

December 6, 2024

[REDACTED]
[REDACTED]
[REDACTED]

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

RE: [REDACTED]
Reference: #25-095

Dear Parties:

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

ALLEGATIONS:

On October 9, 2024, MSDE received a complaint from [REDACTED], hereafter "the complainant," on behalf of 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) concerning the above-referenced student.

MSDE investigated the following allegations:

1. The PGCPS did not follow proper procedures when conducting a reevaluation of the student since February 2024, in accordance with 34 CFR §§ 300.303- .306.
2. The PGCPS did not ensure that the Individual Education Program (IEP) team addressed parental concerns regarding the request for an occupational therapy evaluation since April 2024, in accordance with 34 CFR § 300.324.
3. The PGCPS staff are not sufficiently trained in addressing the student's audiology needs, in accordance with 34 CFR § 300.156.
4. The PGCPS did not provide the student with a free appropriate public education (FAPE) due to receiving inappropriate services from unqualified staff, in accordance with 34 CFR §§ 300.101 and .324.

BACKGROUND:

The student is eight years old and is identified as a student with Multiple Disabilities (MD) (Autism, Speech-Language Impairment, and Other Health Impairment) under the IDEA. During the 2023-2024 school year, the student attended [REDACTED]. The student currently attends [REDACTED] and has an IEP that requires the provision of special education instruction and related services.

FINDINGS OF FACT:

1. The IEP in effect on February 1, 2024, identifies the student as a student with an Other Health Impairment (OHI) under IDEA and was amended on January 9, 2024. The IEP outlines the student's need for support in Speech - speech-language articulation and Self-Management. It reflects the student requires two 30-minute sessions per month to assist with self-management goals and objectives in the general education setting and four 30-minute sessions of speech-language therapy per month.

The IEP reflects the student has a diagnosis of attention-deficit/hyperactivity disorder (ADHD), speech or language impairment, with needs in the area of articulation, apraxia and phonological disorder, central auditory processing deficit (CAPD), phonological disorder (by history) and apraxia (by history).

The IEP also reflects the student received school personnel support in the form of audiological consult periodically to monitor classroom performance due to the diagnosis of central auditory processing disorder CAPD, to review future medical and audiological reports, and to consult with the IEP team regarding classroom modifications and communication strategies to support the student's access to the curriculum.

The amended IEP in the area of hearing reflects a private central auditory processing evaluation completed on September 20, 2023, at [REDACTED]. The IEP notes the student's level of performance is "Normal peripheral hearing sensitivity with a central auditory processing deficit in auditory decoding." The IEP also reflects, "According to the evaluator, the results of the test battery indicated that [the student] meets the American Speech-Language-Hearing Association (ASHA, 2005) diagnostic criteria for CAPD." The evaluator further noted that [the student's] difficulties are consistent with a deficit of 'auditory decoding.' Recommendations included (1) implementation of aural rehabilitation to include direct skills remediation (e.g. auditory training), (2) environmental modifications to improve access to auditorily presented information, and (3) follow-up with a clinical audiologist to determine candidacy for low-gain amplification and/or assistive listening devices.

[The student] underwent a [REDACTED] at [REDACTED] in April 2023. The evaluation concluded that [the student] met the criteria for Attention Deficit/Hyperactivity Disorder (ADHD). This diagnosis was not mentioned in the provided CAPD evaluation report. It is unclear if the testing procedures and test battery were adapted in light of this diagnosis or if this diagnosis was considered during the interpretation of the test findings.

Educational Impact: [the student] has normal peripheral hearing sensitivity. She has been diagnosed with a CAPD related to auditory decoding. Teacher and school psychologist observations have been conducted and showed periods of hyperactivity (fidgety behaviors) and inattention, as well as difficulty with transitions between activities and self-regulation of emotions. Further classroom observation is necessary to determine the educational impact of CAPD vs. ADHD. Audiologist consult services will be

provided to monitor classroom performance considering the diagnosis of CAPD, to review future medical and audiological reports, and to consult with the IEP team regarding classroom modifications and communication strategies to support [the student] access to the curriculum.

While the IEP reflects that this area does not impact the student's academic achievement and/or functional performance, the student receives accommodations and supplementary aids and services to support her in the academic setting.

2. On February 5, 2024, the IEP team met to discuss reevaluation, review assessments, and develop a safety plan. The Prior Written Notice (PWN) generated after the meeting reflects the IEP team used data from parents, teachers, observations, professional school counselor input, and audiologist input who shared information about CAPD. The PWN reflects the audiologist would update the present levels of functional performance to address the classroom impact of the student's central auditory processing deficits identified in the [REDACTED] CAPD evaluation. The audiologist would conduct a Functional Listening Evaluation (FLE), along with observations and questionnaires, to gather additional data on the educational impact. While parents requested a full CAPD evaluation, the audiologist plans to complete interviews and observations with the general educator first and "if needed" refer the student to [REDACTED].
3. The audio recording of the IEP meeting reflects that the IEP team discussed the complainant's concerns regarding the student's behavior over the years and their increasing concerns about the student's recent escalating behaviors. The complainant requested a Functional Behavioral Assessment (FBA) and additional testing due to a suspicion of autism. The IEP team agreed to conduct an FBA to determine whether a Behavior Intervention Plan (BIP) is needed and to address any significant behavioral concerns. The PGCPs psychologist proposed completing additional rating scales to assess social, emotional, and behavioral functioning. Additionally, a Safety Plan was proposed to outline steps for managing crises.
4. On February 8, 2024, the complainant signed a consent form for the student to be assessed in the areas of:
 - Emotional/Social/Behavior Development (autism and behavior)
 - Hearing/ to include an observation
 - A Functional Behavioral Assessment (FBA).
5. On February 16, 2024, the IEP team convened to develop a safety plan.
6. On February 27, 2024, and April 3, 2024, PGCPs conducted an educational audiology assessment.
7. On March 14, 2024, PGCPs conducted a psychological assessment.
8. On April 15, 2024, PGCPs conducted an FBA.
9. On April 16, 2024, the IEP team convened to review the assessments recommended during the February 5, 2024, IEP meeting and to review and revise the IEP as appropriate. The complainant requested the attendance of the PGCPs Occupational Therapist, Assistive Technology Specialist, and Supervisor for Psychological Services at the meeting.

The PWN indicates that the IEP team reviewed the FBA and updated the FBA section on the IEP based on new findings from relevant social history data. This included family and medical history—such as vision and hearing testing, social pragmatic communication, disorder diagnosis, and history of adenoidectomy and vocal cord nodules. The IEP team also reviewed the psychological assessment, the educational audiology assessment, and a private Occupational Therapy Initial Therapy Examination.

The IEP team discussed the FBA. The IEP team determined that a BIP is not necessary, as the existing Safety Plan contains effective elements, and the general educator and IEP team are able to successfully de-escalate and re-regulate the student while providing a safe environment. The frequency and severity of incidents do not justify the need for a BIP. Although the Safety Plan was not on the meeting agenda for review, the team indicated that it would be adjusted and updated to incorporate data from the FBA.

The PWN reflects the IEP team reviewed the psychological assessment. The IEP team reviewed assessments completed by the PGCPs school psychologist, including a Teacher Questionnaire, Parent Interview, Autism Spectrum Rating Scale (ASRS), and Conners Comprehensive Behavior Rating Scale (CBRS). Results indicate that the student is displaying characteristics consistent with Autism Spectrum Disorder (ASD), although not all traits were endorsed by all raters.

On the ASRS, teacher ratings showed elevated behavioral rigidity, while parent ratings highlighted concerns in peer and adult socialization, behavioral rigidity, and social difficulties. The CBRS revealed more concerns on the parent form, particularly in social and academic difficulties, self-regulation, rigidity, and physical symptoms. Teacher ratings reflected concerns about defiance, hyperactivity/impulsivity, and perfectionistic and compulsive behaviors. The data suggests the student is experiencing symptoms consistent with autism, ADHD, and significant emotional components contributing to worry and anxiety in social situations. The assessment notes due to the student's "unique gifted profile, coupled with challenges in articulation, ADHD, and sensory integration, makes it difficult to pinpoint the root causes of her academic and behavioral struggles." The report does not support the student to be identified as a student with autism.

The PWN reflects the IEP team reviewed the educational audiology assessment which included a FLE, student and teacher questionnaires, and classroom observations. The team discussed while the student performed well on the FLE, she identified situations where she struggles with hearing and uses self-advocacy strategies. The IEP team proposed to update the student's accommodations to address these concerns, including closed captioning, strategic seating, and repetition of overhead announcements. The IEP team determined the audiologist consult will remain on the IEP to monitor the student's classroom performance. The PWN reflects based on the assessment results and the student's current academic performance, the implementation of an FM system is not supported at this time.

The IEP team reviewed the January 18, 2024, initial private Occupational Therapy (OT) assessment, and determined that an "OT colleague collaboration" would be initiated. The OT stated over 2-3 weeks, data will be collected, and strategies will be offered and trialed if needed and if necessary, additional assessments may be explored. The PWN notes this process will be documented. During the meeting, the general educator shared current writing samples, noting that the student performed well on the sample and completed it mostly independently. She also notes, occasionally, that the student "omits conjunction words or ending sounds, such as adding 's' to pluralize." For support, the student is provided with sentence starters, organizers, and a writing checklist to support their writing.

10. The audio documentation of the IEP meeting reflects the OT collaboration will observe the student for body awareness, seat positioning in the classroom, and handwriting.
11. There is no documentation of the complainant requesting an OT assessment during the April 16, 2024, IEP meeting.
12. On April 16, 2024, the IEP was amended to include the following updates:
 - **Safety Plan** added under supplementary aids and services
 - **Behavior Intervention section** under Special Considerations
 - **Closed captioning** added to instructional and assessment accommodations
 - **Preferential seating** expanded to include assemblies and extracurricular activities
 - **Repetition of directions** updated to include repeating loudspeaker announcements aloud for visual support and understanding
 - **Noise-canceling headphones** added for use at Reese's discretion during activities like quiet reading, testing, or fire drills.
13. The student continued to receive special education services with the disability code of OHI.
14. On June 3, 2024, PGCPs conducted an OT colleague consultation for the student.
15. On June 10, 2024, the IEP team convened per the request of the complainant regarding mental health services. During the IEP meeting, the complainant was provided additional resources for the student to participate in outside therapy due to negative self-talk.
16. During the IEP meeting, it was noted that during the April 16, 2024, IEP meeting, the IEP team determined the OT would complete a Colleague Collaboration with recommendations and the Audiologist would share observations. The PWN reflects at the date of this meeting, the data was not available and a PGCPs compliance representative committed to following up with both specialists on the status of these action items and arranging another IEP meeting to review their recommendations.
17. During the June 10, 2024, IEP meeting, the team heard from a private psychologist invited by the complainant. The PWN reflects that the private psychologist conducted an assessment on the student that focused on autism, attention, and developmental history, as the complainant expressed concerns about dysregulation and rigidity. At the time of the meeting, the assessment had not been finalized for review by the IEP team. However, the private psychologist noted that the student exhibited difficulty integrating pieces of a story and comprehending situations and stories. The psychologist confirmed the existing diagnoses of ADHD and speech-language disorders and introduced a new diagnosis of autism.
18. On July 13, 2024, the complainant provided PGCPs with the private neuropsychological assessment that was conducted on June 6, 2024.
19. On July 22, 2024, the IEP team reconvened to review the private assessment, as well as the OT and audiological observations that were recommended in the IEP meeting on April 16, 2024. The parents received additional private testing, suspecting an autism diagnosis that could impact the student's educational performance. The PWN reflects that based on the private neuropsychological report from

██████████ conducted on June 6, 2024, multi-confirming data, new assessment measures, the private audiological report from ██████████, and input from parents and the school team, the student continues to qualify as a student requiring special education services with an updated disability code of Multiple Disabilities (MD). The disability code was updated to encompass Autism, Other Health Impairment, and Speech and Language Impairment.

20. During the July 22, 2024, IEP meeting, the IEP team also reviewed the OT colleague consultation and the audiological observation. Based on the data from the OT and the audiologist, the IEP team determined to update the student's supplemental aids and services on the IEP to reflect:
- Flash pass for use in the cafeteria;
 - Consultation between school staff, student and family; and
 - A trial of hearing assistive technology. Anecdotal and performance data will be collected to determine whether the system should be included as accommodations on the IEP.

The team determined to provide the following OT trials:

- Preferential seating
- Zones of Regulation check-in - establish check-ins into a daily schedule;
- SOCC table (Situation - Options - Consequences - Choice(s));
- Visual daily schedule; and
- Use of an established calming space in the classroom - to include a Zones of Regulation visual, and calming fidget.

Although a colleague consult was conducted, it did not address all of the areas of concern during the meeting held on April 16, 2024.

21. On September 10, 2024, the student re-enrolled in PGCPs after being withdrawn for homeschooling on August 28, 2024.
22. On September 26, 2024, the IEP team convened to reinstate the student's IEP at ██████████ (██████). During the meeting, the complainant expressed concerns about OT issues raised the previous year, which had not been addressed due to the data not being reviewed within the proposed timeframe during the school year. The PWN reflects an OT assessment was considered but declined at that time. Instead, the IEP team determined a colleague consultation would be conducted to evaluate the student's fine motor skills, determine any appropriate strategies for the educational setting, and identify potential next steps for the following IEP meeting. It is noted the consultation will review the student's written work, consult with the classroom teacher regarding the student's fine motor abilities and access to the curriculum, and observe the student during curriculum-related writing activities. The current OT noted that while she had reviewed the consultation form from the previous school, it did not identify any concerns. During the IEP meeting, the OT also reminded the team that the outside assessment report was based on a medical model rather than an academic one. Nonetheless, she will proceed with the consultation to assess fine motor skills and provide recommendations as needed.

The PGCPs audiologist also reviewed the student's past audiological history for the IEP team. The PWN reflects the student was diagnosed with CAPD by ██████████ and struggles with auditory directions and speech nuances in noisy settings. Despite the recommendation of a trial FM system to reduce background noise, it was not implemented, contributing to meltdowns. Her audiology report flagged

issues with phonics and decoding, but no reading intervention was provided due to her receiving A's. The PWN reflects the new school team will conduct DIBELS and iReady diagnostics to assess her needs.

23. On October 15, 2024, the IEP team convened to review the OT colleague consult. The PWN reflects that the student did not demonstrate issues with motor dexterity, pencil grasp, or rate of output, and no further actions were recommended.

During the IEP meeting, the audiologist informed the IEP team that the AT device had arrived, and training would be provided to the staff and student on how to use it. The classroom teacher reported no hearing issues during instruction but noted the student struggles with difficult spelling words, similar to most classmates. The complainant highlighted the student's challenges in differentiating sound-alike words and sounds, adding that iReady diagnostics show grade-level performance (score: 553, mid-Grade 3) but do not assess auditory processing. The student's difficulties extend to spelling and require additional support at home.

The PGCPs Instructional Audiology Specialist, noted the student's diagnoses of Apraxia, Autism, ADHD, and CAPD, emphasizing the FM system and related IEP services to address these needs. It was shared that the special educator assists in the cafeteria due to noise levels affecting student's ability to hear directions.

24. There is documentation confirming that the PGCPs audiologist is certified by the State Board Of Examiners for Audiologists, Hearing Aid Dispensers, Speech-Language Pathologists & Music Therapists and is licensed to practice in the state of Maryland.
25. The report of the student's progress dated January 19, 2023, March 22, 2024, and October 31, 2024, towards the achievement of the annual speech and language articulation goals, reflects that the student is "Making sufficient progress to meet goal."
26. The report of the student's progress dated June 13, 2024, towards the achievement of the annual speech and language articulation goal, reflects that the student has "achieved" the goal.
27. The report of the student's progress dated March 22, 2024, and October 31, 2024, towards the achievement of the annual self-management goals, reflects that the student is "Making sufficient progress to meet goal" and or "achieved" the goals.
28. There is documentation that the student earned an "A" in all subject areas on her report card for the 2023-2024 school year.

DISCUSSIONS AND CONCLUSIONS:

ALLEGATION #1

PROPER PROCEDURES FOR CONDUCTING A REEVALUATION OF THE STUDENT

In this case, the complainant alleges the PGCPs did not provide the student with the accurate disability coding on the IEP that reflects all of the student's identified diagnoses. Under the IDEA, public agencies are required to evaluate a student in all areas of suspected disability and determine whether the student has a qualifying

disability, consistent with 34 CFR § 300.8. While the IDEA allows for a primary classification, it recognizes that students may have multiple disabilities. It emphasizes that the disability code must reflect all identified needs that impact educational performance.

In this case, the IEP team evaluated the student following proper procedures under 34 CFR §§ 300.303-306, as reflected in the MSDE's findings. The evaluation considered comprehensive data, including the private audiology report, private neuropsychological assessments, and multi-disciplinary input from parents, educators, and specialists. The student's disability classification was updated to Multiple Disabilities (MD) to encompass Autism, Other Health Impairment (OHI), and Speech-Language Impairment, ensuring alignment with IDEA requirements.

Central Auditory Processing Deficit (CAPD) is not explicitly listed as a disability category under IDEA. Instead, its impact on educational performance is addressed through appropriate accommodations and services within the identified classifications. CAPD can inform the development of IEP goals and supports, but it does not independently qualify as a disability code. The IEP includes accommodations such as audiological consultations and classroom modifications to address the effects of CAPD on learning and access to the curriculum.

Based on Findings of Fact #1 through #13, #17 through #19, MSDE finds that PGCPs did follow proper procedures when conducting a reevaluation of the student since February 2024, in accordance with 34 CFR §§ 300.303- .306. Therefore, this office finds that a violation did not occur concerning the allegation.

ALLEGATION #2 ADDRESSING PARENT CONCERN

In this complaint, the complainant alleges that she requested an OT assessment, and the school team refused. Although the parent did not specifically request an occupational therapy (OT) evaluation during the IEP meeting on April 16, 2024, the IEP team agreed to conduct a colleague consultation to address potential OT-related concerns. However, there was a significant delay in completing the consultation and following up with findings. While this delay is not a violation of IDEA, timely implementation of agreed-upon steps is crucial for addressing a student's needs effectively. Delays in gathering and reviewing necessary data can hinder the IEP team's ability to make informed decisions and provide appropriate support within a reasonable timeframe.

Based on Findings of Fact #9 through #11, #14, #16, #20 through #23, MSDE finds the complainant did not request an OT evaluation, therefore, PGCPs was not required to address parental concerns regarding the request for an occupational therapy evaluation since April 2024, in accordance with 34 CFR § 300.324. Therefore, this office finds that a violation did not occur concerning the allegation.

ALLEGATION #3 CERTIFIED RELATED SERVICE PROVIDER

Based on Finding of Fact #24, MSDE finds the PGCPs staff is State Board Certified and the student was assessed by qualified personnel, in accordance with 34 CFR § 300.156. Therefore, this office finds that a violation did not occur concerning the allegation.

ALLEGATION #4

PROVISION OF FAPE

Based on Findings of Fact #1, #2, #5, #9, #12, #19, #20, #22, #23, #25 through #28, MSDE finds that the PGCPs had provided the student FAPE, in accordance with 34 CFR §§ 300.101 and .324. Therefore, this office finds that a violation did not occur concerning the allegation.

TIMELINE:

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 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 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 FAPE for the student, including issues subject to this State complaint investigation, consistent with the IDEA. MSDE recommends that this Letter of Findings be included with any request for mediation or a due process complaint.

Sincerely,

Antoine L. Hickman, Ed.D.
Assistant State Superintendent
Division of Early Intervention and Special Education Services

ALH/sj

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