04-026

VIRGINIA DEPARTMENT OF EDUCATION DIVISION OF SPECIAL EDUCATION AND STUDENT SERVICES RECEIVED OFFICE OF DISPUTE RESOLUTION AND ADMINISTRATIVE SERVICES Complaints &

CASE CLOSURE SUMMARY REPORT

Due Proces

Public Schools	
School Division	Name of Parents
Division Superintendent	Name of Child
Counsel Representing LEA	Counsel Representing Parent/Child
Hearing Officer	Party Initiating Hearing

Hearing Officer's Determination of Issue(s):

The Hearing Officer determined that is proposed IEP did not provide for related health services required for the Student to obtain an educational benefit in proposed placement. However, the Hearing Officer also determined that the Parent's lack of cooperation with in obtaining the Student's medical records is partially responsible for failure to develop a medical care plan that would enable to deliver the related services the Student needs to receive FAPE. Based on the above, the Hearing Officer determined that neither party prevailed in the proceeding.

Hearing Officer's Orders and Outcome of Hearing:

was directed to reconvene the IEP team, refer the matter to its Medically Fragile Committee, and develop a medical care plan that will deliver the related services required for the Student to obtain an educational benefit in proposed placement. The Parent's request for reimbursement for a unilateral private school placement is granted as to 50% of the Student's tuition until such time as offers an IEP that provides the Student with a free appropriate public education.

This certifies that I have completed this hearing in accordance with regulations and have advised the parties of their appeal rights in writing. The written decision from this hearing is attached in which I have also advised the LEA of its responsibility to submit an implementation plan to the parties, the hearing officer, and the SEA within 45 calendar days.

Signature, Hearing, Officer	Date		
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VIRGINIA DEPARTMENT OF EDUCATION POLICY DIVISION OF SPECIAL EDUCATION AND STUDENT SERVICES OFFICE OF DISPUTE RESOLUTION AND ADMINISTRATIVE SERVICES

DECISION

School Division	Name of Parent(s)
Division Superintendent	Name of Child
Esq. Counsel Representing LEA	. Esq. Counsel Representing Parent/Child
Hearing Officer	Party Initiating Hearing

PROCEEDINGS

requested a due process hearing on behalf of On . "), challenging the appropriateness of Public Schools* for the 20 -20 school year in violation of ") proposed educational placement of the Individuals with Disabilities Education Act (IDEA) 20 U.S.C. § 1400 et seq. alleged that the school system failed to provide with a free appropriated public education (FAPE) and sought reimbursement for 's private placement at School in this hearing officer was appointed. Thereafter, on . On a formal, due process hearing was noticed for . with and a pre-hearing conference scheduled for

The pre-hearing conference was convened on as scheduled. At the conclusion of the conference, a discovery and briefing schedule was established. The parties

stipulated that all notice requirements associated with this case have been satisfied; that

has a disability and is health impaired; and that — is entitled to special education and related

services. These rulings, as well as rulings on other procedural matters, were memorialized in a

letter to Counsel dated — . No objection to these rulings was noted.

During the course of this proceeding timely requested that subpoenas duces tecum be issued to 's health care and School. The same were issued without providers, as well as and objection. By letter dated advised that had not complied with the subpoena that had been issued to and that they would seek an order compelling production. Thereafter, the hearing officer was advised that produced documents responsive to the subpoena.

On or about , motioned to continue the due process hearing and a telephone conference to address the issue was held on . objected to the granting of a continuance. After hearing argument on the matter, 's motion was denied. Additionally, the parties stipulated that both 's proposed placement at

School and mother's placement at School both offered an educational benefit academically. The issue for consideration at the hearing was thus narrowed to a question of what related health services were required for to realize that benefit.

The two day hearing in this matter was convened as scheduled on

Based on the stipulations of the parties, the central issues presented at the hearing were whether or not adequately provided with health related services essential for to obtain an educational benefit in the proposed placement, and if not, whether the deficiency was the result

of lack of cooperation with in obtaining 's medical records.

For the following reasons, I find that proposed IEP did not provide a provision for related health services required for to obtain an educational benefit in proposed placement. However, 's lack of cooperation with in obtaining 's medical records is partially responsible for 's failure to develop a medical care plan that would enable to deliver the related services needs in order to receive FAPE.

FINDINGS OF FACT

is a year old student presently enrolled at School in

. Two days after birth, suffered respiratory and cardiac arrest (Tr. I. at p. 85).

was subsequently diagnosed with panhypopituitarism and optic nerve hypoplasia (Id.) also has significant developmental delay (Tr. I. at p. 86). Optic nerve hypoplasia is an embryological defect that has resulted in having no significant vision in right eye and impaired vision in left eye (Tr. I. at p. 22; PS Exhibit No. 21 and 22). is treated by

, an ophthalmologist with Medical Center in ,
for this condition. Panhypopituitarism is the defective formation of the pituitary gland which
regulates the body's endocrine system (Tr. I. at p. 23). As a result of this condition, lacks
the necessary hormones and steroids necessary to regulate a variety of body systems (Tr. I. at p.
24). condition is treated with hormone replacement therapy (Tr. I. at p. 25) requiring
daily administration of medication. (Exhibit No. 9). must also be monitored for
warning signs and "stressors" that can trigger a medical crisis requiring pharmacological
intervention (Tr. I. at p.p. 26-28; PS Exhibit No. 48). The evidence is uncontroverted that

has been under the

panhypopituitarism is a life threatening condition (Tr. pp. 25).

., a pediatric endocrinologist at Hospital in care of since early childhood. is also under the care of ., M.D., a local pediatrician (Tr. I. at p. 21). However, it is unclear from the record when first became aware of involvement with From the age of one and one half attended a full day program at the withdrew from (Tr. II. at p. 52). that program in September 20 (Tr. II. at P. 58) because was not receiving adequate medical took care of services (Tr. II at p.p. 52-53). From until 's father are divorced and 's father lives in self. and (Tr. II. at p.p. 17-18). , a licenced registered nurse, qualified as an expert witness without objection (Tr. I. at p. 84). She testified extensively regarding .'s medical symptoms and treatments. condition. began looking at schools for for the fall of In the winter of 20 -20' . School, a with 20 . On filed an application for (Exhibit No. 40). On also filed a private school in Exhibit No. 3). representatives first met with referral with ((Tr. II. at p. 268; PS Exhibit No. , and subsequently again on 3). At the conclusion of these meetings it was determined that would register for kindergarten and that would attempt to obtain 's medical records. (Id.) Another meeting was scheduled for for to receive and review s medical records. (Tr. II. at p. 73; PS Exhibit No. 3). The record reflects that was seen. (Exhibit No. 10). However, the meeting was cancelled

because · was unable to obtain 's medical records (Tr. I at p.103 and Tr. II at p. 74). The meeting was rescheduled for Exhibit No. 4). could not attend that meeting because was in (Tr. I at p.157; PS Exhibit No. 6). School, testified , a special education teacher at advised that "really needed the medical records" and asked to sign a medical release so records. (Tr. II. at p. 77). A home visit was scheduled for that they might help secure at which time signed releases for and ; a licensed The medical releases were mailed to the respective doctors by provided registered nurse for . (Tr. II. at p.p. 156, 169, 170). with the (Tr. II. at p. 170). , however, did not respond. requested information on made several attempts to contact and sent another copy of the release to by facsimile. (Tr. II. at pp. 170, 171, 183, 184; Exhibit No. 42). Sometime in June, received a single page letter from dated . (Tr. II. at p. 172; Exhibit 's diagnosis and provides that: No. 32). The letter states

is subject to episodes of adrenal insufficiency that can be characterized with acute malaise, drop in heart rate, and blood pressure and collapse. Thus, should be in a school environment that ensures that can be promptly evaluated and treated should such episodes occur. Treatment involves administration of glucocorticoid (cortisol) by injections followed by an emergency visit to include IV fluids if indicated. (Ex No. 32).

No medical records or other information were provided to by (Tr. II. at p. 174) until finally responded to the subpoena issued in this proceeding on the second day of the hearing.

On an eligibility committee met to determine whether was a child with a disability and in need of special education services (Exhibit No.11). The committee

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was eligible for special education services as a student with visual
determined that
impairment and other health impairment. (
                                              Exhibit No. 12). Also on .
                                       's application for admission was accepted (
         notified
                            that
                                           signed an Enrollment Contract with
Exhibit No. 46). On
                                                                           Exhibit No. 47).
School for the
                        academic year and made the required deposit (
                                       and developed an IEP that provided occupational
       An IEP team met of
therapy, vision therapy and speech language therapy in a non-categorical program offered at
                        School (
                                      Exhibit No. 17).
                                                                 · did not agree with the
                           Notice of Appeal stating "I would prefer to send my child,
proposed IEP and gave
               School based on the extent of developmental delay and intensive educational
to the
                medically-fragile and . . . [?] the full time availability of Registered Nurse."
                                                       advised
                                                                            that they needed
      Exhibit No. 5). By letter dated.
more specific information from 's physician(s) concerning symptoms that might precede a
medical crisis and detailed written instructions regarding emergency procedures so that an
                                                        Exhibit No. 13).
individual child treatment plan could be formulated. (
                                                             School, At
                                                                                   's request.
                                    enrolled at
       On
      reconvened the IEP team to discuss available options to address
                                                                     concerns and resolve
                                                 i an amended IEP was proposed (
                 Ex No. 14). On
the matter. (
                                                     sign a medical release for
Exhibit No. 18). At the time,
                                  requested
                                                          did not agree with the amended IEP
    took the form with
                       but never returned it.
and by letter of the same date requested a due process hearing ( Exhibit No. 15). On
                              School developed a written healthcare plan for
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Exhibit No. 48).

ANALYSIS

In Cedar Rapids Community School District v. Garret F., 56 U.S. 66 (1999) the United States Supreme Court ruled that in appropriate circumstances local school districts are required to provide a registered nurse to constantly monitor a handicapped child as a "related service" in order to ensure integration into the public schools. Pursuant to 8 VAC 20-80-10 "[r]elated services" are defined as:

transportation and such developmental, corrective, and other supportive services as are required to assist a child with a disability to benefit from special education and includes speech-language pathology and audiology services; interpreting and transliterating; psychological services; physical and occupational therapy; recreation, including therapeutic recreation; early identification and assessment of disabilities in children; counseling services, including rehabilitation and psychological counseling; orientation and mobility services; medical services for diagnostic or evaluation purposes; school health services; social work services in schools; and parent counseling and training.

does not challenge 's need for health services, but maintains that they have not been provided adequate information to determine what services are necessary. However, 8 VAC 20-80-54 provides:

Each local educational agency shall conduct a full, individual and initial evaluation in accordance with subsections D and E of this section before initial provision of special education and related services to a child with a disability.

Subsection D provides that the local educational agency (LEA) shall "[r]eview existing evaluation data on the child, including: [e]valuations and information provided by the parent or parents of the child . . ." The subsection further provides that the LEA shall "[o]n the basis of that review and input from the child's parent or parents, identify what additional data, if any, are needed to determine: . . . [w]hether the child needs special education and related services . . .

[Emphasis added]. Finally, subsection D provides that "[t]he local educational agency shall administer tests and other evaluation materials as may be needed to produce data identified in this subsection." 8 VAC 20-80-54 provides that "[t]he local educational agency shall establish policies and procedures to ensure that . . . [t]he evaluation is sufficiently comprehensive to identify all of the child's special education and related services needs" [Emphasis added.].

Accordingly it is incumbent upon to obtain the necessary data to provide

with the related services needs to receive an educational benefit from the proposed IEP.

Moreover, , a registered nurse and 's care giver, provided with

information concerning ('s conditions, symptoms, and treatments sufficient to develop at

least a tentative health care plan to ensure that was not at risk when enrolled at

School. -The proposed IEP made no provision for health services for a child

with an acknowledge life threatening condition.

's medical Nevertheless. had amble opportunity to provide with records, both from local pediatrician and 's endocrinologist. In fact, was seen by , just one week prior to the cancellation of the meeting On to review the requested records. In In re S.M. v. Weast, 240 F. Supp. 2d 426 (D. Md. 2003) the Court opined that before parents "can fairly argue that the best the school authorities had to offer was or is not good enough, the critical pre-requisite is that the parents must have cooperated with the school authorities in good faith to try to develop the IEP. Good faith cooperation includes reasonable and timely cooperation with the school authorities, " Id. at ____. is not to be faulted for making arrangements for As in S.M. v. Weast, although was less than forthcoming and did not facilitate the School, to attend

production of 's medical information and records which were readily available to and local pediatrician. Moreover, pursuant to 8 VAC 20-80-66 B. 4., reimbursement for a unilateral private placement may be reduced or denied "[u]pon a judicial finding of unreasonableness with respect to actions taken by the parent or parents."

CONCLUSION

After careful consideration of all the evidence and arguments of counsel, I conclude that could have, and should have, provided for related health services in 's proposed IEP and that actions taken by to assist in obtaining 's medical records were unreasonable.

Accordingly, is directed to reconvene the IEP team, refer the matter to its

Medically Fragile Committee, and develop a medical care plan that will deliver the related

services required to enable to obtain an educational benefit in proposed

placement. 's request for reimbursement is granted as to 50% of 's tuition at

School until such time as offers an IEP that provides with a free

appropriate public education. is responsible for submitting an implementation plan to the

parties, the hearing officer and the Virginia Department of Education within 45 day from the date

of this decision. Based on the above, I find that neither party prevailed in this proceeding.

Finally, 8 VAC 20-80-76 O. provides that "[a] decision by the hearing officer in any hearing, including an expedited hearing, shall be final and binding unless the decision is appealed by a party in a state circuit court within one year of the issuance of the decision or in a federal court."

Signature, Hearing Officer

Date

VIRGINIA DEPARTMENT OF EDUCATION DIVISION OF SPECIAL EDUCATION AND STUDENT SERVICES Complain OFFICE OF DISPUTE RESOLUTION AND ADMINISTRATIVE SERVICES Due Proc

STATEMENT OF CLARIFICATION

Public Schools	r
School Division	Name of Parent(s)
Division Superintendent	Name of Child
	Counsel Representing Parent/Child
Hearing Officer	Party Initiating Hearing

Pursuant to 8 VAC 20-80-76 Q.2.b.(2) of the Regulations Governing Special Education Programs for Children with Disabilities in Virginia, the Virginia Department of Education has instructed me to issue a statement of clarification concerning the decision rendered in this matter. Specifically, the Department has asked that in the event that does not agree with the IEP developed by in response to the decision, "does pay 50% of 's tuition until the IEP is offered, or must continue to pay the tuition until the matter is resolved?" The Department correctly notes that if offers an IEP it believes is sufficient to provide · disagrees, the parties will have to go to mediation or another due process FAPE and hearing to resolve the matter. My decision requires to pay 50% of FAPE. Webster's defines "until" as "up to the time of a offers an IEP that provides specified occurrence." Accordingly, is responsible for 50% of tuition up to the time it offers FAPE. Whether or not any future IEP is sufficient in this regard can only be determined after it has been developed and proposed. If a conflict develops on this point and the parties cannot resolve the matter short of due process, it will be up to the Hearing Officer appointed in the matter to determine whether or not the proposed IEP provides FAPE. If it is determined that it does provide FAPE, reimbursement obligation ceased when the IEP was offered. If, however, the proposed IEP does not provide FAPE, it will be up to the Hearing Officer appointed in the matter to determine the issues raised in that case, including any request for additional tuition reimbursement and the denial or reduction of the same, based on the evidence presented.

Date

Sign	ature, Hearing Officer	7
cc:	Parent(s) School Division	

State Education Agency