




Mohammed Choudhury
State Superintendent of Schools

September 20, 2021




Ms. Trinell Bowman
Associate Superintendent-Special Education
Prince George's County Public Schools
John Carroll Elementary School
1400 Nalley Terrace
Landover, Maryland 20785

RE: 
Reference: #22-007

Dear Parties:

The Maryland State Department of Education, Division of Early Intervention/Special Education Services (MSDE), has completed the investigation of the complaint regarding special education services for the above-referenced student. This correspondence is the report of the final results of the investigation.

ALLEGATIONS:

On July 22, 2021, the MSDE received correspondence from Mr.  hereafter, “the complainant,” on behalf of his son, the above-referenced student. In that correspondence, the complainant alleged that the Prince George’s County Public Schools (PGCPS) violated certain provisions of the Individuals with Disabilities Education Act (IDEA) with respect to the student.

The MSDE investigated the following allegations:

1. The PGCPS has not ensured that the Individualized Education Program (IEP) addresses the student’s needs arising out of a seizure disorder since January 8, 2021, in accordance with 34 CFR §§300.34, .101, and .324.

2. The PGCPS has not ensured that the IEP is accessible to each teacher and provider responsible for implementation of the health plan since January 8, 2021, in accordance with 34 CFR §300.323(d)(1).
3. The PGCPS has not provided Prior Written Notice (PWN) of the IEP team's January 8, 2021 decisions, in accordance with 34 CFR §300.503.
4. The PGCPS has not ensured access to the education record within required timelines in response to a request made on December 18, 2020, in accordance with 34 CFR §300.613.

BACKGROUND:

The student is sixteen (16) years old, is identified as a student with Autism under the IDEA, and has an IEP that requires the provision of special education and related services.

The student is placed by the PGCPS at [REDACTED] a nonpublic, separate, special education school, which he attended from July 1, 2019 until the Statewide closure of schools as a result of the national COVID-19 pandemic.

**ALLEGATIONS #1 - #3 ADDRESSING SEIZURE DISORDER NEEDS,
ACCESS TO HEALTH PLAN, AND PRIOR WRITTEN
NOTICE OF DECISIONS MADE BY THE IEP TEAM ON
JANUARY 8, 2021**

FINDINGS OF FACTS:

1. The student's education record reflects that IEP team meetings have been held on January 8, 2021, February 5, 2021, February 26, 2021, May 28, 2021, and July 14, 2021.

January 8, 2021 IEP Team Meeting

2. A Prior Written Notice (PWN) document and review of the audio recording of a January 8, 2021 IEP team meeting reflect that on that date, the team discussed a health plan that was proposed by the school system to address the student's needs arising out of a seizure disorder. A review of the audio recording of the January 8, 2021 IEP team meeting reflects that the school system staff reported that the health plan was developed based on information previously provided by the complainant and the student's private physician.
3. There is a letter from the student's private physician, dated June 23, 2020, which states that the student should be given a specific medication for seizures lasting longer than five (5) minutes. The letter states that the student "needs adult supervision at all times who

will be capable of giving him emergency medicines and calling emergency medical personnel at all times, including when he is riding the bus for safety reasons.”

4. A document developed by the student’s private physician, entitled “Seizure Action Plan,” dated July 1, 2020, states that the student needs to leave the classroom after a seizure and is to be returned to the classroom “once back to baseline status.” It further states that in case of a seizure lasting longer than five (5) minutes, one (1) milligram of the medication needs to be administered “on inside of mouth” and the parent and 911 must be contacted.
5. There is a letter from the student’s private physician, dated September 25, 2020, which states that the student has had seizures lasting “around 2 minutes,” that his seizures present with “behavior arrest, unresponsiveness, collapsing, falling down, shivering.” It states that the student’s postictal state lasts one (1) to two (2) hours and that during this stage, the student lies down, sleeps, snores, feels tired, and has difficulty moving. The letter indicates that the student has never had a seizure lasting longer than five (5) minutes, and thus, the medication has not yet been used, but that if needed, it is to be administered as follows:
 - Tablet needs to be placed between the side of mouth and gums;
 - do not place fingers between the teeth.
6. There is a document in the student’s education record, entitled “Seizure Disorder Emergency Care Plan” that requires the school staff to do the following in response to behavior arrest, unresponsiveness, collapsing/falling down, or shivering:
 - Remain calm;
 - Time the seizures to determine start and length of seizures;
 - Maintain a seizure activity log.
7. The document further states that if the seizure activity occurs during transport, the staff are to do the following:
 - Maintain proximity to [the student] while seated during bus ride (sit as close as possible to be able to observe for seizure activity);
 - Pull to the side or the nearest fire station;
 - Contact the lot dispatch and 911;
 - Disconnect the safety vest and place the student in the aisle;
 - Protect the student from injury;
 - Do not place anything between the student’s teeth or try to contain him;
 - Administer the seizure medication between the teeth and the check if the seizure lasts five (5) minutes or longer;
 - Notify parents;

- Follow directives of emergency medical staff upon their arrival.
8. The document states that if the seizure activity occurs in the classroom, the staff are to do the following:
 - Contact the nurse;
 - Remove the student from his chair and place him on the floor;
 - Protect the student from injury;
 - Do not place anything between the student's teeth or try to contain him;
 - The nurse is to administer seizure medication between the teeth and the check if the seizure lasts five (5) minutes or longer;
 - The nurse is to contact emergency medical personnel;
 - The student is to remain in the classroom or be taken to the alternative learning space for his postictal recovery.
 9. The document states that if the seizure occurs during a field trip, the staff are to do the following:
 - Ensure environment is safe to protect the student from injury;
 - Do not place anything between his teeth or try to contain him;
 - Contact 911;
 - Administer the seizure medication between the teeth and the check if the seizure lasts five (5) minutes or longer;
 - Place in recovery position once seizure activity ends;
 - Notify parents;
 - Take student to the van for his recovery period and transport as needed.
 10. The document states that the parents are to provide two (2) doses of the seizure medication as per the school system's policy that will remain at school. It states that:

In addition, one dose shall be placed in a small labeled bag such as a fanny bag and that bag will be hooked onto the outside of the [student's] bookbag/backpack. The parent will hand the book bag with the fanny bag attached to the bus staff each day. The bus staff will store it away from student during transport. It will be handed to school staff upon arrival to school and returned to the transportation staff upon departure from school.
 11. The document further states that school bus and classroom staff are to be taught seizure first aid and review the plan prior to the student beginning school on an annual basis, and that the seizure medication "will be delegated as per the Maryland Nurse Practice Act."

12. The IEP was revised to reflect the following:

[The student] has a Seizure Disorder Emergency Care Plan if the seizure persists longer than 5 minutes, he is to be administered emergency medication. School staff and transportation staff have a copy of the [the student's] Emergency Care Plan. A copy of [the student's] Emergency Care plan will also be on file in the school nurse's office, along with the prescribed medication. Per the parent report, [the student's] seizures last around 2 minutes and he has not required the use of emergency medication. It is noted that [the student] has not had a seizure at school or during transport, at this time. The Emergency plan addresses seizure activity during transport, in the classroom, on fieldtrips, and the special considerations area addresses medication and training.

13. The PWN of the January 8, 2021 IEP team meeting states "The parent asked for the title of the plan to be changed from Seizure Disorder to Seizure Action Plan or Emergency Care Plan. Revised." However, a review of the audio recording of the January 8, 2021 IEP team reflects that at the meeting, the complainant requested that the plan be changed to "Seizure Action Plan" or "Emergency Action Plan," and the IEP team denied the request based on information from school-based members that the title of the plan must be governed by requirements of the school system.
14. A review of the audio recording of the meeting reflects that the complainant asked that the student's mother be added as an emergency contact and the IEP team agreed. The complainant further requested that other contacts be added and the team agreed to add others once the complainant provides that information.
15. A review of the audio recording of the meeting reflects that the IEP team addressed the complainant's questions about whether "transport" is limited to transportation by school bus.
16. The PWN of the January 8, 2021 IEP team meeting states that the complainant asked how a seizure would be documented, and that the team decided that if a seizure occurs, the date, time, and staff observation will be documented on a seizure activity form. It states that both the bus and school staff will use the same form and that forms will be available at the school and on the bus. It also states that the forms will be maintained in a log by the school nurse.
17. A review of the audio recording of the meeting reflects that the complainant asked if the names of staff involved in any incident will be recorded on the seizure activity log and the school staff reported that the staff member will be required to sign the form. The complainant requested that he be provided with the seizure activity log each day and the team rejected the request because it was not anticipated that the student would experience seizures every day. The team discussed that when seizures occur, the parent will be

provided with a copy of the log that is completed. However, there is no documentation of this decision.

18. Neither the IEP nor the PWN states that the IEP team decided that the student would be monitored for seizures. The health plan reviewed at the January 8, 2021 IEP team meeting states that school staff will maintain proximity to the student during the bus ride, sitting as closely as possible to be able to observe for seizure activity. However, it also states that this will occur if the student exhibits the signs of a seizure. A review of the audio recording of the January 8, 2021 IEP team meeting reflects that the complainant attempted to obtain clarification that monitoring for a seizure will occur prior to the onset of a seizure since it would make no sense to do so after a seizure begins. There was discussion that ranged from the school system staff reporting that they did not have sufficient staffing to do this on the bus, to other school system staff stating that the health plan already requires this. However, the complainant's request was not clearly addressed.
19. A review of the audio recording of the January 8, 2021 IEP team meeting reflects that the complainant requested that the bus aide be designated as the specific staff member who will observe the student on the bus to monitor for seizure activity. The IEP team denied the request based on the school-based members reports that the bus driver could share this responsibility. However, the team did not document the denial of this request. The student's mother expressed concern that it would be dangerous for the bus driver to have this responsibility since that staff member needed to keep focused on the road when in transit. However, the IEP team did not address this concern. The complainant expressed concern that the student not be seated directly behind the bus driver. The school staff reported that the student will not be seated directly behind the bus driver, but that his exact location on the bus was not yet determined. However, the team did not document the decision that the student should not be seated directly behind the bus driver.
20. A review of the audio recording of the meeting reflects that the complainant reported that the student's private physician recommended calling 911 only if the student experiences a seizure lasting longer than five (5) minutes. The school-based members of the team reported that it is school system policy to call 911 whenever a seizure occurs outside of the school building, regardless of length, but that inside the school building, they would call for a seizure lasting more than five (5) minutes. They explained that this is because there is a school nurse on staff in the school building.
21. A review of the audio recording of the IEP team meeting reflects that the complainant asked if seizures are going to be timed to ensure that medication is provided after a seizure lasting five (5) minutes, and the team discussed that they would be timed. The complaint asked why the student would be placed in the aisle of the bus during a seizure and the school staff explained that this would be necessary to maintain the student's safety because his safety vest would need to be removed during a seizure.

22. The PWN of the January 8, 2021 IEP team meeting states that the complainant requested that the words “First Aid” be added to the plan after the words “protect from injury,” and that the school-based members of the team explained that “protect from injury” is part of First Aid. The PWN further states that the team discussed that all school and bus staff will be trained in First Aid and will render aid if needed and that emergency medical staff will evaluate and provide any additional aide if needed. A review of the audio recording of the meeting reflects that this information is an accurate reflection of the discussion.
23. The PWN of the January 8, 2021 IEP team meeting states that the complainant “asked to change the wording between teeth and cheek,” with respect to how the medication would be administered, and that the PGCPs school health specialist and the school nurse “explained the medical technology and the wording would remain as written.” A review of the audio recording of the meeting reflects that the complainant requested that the language be changed to “between the gums and cheek” to be consistent with medical orders. The school system staff reported that the wording “between teeth and cheek” is standard medical language for buccal administration of medication, and thus, that would be the language used regardless of the orders of the student’s private physician.
24. A review of the audio recording of the meeting reflects that the complainant asked who will administer the medication on the bus and the school staff reported that both the bus driver and bus aide are trained in the administration of the medication. The school staff further reported that all school staff are trained to provide First Aid until the nurse can arrive in the event of a seizure. They further reported that the nurse will train all school staff on the health plan and a copy will be maintained in the classroom so that it is accessible to all responsible for implementation. The complainant asked whether all of the school staff will be trained in administration of the medication and the school staff indicated that they would be trained. While the team documented that the bus staff is trained in administering the medication, it did not document the decision that the school staff would also be trained in doing so.
25. A review of the audio recording of the meeting reflects that the complainant asked for further explanation of where the student will be placed after a seizure and the school staff reported that the school staff will lay him down until it is safe to move him to another space.
26. A review of the audio recording of the meeting reflects that the complainant requested that the requirement to call 911 be separated out on the plan into a separate bullet and the date on the health plan be revised and the team agreed.
27. The PWN of the January 8, 2021 IEP team meeting states that the complainant requested clarification as to why he needed to provide two (2) containers and a dose of emergency

medication in each container. The PWN states that the complainant expressed a preference to provide two (2) doses in one (1) container. The PWN states:

The school policy is one dose of emergency medication in one container with a pharmacy label and instructions will be maintained in the nurse's office. The second container and one dose of emergency medication with the pharmacy label and instructions will be in the fanny bag, attached to the student's book bag. This will be available during transport to and from school and field trips. The parent will need to provide two containers with one dose in each container with the pharmacy label and instructions. If this is not provided by the parent, the medication cannot be administered. The school nurse offered to contact the pharmacy with the parents' permission if they needed additional information as to why the school requires two labeled containers for emergency medication.

28. A review of the audio recording of the January 8, 2021 IEP team meeting reflects that at the meeting, the team discussed that two (2) doses of the medication needed to be available each day. That way, if (1) dose was used during transportation, another dose would be available at the school and vice versa. The complainant reported that he cannot ensure that there is always two (2) separately packaged doses available and asked why the medication could not be transported with the student from home to the bus aide to the nurses' office and back again each day. That way, they would only need one (1) package containing the two (2) doses needed. The school staff reported that it is school policy to not allow medication to be taken in and out of the nurse's office, and that once it is provided to the nurse it cannot be removed from that office.
29. A review of the audio recording of the meeting reflects that the complainant requested a copy of the school policy with respect to requiring two (2) separately packaged doses of medication and an explanation of the purpose of the policy. However, the IEP team did not address this request.
30. The PWN of the January 8, 2021 IEP team meeting states that the complainant expressed concern that it was dangerous to place the medication in the student's book bag as the student might gain access to the medication. The PWN includes a statement that "this section will be updated to include how the book bag and fanny bag will be managed." A review of the audio recording of the meeting reflects that when the complainant raised this concern, the school-based members of the team reported that the student's backpack containing the medication will be handed off to the bus attendant by the parents and that the bus attendant will secure the backpack during transport so that the student will not have access to the medication.
31. The PWN includes parent input that was provided by the complaint indicating that the IEP team ran out of time and thus, could not address parent concerns about the health

plan. A review of the audio recording of the meeting reflects that this information is an accurate reflection of what occurred.

February 5, 2021 IEP Team Meeting

32. The PWN from an IEP team meeting held on February 5, 2021 states that the team discussed that services were being offered back in the school building, but that the complainant was not choosing to return the student for services in the building. The documentation of the meeting and review of the audio recording of the meeting do not reflect that decisions were made at the meeting about the plan to address the student's needs arising out of his seizure disorder.

February 26, 2021 IEP Team Meeting

33. The documentation of IEP team meeting held on February 26, 2021 and review of the audio recording of the meeting do not reflect that decisions were made at the meeting about the plan to address the student's needs arising out of his seizure disorder.

May 28, 2021 IEP Team Meeting

34. The documentation of IEP team meeting held on May 28, 2021 and review of the audio recording of the meeting do not reflect that decisions were made at the meeting about the plan to address the student's needs arising out of his seizure disorder.

July 14, 2021 IEP Team Meeting

35. A review of the audio recording of an IEP team meeting held on July 14, 2021 reflects that the IEP team continued an annual review of the IEP that began on May 28, 2021. The team also began discussing the health plan again but did not have sufficient time to complete the discussion and agreed to reconvene.
36. On February 9, 2021, the PGCPS Associate Superintendent, Department of Special Education sent a memorandum to the PGCPS Director of the PGCPS Department of Transportation directing that a core team of bus drivers and attendants, including the bus foreman, be trained on the student's disability and his specific needs that may arise when riding the bus. The memorandum indicates that training must occur prior to the student resuming transportation, and that if any of the core-trained staff members are unable to substitute during any staff absence, the bus lot foreman must immediately train the new staff.

DISCUSSION/CONCLUSIONS:

Allegation #1 Addressing Seizure Disorder Needs Since January 8, 2021

When developing the IEP, the IEP team must consider the all data about the student's needs arising out of the disability, including concerns of the parent, and ensure that the IEP includes the special education and related services needed to address those needs consistent with the data (34 CFR §§300.101 and .324).

Related services includes supportive services required to assist the student to benefit from special education. These services include school health and nursing services (34 CFR §§300.34).

Consideration of Parent Concerns

In this case, the complainant alleges that the IEP team has not considered all of the parents' concerns when reviewing and revising the health plan. These concerns include that the school system is requiring that the parents provide two (2) packages of medicine without data to support the decision, that the school system is refusing to take responsibility for the medicine that travels with the student on the school bus, and that the school system has not ensured that a decision is made about the type of equipment needed to call 911 in case of a seizure.

Based on the Findings of Facts #1 - #36, the MSDE finds that while the IEP team has considered some of the concerns expressed by the parents, it has not addressed concerns about monitoring for a seizure to occur or the complainant's request for a copy and explanation of the school's policy requiring two (2) separately packaged doses of the medication, in accordance with 34 CFR §300.324. Therefore, this office finds that a violation occurred with respect to this aspect of the allegation.

Monitoring for Seizures

In this case, the complainant alleges that the IEP team determined that it is necessary to monitor the student for seizures, but that the health plan does not require this service consistent with that decision.

Based on the Findings of Facts #1 - #36, the MSDE finds that the health plan does not contain a clear statement of the responsibility for monitoring for the onset of a seizure, in accordance with 34 CFR §300.324. Therefore, this office finds that a violation occurred with respect to this aspect of the allegation.

Administration of Medication Consistent with Medical Orders

In this case, the complainant alleges that the health plan does not require that the medication be administered consistent with the medical orders.

Based on the Findings of Facts #1 - #36, the MSDE finds that while there is a dispute about the wording of the manner in which the medication will be administered, the health plan requires that the medicine be administered consistent with the medical orders, in accordance with 34 CFR §300.324. Therefore, this office does not find that a violation occurred with respect to this aspect of the allegation.

Monitoring the Length of Seizures

In this case, the complainant alleges that the health plan does not require the school staff to time the length of seizures to ensure that the medication is taken at the appropriate time consistent with the medical orders.

Based on the Findings of Facts #1 - #36, the MSDE finds that the health plan requires the school staff to monitor the length of the seizures, in accordance with 34 CFR §300.324. Therefore, this office does not find that a violation occurred with respect to this aspect of the allegation.

Equipment to Monitor Length of Seizures

In this case, the complainant alleges that the health plan does not describe the equipment to be used to monitor the length of seizures time consistent with the medical orders.

Based on the Findings of Facts #1 - #36, the MSDE finds that there is no documentation that specialized equipment is needed to monitor the length of seizures, in accordance with 34 CFR §300.324. Therefore, this office does not find that a violation occurred with respect to this aspect of the allegation.

Student's Need to Leave Classroom Following Seizures and Addressing Impact

In this case, the complainant alleges that the health plan does not require the student to be removed from the classroom following a seizure consistent with medical orders and does not indicate how any educational impact from the removal from the classroom will be addressed.

Based on the Findings of Facts #1 - #36, the MSDE finds that there is no documentation that the student has ever had a seizure lasting more than five (5) minutes that would require his removal from the classroom, and thus no data that the team needs to address any educational impact, in accordance with 34 CFR §300.324. Therefore, this office does not find that a violation occurred with respect to this aspect of the allegation.

Allegation #2 Access to Health Plan

In order to ensure that the IEP is implemented, the public agency must ensure that each teacher and provider responsible for implementing the IEP has access to the document (34 CFR §300.323).

In this case, the complainant alleges that the PGCPS has not ensured the school staff responsible for implementing the health plan required by the IEP have access to the health plan.

Based on the Findings of Facts #24 and #36, the MSDE finds that the PGCPS is taking appropriate steps to ensure that both school and transportation staff have access to the health plan, in accordance with 34 CFR §300.323. Therefore, this office does not find that a violation occurred with respect to this allegation.

Allegation #3 Prior Written Notice of Decisions Made on January 8, 2021

The IDEA requires that the public agency provide parents with written notice a reasonable time before it proposes or refuses to initiate or change the identification, evaluation, or educational placement of a student, or the provision of a Free Appropriate Public Education (FAPE) to the student (34 CFR §300.503).

In this case, the complainant alleges that the PGCPS has not ensured that he was provided with PWN of the decisions made on January 8, 2021. These decisions include the decision that the student be monitored for seizures, but that the school system did not provide written notice of this decision.

Based on the Findings of Facts #13, #17, #19, and #24, the MSDE finds that the PGCPS has not ensured that PWN has been provided with respect to decisions about:

- (a) The name of health plan;
- (b) The denial of the request that the bus aide be the primary staff member responsible for monitoring for seizure activity on the bus;
- (c) The decision to not seat the student directly behind the bus driver;
- (d) The decision to provide the complainant with a copy of the log when a seizure occurs; and
- (e) The decision that all school staff will be trained in the administration of the seizure medication, in accordance with 34 CFR §300.503.

Therefore, this office finds that a violation occurred with respect to this aspect of the allegation.

ALLEGATION #4 ACCESS TO RECORDS

FINDINGS OF FACTS:

37. There is an electronic mail message (email), dated December 18, 2020, from the complainant to the PGCPS School Health Specialist forwarding a letter requesting all emails sent by and received by the staff member from September 17, 2020 to December 17, 2020 that contain information related to the student or his parents.

38. There is correspondence, dated January 26, 2021, which documents that on that date, the complainant was provided with documents in response to his December 17, 2020 request.

DISCUSSION/CONCLUSIONS:

The public agency must permit parents to inspect and review the education records of their children without unnecessary delay and before any meeting regarding an IEP, and in no case more than forty-five (45) days after the request is made (34 CFR §.300.613).

In this case, the complainant alleges that he requested access to documents in the education record on December 18, 2020, and that he was not provided with access prior to an IEP team meeting held on January 8, 2021.

Based on the Findings of Facts #1, #37, and #38, the MSDE finds that the PGCPS did not ensure that the complainant was provided with documents requested on December 18, 2020 prior to the January 8, 2021 IEP team meeting, in accordance with 34 CFR §300.613. Therefore, this office finds that a violation occurred with respect to this allegation.

Notwithstanding the violation, based on the Findings of Facts #1 and #35, the MSDE finds that the IEP team has met subsequently and continues to schedule future meetings to complete its review of the IEP, including the health plan. Therefore, this office finds that the violation did not impact the complainant's ability to participate in the education decision-making process for the student.

CORRECTIVE ACTIONS/TIMELINES:

The IDEA requires that State complaint procedures include those for effective implementation of the decisions made as a result of a State complaint investigation, including technical assistance activities, negotiations, and corrective actions to achieve compliance

(34 CFR §300.152). Accordingly, the MSDE requires the public agency to provide documentation of the completion of the corrective actions listed below¹.

This office will follow up with the public agency to ensure that it completes the required action consistent with the MSDE Special Education State Complaint Resolution Procedures. If the public agency anticipates that the timeframe below may not be met, or if any of the parties seeks technical assistance, they should contact Dr. Nancy Birenbaum, Compliance Specialist, Family Support and Dispute Resolution Branch, MSDE, to ensure the effective implementation of the action². Dr. Birenbaum can be reached at (410) 767-7770.

The MSDE requires the PGCPS to provide documentation of the following:

1. That the IEP team has considered the complainant's concerns about monitoring for a seizure to occur, and reviewed and revised the health plan consistent with the data.
2. That the complainant has been provided with a copy of the school's policy requiring two (2) separately packaged doses of the medication and an explanation for the basis of that policy or that the parties have arrived at an agreement as to the packaging and doses required to be provided by the parents.
3. That the complainant has been provided with proper written notice of the following decisions:
 - (a) Name of health plan;
 - (b) Denial of the request that the bus aide be the primary staff member responsible for monitoring for seizure activity on the bus;
 - (c) Decision to not seat the student directly behind the bus driver;
 - (d) Decision to provide the complainant with a copy of the log when a seizure occurs; and
 - (e) Decision that all school staff will be trained in the administration of the seizure medication.

¹ The OSEP states that the public agency must correct noncompliance in a timely manner, which is as soon as possible, but not later than one (1) year from the date of identification of the noncompliance. The OSEP has indicated that, in some circumstances, providing the remedy could take more than one (1) year to complete. If noncompliance is not corrected in a timely manner, the MSDE is required to provide technical assistance to the public agency, and take tiered enforcement action, involving progressive steps that could result in the redirecting, targeting, or withholding of funds, as appropriate.

4. That steps have been taken to ensure that all requests for access to records are responded to within required timelines.

As of the date of this correspondence, this Letter of Findings is considered final. This office will not reconsider the conclusions reached in this Letter of Findings unless new, previously unavailable documentation is submitted and received by this office within fifteen (15) days of the date of this correspondence. The new documentation must support a written request for reconsideration, and the written request must include a compelling reason for why the documentation was not made available during the investigation. Pending this office's decision on a request for reconsideration, the public agency must implement any corrective actions within the timelines reported in this Letter of Findings.

The parties maintain the right to request mediation or to file a due process complaint, if they disagree with the identification, evaluation, placement, or provision of a FAPE for the student, including issues subject to this State complaint investigation, consistent with the IDEA. The MSDE recommends that this Letter of Findings be included with any request for mediation or a due process complaint.

Sincerely,

Marcella E. Franczkowski, M.S.
Assistant State Superintendent
Division of Early Intervention/Special Education Services

c: Monica Goldson
Barbara Vandyke
Keith Marston
Gail Viens
Nancy Birenbaum
Gerald Loiacono