioning problems. Finally, Parents also point to the District's

failure to complete projective testing. Parents assert that these violations lead to illegitimate findings.

The District argues that even after Student was admitted to [REDACTED] and the District conducted evaluations, the information that was provided to it was minimal. Student was not made available for testing, or for interviews. No behavior reports were provided. Minimal academic information was available. At this time, LPHS staff was made aware of some of Student's behavior incidents prior to Student's admission to Rosecrance, however these incidents were presented in a manner that they appeared to be a series of unfortunate events. District was not told that Student running into the street cause him to be hit by a car, they merely stated he was "hit by a car." The District was not aware of the serious behaviors that Student was demonstrating at [REDACTED]. District asserts that the behavior rating scales completed by Parents and an [REDACTED] teacher did not indicate that there were any clinically significant concerns.

Here, District's failure to interview Student and to have him complete rating scales cannot be attributed to the District. [REDACTED], Parent's placement did not allow access to Student for the interviews and rating scales. District noted this in its reports. (FF#59.) Illinois regulations provide that if any needed portion of the evaluation cannot be completed due the inability of the child to participate in the evaluation the district shall note the missing portions and state the reasons why those portions could not be completed. (23 Ill. Admin. Code §226.110(i).) The District evaluations included statements concerning the missing student interview, rating scales and an updated academic assessment (which would include the observation) and provided the reason they were missing, in that the student was in another state and not available to District for assessment. (FF #64.) There was a report by S.Y. concerning Student's classroom performance at [REDACTED]. (FF# 78.) The District cannot be accountable for these omission as the District had no control over the factors that caused their lack of access to Student.

Parents assertion that failure to interview [REDACTED] teachers resulted in illegitimate findings is not supported by evidence. Dr. B.C. testified that there was little diagnostic value to talking with LPHS teachers from the previous school year as they would not have knowledge of Student's current level of functioning. It is noted that the teachers who testified at the hearing provided descriptions of Student's academic and behavioral performance in school that was consistent with what was reported from the review of school records (including the absence of disciplinary reports), Parents reports and rating scale results as contained in both Dr. L.B. and Dr. B.C.'s assessments of Student, and the current teacher's rating scale results, the statements of S.Y. concerning Student's current school functioning. It was testing that revealed Student's difficulties. District used the information that was available to them concerning Student's current level of functioning in the spring 2018 evaluation.

Parents assertion that the District failed to use standardized rating scales in Spring 2018 is without merit. The District used the BASC-3 rating scales as reported in the District's Psychological Evaluation Report. Dr. B.C. testified that these are standardized rating scales that are most commonly used for educational evaluations. (FF# 70.)

Parents asserted that the District wrongly use adequate grades and achievement scores and lack of in-school behavior as the basis to deny eligibility even after becoming aware of the severe problems in Spring 2018. First, the evaluation reports relied upon multiple sources of information and various assessments as discussed above. Next, the evidence presented in this matter clearly indicated that the Student had been engaged in multiple serious behavioral incidents, however, evidence clearly indicates that the District was not informed of any serious behaviors other than drug overdoses by the Parents or ████████ of these serious behaviors. The robbery and car incidents were portrayed as accidents by student and Parent. (FF# 61.) The references to these behaviors in the reports included general references to unsafe, risky behavior and poor judgment by parents and clinicians. In addition, the rating scales completed by the parents and an ████████ teacher did not reveal any concerns through indications of clinically significant findings, so the District had no reason to investigate behavior concerns more thoroughly at the time of the evaluation. (FF# 70.)

Student's current therapist provided input in the form of a letter that was used by the eligibility team. (FF # 78.) The discharge reports from ████████ and ████████ were relied upon in the evaluation. The District is not obligated to contact the authors of each outside report and the evaluators exercised their judgment and did not. Parents allege that District did not fully investigate Student's executive functioning problems. However, the report of Dr. L.B. found that Student's attention capacity, short-term memory, and organizational skills were in the average to high average range and concluded that previously, Student did not have to use his executive functioning skills. Dr. L.B. concluded that Student's difficulties were thought to stem from a combination of personality factors and low motivation exacerbated by the increased demands of high school and the decreased social enjoyment of school. (FF# 23.)

Parents also point to the District's failure to complete projective testing. Dr. B.C. testified that evaluations completed by school psychologists are focused on assessment of cognitive, academic, and emotional problems for educational purposes. (FF# 76.) Dr. J.B. testimony was that the testing was completed to determine whether Student had schizophrenia a medical condition and was needed to find appropriate residential placement. (FF# 43.) Dr. J.B. and J.S., parents' placement consultant, determined that projective testing was needed to determine if Student was schizophrenic because that would be an important factor in finding an appropriate residential placement for Student. Dr. J.B. seems to have based her diagnosis and conclusions concerning Student's needs based largely upon the results of these projective tests.

Finally, Parents assert that the District dismissed the findings of Dr. J.B.'s and failed to ask for her input at the eligibility meeting. The evidence presented demonstrates that the District psychologist and the eligibility team considered Dr. J.B.'s report in the evaluation and at the eligibility meeting. Dr. J.B.'s report and her recommendations were not adopted by the eligibility team because they were not consistent with the other information available to the team at the time, including the report of Dr. L.B., the past and current behavior rating scales, past and current school behavior reports (including the recent report from ████████) and the ████████ and ████████ discharge reports. Her summary of needs did not clearly indicate the basis of her findings or

clearly define the risky, unsafe behaviors of Student other than drug overdosing that would require residential treatment. She referenced “projective testing” responses, but never provided even the names of the tests she relied upon to form her impressions and opinions. The focus of her recommendations was not clearly targeting behaviors observed in a school setting and before the Eligibility meeting District did not have knowledge of any of the negative behaviors other than student’s drug use that would have impacted his educational performance. Contrary to the Parents’ assertions Dr. J.B.’s reports were summarized and considered in the psychological report, were referenced in the Eligibility Meeting notes. Her participation in the Eligibility Meeting was noted in the conference summary and her dissent was reported as well. (FF# 83.) Accordingly, the District did not District dismiss the findings of Dr. J.B.’s or fail to consider her input at the eligibility meeting.

After April 26, 2016

Parents argue that the District should have followed up with ██████████ to determine he could be interviewed after “the initial moratorium during the transition to ██████████.” The District argues that even after Student was admitted to ██████████ and the District conducted evaluations, the information that was provided to it by ██████████ was minimal. Student was not made available for testing, or for interviews. No behavior reports were provided. Minimal academic information was available.

On April 26, 2018, the Parent At this time, ██████████ staff was made aware of some of Student’s behavior incidents prior to Student’s admission to ██████████, however these incidents were presented in a manner that they appeared to be a series of unfortunate events. District was not told that Student running into the street cause him to be hit by a car, they merely stated he was “hit by a car.” The District was not aware of the serious behaviors that Student was demonstrating at ██████████. However, there was sufficient information contained in the report of Dr. L.B. to indicate that Student was a student with a disability, discussed in more detail below, to have caused the District to question the discrepancy between her testing and the outcome of the BASC-3 behavior scales. In addition, Parents and Dr. J.B. discussed incidents and raised concerns that did not conflict with Dr. L.B.’s report. The letter for ██████████ therapist S.Y. does not clearly indicate what the behavior concerns were or the impact they had, however it did vaguely refer to current difficulties. There were several indicators of need for the District to followed up with ██████████ to determine when Student could be interviewed or complete rating scales after “the initial moratorium during the transition to ██████████” ended.

Accordingly, I find that the preponderance of the evidence shows that District did not have reason to suspect that Student had a disability or reason to suspect that special education services may be needed during the 2017-2018 school year until on or about January 15, 2018 and therefore did not fail to evaluate Student in areas of suspected disability. I also find that the preponderance of the evidence shows after January 15, 2018, the District timely under took an evaluation of the

Student to determine if he was a child with a disability in need of special education and related services under the IDEA.

Procedural Safeguard Notice

In closing argument, Parents raised for the first time an additional allegation of a procedural violation against the District as support for their Child Find claim, specifically that they were wholly unaware of what was available through special education, including the evaluation process and the District's Child Find obligation under the IDEA. Parents argued and asserted that they never received procedural safeguards until December 26, 2017 when the District denied their request for payment of the unilateral placement they had requested. While this issue was not certified for hearing, evidence was presented that the District did provide the Parents with the procedural safeguards on December 26, 2017, February 2, 2018 and February 26, 2018. (Exhibits JE 15, SD 38-001.)

IDEA requires that parents are given a copy of the procedural safeguards only once a year and, as is applicable here, when a parent makes an initial referral or request for evaluation. (34 C.F.R. §300.504.) Illinois requires nothing more. (23 Ill. Admin. Code §226.510.) Here, District fulfilled its obligation to provide Parents with Notice of the Procedural Safeguards, when it denied their request for payment of a unilateral placement on December 26, 2017, and at the time Parent(s) gave consent for each evaluation of Student on February 2, and 26, 2018.

Issue Three: Whether the District denied Student a FAPE by failing to find him eligible for special education under the IDEA from June 14, 2016 to the present?

Parents argue that Student should have been found eligible for special education as a student with an Emotional Disability or Other Health Impairment due to his precipitously poor and failing grades which clearly indicate that his mental health and emotional disabilities had an adverse effect on his educational performance. Parents assert that the District failed to adequately consider the findings and recommendations of outside professionals. Parents assert that the District read the private psychological evaluations by Dr. L.B. and Dr. J.B. and the discharge summaries reports from ██████████ and ██████████, but they unjustifiably discounted their significance. Parents assert that Dr. J.B. affirmatively stated that Student had an emotional disability, pointing to his diagnosis of depression and his "disturbingly withdrawn" emotional state. Parents argue that both the social worker and psychologist admitted that they didn't test for Student's emotional process and were unsure of the significance of an Adjustment disorder. Parents assert that District used improper criteria for determining Student did not require special education and both social worker and psychologist admitted flawed reasoning on ineligibility and established that the rest of the team relied on them in reaching their ultimate erroneous decision.

District argues that its April 26, 2018 determination the Student was ineligible for special education was appropriate and proper given the information that it had at the time. District asserts

that it had no knowledge of Student's risk taking and suicidal behaviors until Father and Dr. J.B. told them during the meeting. District points to the absence of this information in the social work and psychological evaluation reports.

IDEA Eligibility

The IDEA defines a child with a disability as a child *with a disability or impairment* including serious emotional disturbance, who, by reason of that impairment or disability needs special education (20 U.S.C. §1401(3), 34 C.F.R. §300.8, and 34 C.F.R. §300.15.) This requires a two-step analysis. First, a determination must be made that the student has a disability. Next, a determination must be made as to whether or not the student requires special education and related services to receive an educational benefit from an educational program as a result of the disability. *Marshall Joint Sch. Dis. No. 2 v. C.D.*, 54 IDELR 307 (7th Cir. 2010).

The IDEA recognizes and defines thirteen (13) eligibility categories, including “emotional disturbance” and “other health impairment.” (34 C.F.R. §300.8.) Applicable in this matter are the categories of Emotional Disturbance and Other Health Impairments. Emotional disturbance (“ED”) is defined as a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance:

- (A) An inability to learn that cannot be explained by intellectual, sensory, or health factors,
- (B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers,
- (C) Inappropriate types of behavior or feelings under normal circumstances,
- (D) A general pervasive mood of unhappiness or depression, or
- (E) A tendency to develop physical symptoms or fears associated with personal or school problems. (34 C.F.R. §300.8(c)(4).) In the alternative, students with attention and executive functioning problems may also be found eligible under the Other Health Impairment (“OHI”) category. IDEA defines OHI as having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment that is (i) due to chronic or acute health problems, including in relevant part, attention deficit disorder or attention deficit hyperactivity disorder, and various other medical conditions and this adversely affects a child's educational performance. (34 C.F.R. §300.8(c)(9).)

Discussion: 2016-2017 School Year

During the 2016-2017 school year there was no evidence of Student's inability to learn, his difficulties appeared to be motivational. Student's grades for work completed and on tests were on par with his peers in the double honor program. (FF#5.) District teachers concluded that Student's difficulties with work completion were due to lack of motivation, choice or due poor organizational skills. (FF#10.) ██████ provided Student with additional support for his difficulty with organizational skills and work completion. (FF# 9.) Student was successful in many of his

courses. (FF #11.) Parent communications with teachers did not raise suspicion of a disability either. (FF#10.) Student's made academic progress as measured by grades. His progress was mixed and inconsistent. He passed all courses first semester and failed two classes second semester. Students grades were a mix of As, Bs, Cs, Ds and Fs. (FF#11.)

Student did not demonstrate an inability to build or maintain satisfactory interpersonal relationships with peers and teachers. He was a well-liked student who had friends and behaved well in class and in school. (FF# 5 and 10.) He did not demonstrate any problems in the ability to build or maintain interpersonal relationships during school.

No evidence was presented that would indicate that Student demonstrated or indicated inappropriate types of behaviors or feelings under normal circumstances during the 2016-2017 school year. He was described by teachers as a typical student in the double honor class who was not turning in his homework. No evidence was presented that would indicate that Student demonstrated or indicated a general pervasive mood of unhappiness or depression. Student was described as cheerful, polite and playful by his teachers. (FF#5.) No evidence was presented that would indicate that Student complained of physical symptoms or fears associated with personal or school problems.

No evidence was presented concerning Student demonstrating signs of limited strength, vitality, or alertness, sensitivity to environmental stimuli or any signs of limited alertness with respect to the educational environment for any reason. Parents were concerned that Student's failure to complete homework was due to ADHD and they had Student tested. Testing by Dr. L.B. ruled out ADHD and gave him the diagnosis of adjustment disorder with mixed disturbance of emotions and conduct to account for the difficulty he was having in adjusting to the demands of high school. (FF# 23.) The District did not have knowledge of the Dr. L.B. evaluation or its findings until Parents requested an evaluation on January 15, 2018.

No evaluation of Student was completed during the 2016-2018 school year and Student did not demonstrate characteristics of ED or OHI eligibility during school. Accordingly, I find for the District concerning the eligibility claim for the 2016-2017 school year.

Discussion: 2017-2018 School Year

Student began the 2017-2018 school year in the same manner that he ended the prior year. He was observed to be a cooperative student who brought his materials to class. (FF#35.) After a drug overdose at the end of September, Student did not return to ██████ for the remainder of the school year. Student was enrolled at ██████, ██████ and finally at ██████ by his parents. (FF# 34, 37, and 55.) The District did not have an accurate or complete understanding of the reason for Student's various placements. Parents gave the District minimal amounts of information concerning Student's behaviors outside of school and did not provide an explanation for their request that he be "medically excused" from attendance as ██████ during his stay at ██████ and ██████. (FF# 33, and 35.) District employees did not obtain information concerning Student's medical/emotional problems when they were in communication with

██████████ and ██████████ concerning Student's school assignments. (FF# 35, and 40.) ██████████ and ██████████ programs were working with ██████████ to provide Student with the opportunity to complete his coursework for ██████████ while receiving treatment at their respective facilities. District staff was given notice of Student's planned discharge from ██████████ and anticipated admission to ██████████. Discharge reports were not provided to the District until January 15, 2018 with the request for evaluation. (FF#57.) It was the District's understanding that Student was receiving substance abuse treatment at ██████████ and ██████████. (FF#34.)

IDEA does not recognize drug addiction as a qualifying disability. Students with drug addiction are not automatically disqualified for IDEA eligibility, these students may be eligible on some other basis, such as emotional disturbance. *Fort Bend Independent School District v. Z.A.*, 65 IDELR 1 (5th Cir. 2015).

The District convened an Assessment Planning Meeting on February 2, 2018, less than 14 school days after the receipt of the request for an evaluation. (23 Ill. Admin. Code §226.110(c).)

During the Assessment planning meeting the team determined that the social/emotional and academic domains should be assess for Student to determine if he has a disability and the nature and extent of the special education and related services that he might need.

Here, after the District completed its evaluation it assembled Student's team for the April 26, 2018 Eligibility Determination Meeting. At the meeting the team reviewed Student's academic performance and social/emotional functioning through review of the evaluation reports. Review of academic history and achievement testing demonstrated that Student has average or above average academic scores in all areas assessed. (FF# 23.) This is evidence that Student is learning was learning.

The social/emotional report describes student as a friendly adolescent who enjoys the company of people. Student was reported to make friends easily and can be easy-going and charming during social interactions. Student has positive family relationships with the members of his family. (FF#63.) This is evidence that Student is able to build and maintain satisfactory interpersonal relationships.

The social/emotional sections of reports indicate that during his time at ██████████ Student did not exhibit acting out behaviors, such as aggression, fighting or other inappropriate behavior. (FF# 71 and 72.) It cites Dr. L.B. finding that Student's difficulties with schoolwork stem from a combination of personality factors and low motivation that is exacerbated by the increased demands of high school and the decreased social enjoyment at school. Student's response to his difficulties in adjusting to the increased demands of high school are expressed as discontent, irritability, and defiance towards schoolwork. Dr. L.B. diagnosed Student with adjustment disorder with mixed disturbance of emotions and conduct. This is evidence of inappropriate types of behavior or feelings under normal circumstances.

The social/emotional report indicates that while at ██████████, Student endorsed symptoms of depression. (FF#62.) This is evidence of depression. In addition, this report summarizes Dr. J.B.'s report concerning Students complex psychological profile highlighted by his difficulty managing his affective states. The summary indicates that Student does not appear to regulate his

emotions but blocks them out and disengages them. The report references Student's engaging in risk-taking and drug usage. Dr. J.B. diagnoses Student with depression and endorses other characteristics of mental health problems. This is evidence of depression. (FF#71.)

There was no evidence provided in the social/emotional report or presented as evidence in the hearing concerning the development of physical symptoms or fears associated with personal or school problems.

IDEA regulations require not just the existence of one of more of the characteristics discussed above, but it also requires that the characteristic(s) is/are exhibited over a long period of time and to a marked degree that adversely affects a child's educational performance. 34 C.F.R. §300.8(c)(4)(i). Neither IDEA or Illinois School Code or their respective implementing regulations has defined a long period of time or to a marked degree. The U.S. Department of Education's Office of Special Education Programs states that a generally accepted definition of "a long period of time" is a range of time from two to nine months. *Letter to Anonymous*, 213 IDELR 247 (OSEP 1989.) The U.S. Department of Education's Office of Special Education Programs indicates that the frequency, duration or intensity of a student's emotionally disturbed behavior in comparison to the behavior of his peers can be indicative of either degree of acuity or pervasiveness. *Letter to Anonymous*, 213 IDELR 247 (OSEP 1989.)

Here, the report of Dr. L.B. demonstrates that Student had exhibited difficulties adjusting to high school over the course of more than a year, a long time. The Dr. L.B. report also demonstrates that Student's difficulties adjusting to high school were to a marked degree that adversely affected Student's educational performance. During the 2016-2017 school year, Student's grades were lower than expected due to his failure to complete assigned work, especially homework. The District provided him with supports but he did not respond with improved work completion. At the beginning of the 2017-2018 school year, the Student continued to demonstrate major problems with work completion by falling behind in nearly all of his classes. In April 2018, these problems persisted as demonstrated by reports from current teachers indicated that Student had exhibited poor note-taking skills and low levels of engagement during lecture, educational videos, and group learning activities. (FF#69.) In addition, Student was reported to have been failing U.S. History with a 41% due to missing four assignments. (FF#69.)

Accordingly, for the reasons stated above, I find that the preponderance of evidence demonstrates that Student was eligible under the category of Emotional Disturbance on April 26, 2018.

Discussion: 2018-2019 school year

Student was found eligible for special education and related services under the IDEA and related sections of the Illinois School Code on October 23, 2018.

Issue Four: Whether from June 14, 2016 to the present, the District failed to provide Student with the special education and related services due to denying his eligibility for special education, resulting in a denial of a FAPE?

IDEA guarantees students with disabilities a free appropriate education or FAPE. 20 U.S.C. §1412(a)(1). Districts must comply with the procedural and substantive requirements of IDEA to provide a FAPE to a student. *Board of Education of the Hendrick Hudson Central School District, Westchester County et. Al v Rowley*, 458 U.S. 176, 206, 102 S. Ct. 3034 (1982). Recently, the Supreme Court clarified that a school fulfills its substantive responsibility to provide a FAPE by offering the student “an IEP reasonably calculated to enable a child to make progress in light of the child’s circumstances.” *Endrew F. ex rel. Joseph F. v. Douglas Cty. Sch. Dist.*, No. 15-827, 137 S.Ct. 988 (U.S. Mar. 22, 2017.) “An IEP is reasonable calculated to confer educational benefit when it is ‘likely to produce progress, not regression or trivial educational advancement.’” *Alex R. ex rel. Beth R. v Forrestville Valley Cmty. Unit Sch. Dist. No. 221*, 375 F3d. 603, 615 (7th Cir. 2004.)

The findings above for Issues One and Two and Three for the periods from June 2016 to April 26, 2018 require a finding here that the District’s failure to provide Student with special education and related services did not result in a denial of a FAPE.

The eligibility of Student for special education service beginning on April 26, 2018 created a duty for the District to provide Student with special education and related services to address his disability related needs. Because of its failure to find Student eligible, the District also failed to provide Student with an IEP to address his need for special education and related services. No evidence was presented to demonstrate that the District did anything to address Student’s special education needs from April 26, 2018 to October 23, 2018. Accordingly, I find that the District did not provide Student with a FAPE from April 26, 2018 to October 23, 2018.

Issue Five: Whether from September 28, 2017 the District denied Student a FAPE by failing to provide him with placement in a residential treatment facility?

Issue Six: Whether from January 3, 2018 to the present, [REDACTED] is the least restrictive, appropriate educational setting to meet Student’s academic, functional and social/emotional needs?

Parents “who unilaterally change their child’s placement without state of local school official’s consent are ‘entitled to reimbursement *only* if a federal court concludes both that the public placement violated the IDEA *and* that the private school placement was proper under the

Act.” *Todd v Duneland Sch. Corp.*, 299 F.3d at 905 (quoting *Florence Cnty. School Dist. Four v Carter*, 510 U.S. 7, 15, 114 S. Ct. 361, 126 L.Ed.2d 284 (1993)).

Student’s Parents are seeking reimbursement for their unilateral placement of Student at [REDACTED]. First, a determination must be made as to whether the Parents provided the District with a ten-day notice of intent to privately place Student. (34 C.F.R. §300.148(d)(1)(ii).) Next, a determination as to whether or not the District’s placement has provided Student with a FAPE. Third, a determination must be made as to whether the placement Parents selected was appropriate under the IDEA. (*Florence County Sch. Dist. Four v. Carter*, 20 IDELR 532 (U.S. 1993). and 34 C.F.R. §300.148(c).)

Evidence presented indicates that on December 19, 2017 the Parents provided the District with notice of its intent to privately place Student at [REDACTED] on January 2, 2018. While the Parents did not provide the letter at the hearing, the District did not dispute the existence of the letter or the sufficiency of its contents. In addition, the District did not dispute the timeliness of the notice. I find that the preponderance of evidence shows that Parents provided the District with a ten-day notice of intent to place on December 19, 2017.

Next, Student was found to be eligible for IDEA special education services under the category of Emotional Disturbance on April 26, 2018 in Issue Three above. In Issue Four, it was found that the District did not provide Student with a FAPE from April 26, 2018 to October 23, 2018.

The final determination needed for the reimbursement question is whether the placement Parents selected was appropriate under the IDEA. Parents are required to establish that the private placement they selected was appropriate. *Forest Grove*, 557 U.S. at 232; *Carter*, 510 U.S. at 15.

The law is clear, however, that the FAPE requirements set forth in 20 U.S.C. § 1401(9) do not apply to private schools. *See Florence Cnty. Sch. Dist. Four v. Carter ex rel. Carter*, [510 U.S. 7](#), 14 (1993). The placement is appropriate if it provides "educational instruction specially designed to meet the unique needs of the handicapped child, supported by such services as are necessary to permit the child to benefit from instruction." *Frank G.*, 459 F.3d at 365 (quoting *Bd. of Educ. of Hendrick Hudson Cent. Sch. Dist., Westchester Cnty. v. Rowley*, 458 U.S. 176, 188-89 (1982)). Moreover, the fact that a private school also provides counseling or other services does not render it improper as long as the services are "primarily oriented toward enabling [the] disabled child to obtain an education." *Dale M. V. Bd. of Educ. of Bradley-Bourbonnais High Sch. Dist.* 307, 33 IDELR 266.

Here the District failed to offer Student any special education and related services. Information gathered for the April 26, 2018 Eligibility Determination reveals Student’s need for behavioral interventions, psychological and social work services, classroom and individual tutoring, to conduct a FBA and develop a BIP to address the negative impact his disability had on his educational performance. In December 2017 all of Student’s private clinicians recommended that the family place Student in a residential placement promptly.

[REDACTED] has an accredited school program, with qualified general education and special education teachers, an intense staff-to-student ratio to provide student with academic support and

instruction, a full-time psychiatrist, variable levels of care and lots of treatment. The Student was found to be appropriate for residential treatment by the medical director/psychiatrist and therapist. The program is focused on psychological treatment in all areas, including education, and not a drug/alcohol treatment. (FF# 86 to 91.) The intensive support of clinical and educational staff, small, structured setting, and mental health services provided at ██████████ are primarily oriented to enable Student to be successful in his education and in other aspects of his daily life, they are not primarily oriented to substance abuse treatment. I find that ██████████ was able to provide the services Student identified by his private clinicians needed as a result of his emotional disturbance to benefit from his education and was therefore an appropriate placement for Student. Accordingly, I find that Parent's are entitled to reimbursement for the costs of the ██████████ program from April 6, 2018 to October 19, 2019.

Evidence was presented at hearing concerning the all-inclusive cost of the ██████████ program. (FF#92 and 97.) Some evidence was also presented concerning transportation expenses connected with Student's placement at ██████████. (FF#8.)

Requested Relief

Parents' did not meet their burden of proof needed for the undersigned to award the request for a finding Student eligible for special education and related services under the IDEA category of Other Health Impairments, therefore this request is denied.

On October 23, 2018, an Eligibility Determination Conference found Student eligible for special education and related services under the category of Emotional Disabilities and an IEP was developed for Student in conjunction with his private clinicians and Parents that includes all appropriate goals, short-term objectives, direct instruction (reading, math, and science), supplementary aides, and related services (executive function and social/emotional) and indicates eligibility in under the category of Emotional Disturbance. Therefore, this request for prospective relief is moot.

Parents' requests that the District to assume full financial responsibility for all expenses associated with Student's placement at ██████████, including tuition, and room and board, from the date of the decision in this case until ██████████ and the Parents conclude that he no longer requires placement there, or he ages out, whichever comes first, and assume full financial responsibility for all expenses associated with Student's subsequent educational placement once he leaves ██████████, whether that is another residential treatment facility, a therapeutic day school are now moot due to the October 23, 2018 IEP that placed Student at New Hope Academy at District's expense.

At hearing, Parent presented some evidence of transportation expenses related to Student's placement at ██████████. The District's argued during hearing that it was not put on notice of the Parent's request for transportation and travel expenses is unpersuasive due to the mandate of Illinois regulations. Pursuant to 23 Ill. Admin. Code §226.750(b)(7), I find that the District is responsible for the transportation costs associated with Student's placement incurred between April 26, 2018 and October 19, 2018 including, the cost of transportation (air and ground

transportation) of Student to and from his home during midterm breaks, at the beginning and end of the school term and upon discharge.

ORDER

Based upon the above Findings of Fact and Conclusions of Law, it is hereby ordered:

- A. That the District amend Student's records to reflect his eligibility for special education and related services under the IDEA category of Emotional Disability beginning April 26, 2018,
- B. That the District reimburse Parents for the costs of placement at [REDACTED], from April 26, 2018 through October 19, 2018, in the amount of \$89,408.92 within 60 days of receipt of this order,
- C. That within 15 days of this order, the Parents provide the District with verification of the base cost(s) (i.e. actual cost without the expenditure of frequent flyer miles, credit card benefits or other discount not available to the general public) for any and all transportation (ground and/or air) undertaken as a result of or in association with Student's placement at [REDACTED] incurred by the family between April 26, 2018 and October 19, 2018 including, the cost of transportation (air and ground transportation) of Student to and from his home during midterm breaks, at the beginning and end of the school term, upon discharge and for the purpose of community/family reintegration in anticipation of discharge, and
- D. That the District reimburse Parents for transportation costs within 60 days of receipt of verification of transportation cost as set forth in Paragraph C above.

In accordance with 105 ILCS 5/14-8.02a(h), within 90 school days of receipt of this Order, the school district must submit proof of compliance to:

Illinois State Board of Education
Program Compliance Division
100 North First Street
Springfield, IL 62777-0001

NOTICE OF RIGHT TO REQUEST CLARIFICATION

Pursuant to 105 ILSC 5/14-8.02a(h), either party may request clarification of this decision by submitting a written request to the Hearing Officer within five (5) days of receipt of the decision. The request for clarification must specify the portions of the decision for which clarification is sought. A copy of the request must be mailed to all other parties and the Illinois State Board of Education, Program Compliance Division, 100 North First Street, Springfield, IL 62777. The right to request clarification does not permit a party to request reconsideration of the decision itself and the Hearing Officer is not authorized to entertain a request for reconsideration.

NOTICE OF RIGHT TO APPEAL

This is the final administrative decision in this matter. Pursuant to 105 ILCS 5/14-8.02a(i), any party aggrieved by this Hearing Officer Determination may bring a civil action in any state court of competent jurisdiction or in a District Court of the United States without regard to the amount in controversy within one hundred and twenty (120) days from the date the decision is mailed to the party.

Dated: January 17, 2019

/s/ Kathleen C. Fuhrmann,
Hearing Officer

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

APPENDIX A

[REDACTED] v. [REDACTED] School District [REDACTED]
Case No: 2018 - 0494

Student	[REDACTED]
Father	[REDACTED]
Mother	[REDACTED]
District	[REDACTED] School District [REDACTED]
[REDACTED]	Attending School - [REDACTED]
[REDACTED]	Neighborhood School - [REDACTED] [REDACTED]
J.D.	[REDACTED], 9 th Grade World Studies Teacher
K.C.	[REDACTED], 9 th Grade English Teacher
P.G.	[REDACTED], Home Hospital Coordinator
K.W.	[REDACTED], District
J. C.	[REDACTED] [REDACTED], District Special Education Teacher
Dr. B.C.	Dr. [REDACTED] [REDACTED], School Psychologist, [REDACTED]
M.H.	[REDACTED] [REDACTED] [REDACTED], School Social Worker, [REDACTED]
A.M.	[REDACTED], District Residential Manager
S.B.	[REDACTED], District Representative
C.B.	[REDACTED], 9 th grade Counselor
A. M. Counselor	[REDACTED], 10 th grade Counselor
Dr. U.	Dr. [REDACTED], M.D., [REDACTED] Director and Psychiatrist
S.Y.	[REDACTED], [REDACTED] Counselor