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PENNSYLVANIA

SPECIAL EDUCATION HEARING OFFICER

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6561/05-06 AS

File Number

L.D.

Child's Name

Xx/xx/xx

Date of Birth

August 7, 2006

Date of Hearing

Open

Type of Hearing

**For the Student:**

**For the Marple Newtown School  
District:**

William Duffy, Director of Pupil  
Services  
Marple Newtown School District  
26 Media Line Road, Suite 210  
Newtown Square, PA 19073-4696

C. Scott Shields, Esq.  
Shields & Hope, LLP  
P.O. Box 23  
223 N. Monroe Street  
Media, PA 19063-0023

Gina K. DePietro, Esq.  
Sweet, Stevens, Tucker & Katz  
P.O. Box 5069  
331 Butler Avenue  
New Britain, PA 18901

Date of Hearing: August 7, 2006  
Receipt of Transcript: August 12, 2005  
Date of Decision: August 30, 2006  
Hearing Officer: Daniel J. Myers

## **BACKGROUND**

Student is a xx year old, 7<sup>th</sup> grade resident of the Marple Newtown School District (School District) with Attention Deficit Hyperactivity Disorder and Asperger Syndrome who attended an approved private school during the 2005-2006 school year. Student's parents believe the School District has denied a free and appropriate public education (FAPE) to Student since January 2006 when it continued to assign Student to a particular classroom after Student developed an alleged psychosomatic reaction to the teacher in that classroom. For the reasons described below, I find for Student, but not for the reason suggested by Student. I conclude that Student was denied FAPE since January 2006, not because the School District failed to reassign Student, but because the School District did not sufficiently evaluate and program for Student's alleged psychosomatic reaction.

## **ISSUE**

Whether or not the School District denied a free and appropriate public education to Student since January 2006 when it, or its agent, continued to assign Student to a particular teacher despite a recommendation to the contrary by Student's psychiatrist?

## **FINDINGS OF FACT**

1. Student, whose date of birth is xx/xx/xx is a xx year old, 7<sup>th</sup> grade resident of the School District who has been diagnosed with Attention Deficit Hyperactivity Disorder and Pervasive Developmental Disorder –Mixed Atypical and Asperger types. (SD 10, p.2; N.T. 91, 92, 197)<sup>1</sup> Student is bright, conscientious and quiet. Academically, he is on grade level in reading and close to grade level in math. Socially and behaviorally, he has difficulty interpreting social situations accurately and he perseverates. (N.T. 77, 192, 282-284)

### **1999-2000, Kindergarten**

2. Student attended kindergarten at a School District public elementary school. His kindergarten teacher was D.S. After one semester, Student's parents were dissatisfied with teacher D.S., alleging that D.S. had choked and violently shaken Student. (N.T. 42, 45) Student's parents removed Student from school, and the School District paid for Student's attendance at a private school. (N.T. 71, 157)

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<sup>1</sup> References to "P," "SD," and "HO" are to the Parent, School District, and Hearing Officer exhibits, respectively. References to "N.T." are to the transcript of the August 7, 2006 hearing session.

### **2000-2001 and 2001-2002, First and Second Grades**

3. Student attended 1<sup>st</sup> and 2<sup>nd</sup> grades at a School District public elementary school, receiving regular education with his peers as well as special education emotional support services. Student made excellent academic, behavioral and social progress. (SD10, p.2; N.T. 198)

### **2002-2003, Third Grade**

4. Student continued to attend the School District's public elementary school for 3<sup>rd</sup> grade. During that school year, he and his parents were upset with a school aide, Ms. M., who was overbearing and whom Student believed "smelled like she had beer". (N.T. 75, 157, 198) Student's mother testified that Ms. M. abused Student to such an extent that an extracurricular social skills group leader observed that Student, who had been a role model in the program had become the lowest functioning child in the group. (N.T. 75)

### **2003-2004, Fourth Grade**

5. In 4<sup>th</sup> grade, Student transferred into a different elementary school that contained a new Asperger Support classroom. The aide from the previous year, Ms. M., remained at Student's former elementary school. (N.T. 199-200, 204)
6. Around November 2003, Student's parents observed that Student was anxious at home, crying at night, pacing on the weekends, and worrying about getting into trouble and what people thought of him. Student's parents attributed these symptoms to difficulties with his 4<sup>th</sup> grade teacher, Ms. D., and they withheld Student from school. (SD 10, p.3; N.T. 75, 158)
7. In March 2004, in response to a neuropsychological evaluation by Dr. R Student transferred to the [redacted Approved Private] School (hereinafter, "APS.") APS has a total student body of 75 students. (N.T. 281) Each classroom contains 6-8 students, with substantial therapeutic support. By all accounts, Student's transition to APS was successful. (N.T. 22, 75, 80, 185, 201, 205, 284-285; SD 1, p.4; SD 10, pp.2-3)
8. The School District also obtained an evaluation report from child and adolescent psychiatrist Dr. G. By its own terms, Dr. G's report was not a complete independent psychiatric evaluation, but rather was intended to facilitate communication between Student's parents and the APS, and to support Student's successful transition to the APS. (SD1, pp.4-5; N.T. 127, 158) Dr. G met with Student, his parents, his teachers, reviewed Dr. R's neuropsychological evaluation, and spoke with Student's treating psychiatrist, Dr. D. (SD 1, pp.4, 5)

- a. Dr. G noted with some concern that Student was taking five prescription medications, and she recommended a psychopharmacological second opinion. (SD 1, p.6)
- b. Dr. G concluded that Student's difficulties at his public elementary school were related to conflict between his parents and school personnel, rather than to any problem in educational programming. (SD 1, p.5)
- c. Dr. G recommended that the School District have a backup plan in case of similar conflict between Student's parents and the APS. (SD 1, p.6; N.T. 220-221, 225)
  - i. More specifically, she recommended quick referral for wraparound services when conflict escalates, both to permit mental health professionals to work with Student at school and at home, as well as to permit independent assessments of what is happening in the two different settings. (SD 1, p.6)
  - ii. She further suggested that partial hospitalization might be required for close observation, reevaluation of medication, and aggressive treatment of behavioral and emotional difficulties. (SD1, p.7)

#### **2004-2005, Fifth Grade**

9. Neither Student nor his parents had any difficulties with Student's 5<sup>th</sup> grade teacher at the APS. (N.T. 80, 90)
10. Student's annual May 19, 2005 IEP described his social skills levels as "more comfortable," with Student beginning to form peer relationships. He still had difficulty with social cues, i.e., identifying others' emotions through facial expressions and tone of voice. (SD 2, p.3) He continued to need a highly structured and supportive full time educational setting with a small student to staff ratio, direct social skills instruction, and opportunities for extended practice in making inferences independently, predicting logical outcomes, interpreting nonverbal communication, and accurately interpreting social situations. (SD 2, pp.3-4)

#### **Fall Semester, 2005-2006, Sixth Grade**

11. On the first day of school, Student informed his parents that one of his 6<sup>th</sup> grade teachers, Ms. M, was just like his 4<sup>th</sup> grade public school teacher, Ms. D. (N.T. 68, 74, 162) Ms. M. was Student's science, social studies and language arts teacher, as well as his end-of-the-day homeroom teacher. (N.T. 299-300) Student's parents report that Ms. M. was always in a bad mood, did not make learning fun, embarrassed children in front of each other, and kept the children on pins and needles with her unpredictable moods. In addition, in contrast to Student's other APS teachers, Ms. M did not return the telephone calls of Student's parents. (N.T. 80, 162, 165-168)

12. Student's parents report that, by the end of September, Student was shutting down, screaming, head banging, and getting physically ill (throwing up and diarrhea) at home. These symptoms began when Student got into his parents' car at the end of the school day, and they continued until he was dropped off again at school the next day. (N.T. 24, 47, 70, 78-79, 288) Student's negative symptoms were not observed at school, and he visited the school nurse only once during that school year. (N.T. 311, 343) Student's parents report that they were sometimes up all night encouraging Student to go to school and encouraging Student to stick it out for one year. (N.T. 29, 77, 164, 167-168)
13. Student's father testified that he met with Ms. M. during the first week of November, and that Ms. M. changed her behaviors for a day or two. (N.T. 169)
14. Also during November 2005, the APS had requested that Student's father refrain from smoking on campus, refrain from using school phones for business calls, and remain in his car at pickup time. (SD 3; N.T. 329)
15. Also during the Fall 2005 semester, Student's mother became seriously ill with an ailment that physicians were unable to diagnose. She suffered extraordinary pain, took strong medications, spent a great deal of time in the hospital or in bed, and honestly believed that her condition might be terminal. (P 2, p.2; N.T. 60-61, 66-68, 78, 81)

### **Spring Semester, 2005-2006, Sixth Grade**

16. Relationships between the APS and Student's parents deteriorated substantially after the 2005 Holiday break.
17. On January 17, 2006, Student remained at home for four school days with an ear infection. (N.T. 64-65, 82, 290; SD 4; P3)
18. On January 23, 2006, Ms. M. gave to Student a list of the schoolwork that he had missed during his illness the previous week. (P 3; P 4; SD 4; N.T. 63-64) Student's parents considered the note to be cold, discouraging, overwhelming, threatening, discriminatory and retaliatory. (P 4, pp.1-2; SD 4)
19. Student's father met with Ms. M in her classroom regarding the note. APS officials considered Student's father's attitude to be angry and using a loud, angry voice. (P 4; N.T. 23, 34, 61, 291, 293)
20. Student's parents also met with an APS supervisor regarding their concerns about Ms. M. (P4; N.T. 61, 294-295, 297)
  - a. Student's parents believed that the solution to their concerns was simple, i.e., transfer Student to a different classroom with a different teacher. (N.T. 26-27, 46, 50) The supervisor believed that all of the issues raised by Student's parents

could be resolved without transferring Student to a different teacher, but rather by having all parties discuss their concerns with each other. (N.T. 28-29, 298, 303)

- b. APS officials contended that Ms. M's classroom was the only appropriate academic and social setting for Student at the APS. (N.T. 306, 325) Student's parents contended that the only solution was to reassign Student to a different teacher. (N.T. 107, 308-310)
21. On February 6, 2006, Student's parents stopped sending Student to School. (N.T. 310) On or about February 10, 2006, the School District initiated truancy proceedings. (SD 8; SD 16; N.T. 39, 45, 206-208)
22. The local district justice ordered the School District to request a special education due process hearing while the truancy proceedings were continued. (N.T. 39-40) Special education due process hearing officer Ambrose Finnegan dismissed the due process hearing request, however, when he was informed by the parties that the issue concerned truancy rather than special education programming. (N.T. 40, 212) Searching for some type of educational solution, the local district justice then ordered that the Student begin receiving homebound instruction and that the parties reconvene an IEP team meeting that would include Student's treating psychiatrist, Dr. D. (N.T. 41, 213, 218, 248; SD 17)
23. To implement the district justice's order, the School District arranged for Student to receive 1.5 hours of instruction, three days per week, at the local library. (N.T. 45) The School District assigned D.S. to be Student's homebound teacher. D.S. was the teacher with whom Student's parents had been dissatisfied in kindergarten. (SD 18; N.T. 42-45, 71, 109, 157, 217-218) Student's parents refused to take Student to the homebound instruction. (N.T. 41-42)
24. In addition, on March 8 and May 3, 2006, the parties convened IEP team meetings that included Dr. D. (SD 15; N.T. 48, 112, 210, 319; SD 19) Dr. D's unsuccessful mediation strategy was to convince the APS and the School District that a transfer to a different teacher was not difficult, was not precedential, and was the quickest and simplest resolution of the problem. (N.T. 36, 211; P7) No resolution was achieved. (N.T. 211, 317)
25. Student's most recent, February 13, 2006, reevaluation report indicates academic progress. (SD 10; N.T. 314) It further notes, however, that Student's emotional and behavioral rigidity in social situations can result in over-reaction and lowered frustration tolerance, which increases his vulnerability to anxiety. (SD 10, p.3; N.T. 315) It recommends direct instruction, including assistance in clarifying situational nuances and contextual details, in order to strengthen Student's social reasoning skills. (SD 10, p.3-4)

26. On March 30 and May 8, 2006, the APS offered to Student's parents a Notice of Recommended Educational Placement (NOREP) for summer extended school year (ESY) services. (SD 17, p.4; N.T. 51)
- a. Because that APS ESY program was supervised by Ms. M., however, Student's parents never responded to the NOREP and, consequently, the APS ESY program was filled with other students. (N.T. 51, 249)
  - b. The School District then offered an alternative ESY program at its own public elementary school. Student's parents rejected that offer, however, because they knew nothing about that ESY program, and because they were concerned about Student's transition into a new, unknown program. (N.T. 54-55, 115-116, 188-189)
27. I was assigned to this matter on May 17, 2006 and scheduled a hearing for July 5, 2006. I continued the hearing to August 3, 2006 to accommodate the trial schedule of Student's counsel. Parent Exhibits 1-15 were admitted into the record without objection. (N.T. 348) School District exhibits SD 2- SD 22, and SD 24 were admitted into the record without objection. Pages 1-3 of School District Exhibit 1 were withdrawn from by the School District and the remainder of SD 1 was admitted into the record over objection. (N.T. 353-354) Similarly, SD 23 and SD 25 were admitted into the record over objection. (N.T. 354)
28. Student's treating psychiatrist, Dr. D, testified at the hearing. Dr. D treats Student through prescription medication and family therapy. (N.T. 91, 121-123) He believes that Student definitely should continue attending the APS. (N.T. 117)
- a. While Dr. D was a very sincere witness, his vagueness with respect to Student's medication regimen as well as to his professional treatment plan for Student causes me to give his testimony little credibility.
    - i. Dr. D was uncertain at the time of the hearing of the medications that he has prescribed for Student, which have included Adderall, Risperdal and Zoloft. (N.T. 139-140, 142) He was also uncertain how long he had been treating Student ("three or four years.") (N.T. 91, 121) I also note the concerns of Dr. G regarding Student's prescription medications, and her recommendation for a psychopharmacological second opinion. (SD 1, p.6)
    - ii. Dr. D did not observe Student's alleged school-based physical illness symptoms, he did not know whether Student was being treated by a physician for those symptoms, and he did not attempt independent verification of those symptoms. (N.T. 95, 99, 126, 131)
    - iii. In Fall 2005, Dr. D's treatment plan for Student's school-based concerns was to remind Student of his successes at APS and to encourage Student to go to school every day and do his best. (N.T. 36, 94, 129) After the Holiday break, Dr. D's plan switched to convincing the School District and the APS to transfer Student to a different teacher. (P7, pp.1-2; P 9, p.1; SD 9)

- b. In his career, Dr. D has only treated two or three children with Asperger Syndrome, and he has no experience developing educational programs for children. (N.T. 124, 145-146, 150-151)
  - c. Although Dr. D has been in practice for 30 years, his medical license is on probation in both Pennsylvania and Maryland. This means that the medical licensing boards of those states require that he take particular competency courses, that his business records are subject to audit, and that he must maintain a mentoring relationship with another licensed medical professional. (N.T. 90-91, 120, 139-144; SD 25)
29. Dr. D2 has been the School District's Director of Pupil Services for five years. (N.T. 195)
- a. He believes that Student develops somatic symptoms whenever he is held accountable. He believes that the School District programs for Student's somatic reactions through his IEP's social interaction goals. (N.T. 203, 257; SD 15, p. 17) He further believes that Student's somatic reaction to Ms. M would have been addressed appropriately through IEP goals if Student's parents had not interfered. (N.T. 260)
    - i. He believes that Student can be adequately educated at APS, but that a functional behavioral assessment (FBA) and a behavior support plan are necessary to deal with Student's symptoms. (N.T. 260-262, 272-273)
    - ii. He states that he did not recommend an FBA prior to the March 8, 2006 IEP meeting because he was unaware of the problems between Student's parents and the APS. (N.T. 263)
  - b. Dr. D2 testified that Student's father often behaves in an inappropriate, confrontational and argumentative manner. (N.T. 265)
    - i. To deal with Student's difficult parents in the past, the School District has successfully recommended that Student's parents obtain a special education advocate. (N.T. 265-266)
    - ii. Dr. D2 testified that the School District's alternative public school ESY offer in June 2004 is an example of the School District's implementation of Dr. G's 2004 recommendation that the School District always have a back up plan for dealing with Student's parents. (N.T. 220-221, 223, 252; SD 26)
  - c. When a student is assigned to APS, the School District delegates virtually all responsibility to the APS regarding follow-up on parental problems and communications with physicians. When APS reports that a student is not attending, the School District automatically requests a truancy proceeding. (N.T.235, 243, 277)
30. An APS supervisor testified that, in the last seven years, only two students have been reassigned from their classroom, and in both cases they occurred shortly after the initial assignments, they were initiated by teacher recommendations, and they were based upon inappropriate peer groupings rather than any conflict with teachers. (N.T. 318-319)



- a. The APS supervisor further testified that Ms. M has received high performance evaluations over the last four years, she has never been observed to be moody or in a bad mood, and the APS has never received a complaint regarding Ms. M other than the complaints of Student's parents. (N.T. 321, 341-342) The APS supervisor testified that Ms. M was feeling harassed by Student's parents and was considering resignation from the APS. (N.T. 338)
  - b. Finally, the APS supervisor testified that it is possible for school-related stress to manifest at home and not at school. (N.T. 345) She further testified that the APS has experience in programming for students with anxiety and phobias related to school. (N.T. 344, 346)
31. Student's parents vacillate unpredictably between rational and irrational behaviors, making credibility determinations, as well as long term educational relationships, difficult.
- a. Student's parents believe that APS is a great school, that Student has done quite well there, and that he has never had an issue until this school year. (N.T. 45-46, 55)
  - b. The emails of Student's parent to the APS and School District regarding Ms. M are sometimes incoherent, sometimes rambling, and sometimes unnecessarily hostile. (P4, p.2; SD 4)
  - c. Despite descriptions by several witnesses of the Spring 2006 IEP meetings, Student's father was the only witness to testify that Dr. D2 "started screaming like a lunatic, banging the table..." (N.T. 48) I find this description to be not credible because no other witnesses mentioned such unprofessional behavior.
  - d. During a break in his testimony at the August 7, 2006 due process hearing session, Student's father inexplicably left the building without informing anyone and could not be located when the hearing resumed. Ultimately, we took testimony from other witnesses, finishing cross-examination of Student's father later, after he returned to the hearing. (N.T. 58)
  - e. At the August 7, 2006 hearing session, Student's father provided a rambling, incomprehensible answer when explaining whether or not he had walked out of a meeting with Dr. G in 2004. (N.T. 159-161)

## DISCUSSION

The burden of proof in an administrative due process hearing is upon the party seeking relief. Schaffer v. Weast, \_\_\_ U.S. \_\_\_, 126 S.Ct. 528 (2005) Each public agency is required to conduct a full and individual evaluation to determine the educational needs of a child with a disability. 34 CFR §300.300

The educational evaluation is the foundation for the IEP. K.B. and West Shore School District, Special Education Opinion No. 1300 (2002); M.C. and Wissahickon School District, Special Education Opinion No. 1731 (2006) The evaluation report is used to generate an IEP for

a child with a disability. 34 CFR §300.320 The appropriateness of the IEP is based on information known at the time it is drafted. Fuhrmann v. East Hanover Board of Education, 993 F.2d 1031 (3d Cir. 1993) The IEP must be likely to produce progress, not regression or trivial educational advancement. Board of Education v. Diamond, 808 F.2d 987 (3d Cir. 1986) While school districts are not required to provide the optimal level of services, a program that confers only trivial or minimal benefit is not appropriate. Polk v. Central Susquehanna Intermediate Unit 16, 853 F.2d 171 (3d Cir. 1988), cert. denied, 488 U.S. 1030 (1989); Susan N. v. Wilson School District, 70 F.3d 751 (3d Cir. 1995); In Re K.N. and Bethlehem Area School District, Special Education Opinion No. 1225 (2002)

Children with disabilities are entitled to counseling, social work services in schools, and even parent counseling and training if they are required to assist a child with a disability to benefit from special education. 34 CFR §300.24(a) Counseling services includes services provided by qualified social workers, psychologists, guidance counselors, or other qualified personnel. 34 CFR §300.24(b)(2) Social work services in schools can include working in partnership with parents and others on those problems in a child's living situation (home, school, and community) that affect the child's adjustment in school. 34 CFR §300.24(b)(13) Parent counseling and training means assisting parents in understanding the special needs of their child; providing parents with information about child development; and helping parents to acquire the necessary skills that will allow them to support the implementation of their child's IEP. 34 CFR §300.24(b)(7)

While the primary purpose of the Individuals with Disabilities Education Improvement Act (IDEIA) is to provide FAPE to each eligible child, a second purpose, which is designed to contribute to the first, is the cooperative relationship, or partnership, between the school district and the child's parents. In fact, this is the idea behind so much parental participation in the evaluation and IEP development processes. In re the Educational Assignment of K.M., Special Education Opinion No. 1313 (2002)

At the same time, parents cannot continuously refuse to cooperate with, and attempt to thwart the process of, the development of an appropriate IEP for their child, and then complain that they are frustrated and facing hostility that denies FAPE to a student. In re the Educational Assignment of M.K., Special Education Opinion No. 810 (1998) Hearing officers are best positioned to assess whether parental attitudes threaten the potential for success of proposed IEPs. The Board of Education of Community Consolidated School District No. 21 v. Illinois State Board of Education, 938 F.2d 712 (7<sup>th</sup> Cir. 1991); In re the Educational Assignment of M.H., Special Education Opinion No. 1095 (2001)

Finally, it is well settled that compensatory education is an appropriate remedy where a school district knows, or should know, that a child's educational program is not appropriate or that he or she is receiving only trivial educational benefit, and the district fails to remedy the problem. M.C. v. Central Regional School District, 81 F.3d 389 (3<sup>rd</sup> Cir. 1996). Such an award

compensates the child for the period of time of deprivation of special education services, excluding the time reasonably required for a school district to correct the deficiency. Id.

This is not a particularly complicated special education case. School District officials hypothesize that Student develops somatic symptoms whenever he is held accountable, and it is quite possible that such symptoms manifest at home but not at school. (N.T. 203, 257, 345; SD 15, p. 17) Educators, including the highly professional educators at APS, are quite capable of programming for students with anxiety and phobias related to school, even when those students exhibit somatic symptoms at home and not at school. (N.T. 260-262, 272-273, 344, 346) Typically, they conduct a functional behavioral assessment (FBA) and develop a behavior support plan. (N.T. 260-262, 272-273) In fact, as early as March 2004, Dr. G predicted that this School District should have such an evaluation-and-programming back-up plan in place for this Student. (SD 1, p.6; N.T. 220-221, 225)

Inexplicably, however, that is not the course that this School District chose to take. Instead, it started a snowball rolling downhill that eventually denied FAPE to Student.

When Student's parents and Dr. D forcefully advocated their own ideas of appropriate programming for Student's somatic symptoms through teacher reassignment (N.T. 29, 36, 77, 94, 129, 164, 167-168; P7, pp.1-2; P 9, p.1; SD 9), this School District did not proactively seek a thorough evaluation of Student.<sup>2</sup> In fact, the School District ignored Dr. G's recommendation to develop an evaluation-and-programming back-up plan and initiated truancy proceedings instead, essentially throwing its problem into the lap of a District Justice to figure out a solution. The School District then compounded the denial of FAPE in this case by offering to Student – a child with Asperger Syndrome – a homebound education program lacking any social skills instruction for the remainder of the school year.

I suspect that this School District's past responses to the parents' teacher-based complaints contributed to the problem in this case. Based upon all of their previous experiences, Student's parents and Dr. D had every reason to believe that, if they complained persistently enough, Student would be moved to another classroom. I sensed at the hearing, however, that this time the School District was determined not to repeat its history of capitulation.

Without doubt, Student's parents are "high maintenance," persistent, and frustratingly difficult to deal with. (N.T. 58; 159-161) School districts, however, do not get to choose their residents, and they must appropriately program for all qualifying children regardless of their parents. School Districts and intermediate units in this Commonwealth are not inexperienced in overcoming parental obstacles to appropriate programming. In this case, however, I believe that both parties became so determined not to back down to the other that the School District failed to

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<sup>2</sup> Even when parents refuse to grant permission to evaluate, School Districts may ask hearing officers to override such parental refusals. 34 CFR §300.300(c)

heed Dr. G's earlier recommendation that it have an evaluation back up plan in place for precisely this situation.

The bottom line is that Student has not received FAPE for the Spring 2006 semester. Accordingly, he is entitled to 90 days compensatory education for the Spring 2006 semester, reduced by a reasonable 30 day period during which the School District might have rectified its evaluation and programming deficiencies, for a total of 60 days of compensatory education. (90 days - 30 days = 60 days) Because the APS did, in fact, offer Summer ESY services to Student, I find no FAPE denial for the summer 2006 period. (SD 17, p.4; N.T. 51)

### **CONCLUSION**

Student's parents believe the School District has denied a free and appropriate public education (FAPE) to Student since January 2006 when it continued to assign Student to Ms. M's classroom despite Dr. D's recommendation to the contrary. For the reasons described below, I find for Student, but not for the reason suggested by Student. I conclude that Student was denied FAPE since January 2006, not because the School District failed to reassign Student, but because the School District did not sufficiently evaluate and program for Student's alleged psychosomatic reaction. Accordingly, I will award 60 days compensatory education.

**ORDER**

For the reasons described above, I ORDER that:

- Student has been denied a free and appropriate public education between January and June 2006; and
- The School District shall provide to Student 60 days of compensatory education.

*Daniel J. Myers*

Hearing Officer

August 30, 2006

Re: Due Process Hearing  
File Number 6561/05-06 AS