

**STATE OF CONNECTICUT  
DEPARTMENT OF EDUCATION**

Student v. Putnam Board of Education

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Appearing Before: Attorney Justino Rosado, Hearing Officer

**FINAL DECISION AND ORDER**

**ISSUES:**

1. Was the program offered by the Board for the 2003-2004 school year appropriate?
2. Is the program offered by the Board for the 2004-2005 school year appropriate? If not;
3. Should the Board be responsible for the cost of the program offered at the Learning Center in Brooklyn, CT for the 2004-2005 school year?
4. Is the Student entitled to compensatory education for the 2003-2004 school year?
5. Should the Board be responsible for the cost of occupational therapy by a specific private service provider for the 2004-2005 school year?

**PROCEDURAL HISTORY:**

The Parents' attorney filed a request for due process on June 11, 2004. A prehearing conference was held on June 23, 2004. The hearing commenced on July 12, 2004 and continued on August 9, 12 and September 22, 2004. An additional date of August 6, 2004 was proposed by the Board; however the parties agreed not to go forward on that date. The Parents had one exhibit that was entered as a full exhibit. The Board had 180 exhibits that were entered as full exhibits, although it was discovered at a later date by the Hearing Officer that some Board exhibits were not complete. This was remedied by the Board. At the conclusion of the evidentiary portion of the proceedings, a briefing schedule was established for the submission of post-hearing briefs. The parties submitted post-hearing briefs. The date for the Final Decision and Order was extended to November 8, 2004.

**SUMMARY:**

The Student is a 15 year old boy whose primary disability as stated by his Planning and Placement Team ("PPT") as Autism and needing services under the Individuals with Disabilities Education Act ("IDEA") as defined in 20 U.S.C. §§1401 et seq. He has attended school in the Board's schools since kindergarten. The Parents do not feel that the program provided to their son during the 2003-2004 school year was appropriate, nor do they feel that the program offered for the 2004-2005 school year is appropriate. The Parents have requested placement at The Learning Clinic and the Board refused this request. The Parents are requesting that their son receive occupational therapy services by a private provider. The Board has refused their request. The Board proposed placement at Board's high school ("BHS") for the Student's 9<sup>th</sup> grade year, 2004-2005 school year. The Parents have rejected the Planning and Placement Team's ("PPT") proposed placement.

The findings of fact and conclusions of law set forth herein, which reference certain exhibits and witness testimony, are not meant to exclude other supported evidence in the record. To the extent that the summary and findings of fact actually represent conclusions of law, they should be so considered and vice versa. see SAS Institute, Inc. v. S. & H. Computer Systems, Inc., 605 F.Supp 816 (M.D. Tenn 1985) and Bonnie Ann F. v. Callallen Independent School Board, 835 F.Supp. 340 (S.D. Tex. 1993).

**FINDINGS OF FACT:**

1. The Student is a 15 year old young man who is diagnosed as autistic and therefore is eligible for special education and related services as stated in the Individuals with Disabilities Education Act (IDEA) 20 U.S.C. §§1401 et seq.

2. The Student transferred from a pre-school in Massachusetts to kindergarten at the Board's elementary school. (Board Exhibit #17 ("B-17")) The Student was retained in second grade at the request of the Parents. The Parents felt that the student's self esteem would better be served if the student socialized with a younger peer group. The student had an educational evaluation in October 1997. This was the year in which he repeated 2<sup>nd</sup> grade. At the time of the evaluation the Student was 8 years and 6 months old. In the Woodcock-Johnson Achievement his age score in reading was 5 years 10 months and in mathematics it was 6.0 years. While in the 5<sup>th</sup> grade at the Board's grammar school, the student was diagnosed with scoliosis. (Testimony of Mother, B-58 and B-63)

3. The Student received speech therapy, occupational therapy and physical therapy beginning in kindergarten through the Board's school system. However, physical therapy services were discontinued in the second grade, occupational therapy and his speech and language therapy was discontinued in the beginning of the 3<sup>rd</sup> grade. The Student's fine motor skills at that time were more than 3 years behind his chronological age. His O.T. therapist was of the opinion that the Student's writing skills would be best addressed by incorporating them in his reading/academic program. (B-67, B-73 and B-80).

4. In the 7<sup>th</sup> grade the student had an educational evaluation by K. Lorensen. The Student performed at or below 1<sup>st</sup> percentile in all areas assessed. The Student's grade level in Broad Reading was 1.7, in Reading Fluency 1.2 and in math fluency the Student achieved a grade level of 2.0 (B-116).

5. The Student used the Wilson Reading Program in the 7<sup>th</sup> and 8<sup>th</sup> grade. The Wilson Reading program is composed of 12 books and contains 2 levels. The Student was in the A level of the program. The special education teacher stated that the Student made progress in his reading, retained what he learned and was able to transfer what he learned to other things, like geography. In the 2<sup>nd</sup> marking period of the 2003-2004 school year the Student received an "F" in geography. The Parent asked that the student be placed out of mainstream for geography. The PPT felt the Student could succeed in the mainstream class but reluctantly agreed with the Parent. In his next two marking periods the Student received an "A" in geography. (Testimony of Francis Bousquet, B-154 and B-157)

6. The Student had a psychological evaluation in January 2003. The evaluation showed that the student had a significant weakness in his working memory. The Student's broad attention, cognitive fluency and long term retrieval were areas of weakness. The Student could not perform mental mathematics problems and required writing paper to solve mathematic problems "greater than his fingers". (B-118)

7. The Student had a PPT meeting on February 4, 2003. The PPT wrote six goals in the Student's I.E.P. Goal one addresses the Student's reading weaknesses by using the Wilson Reading Program. Goal two addresses the Student's weakness in writing and spelling. Goal three addresses the Student's cognitive weaknesses by focusing on achieving passing grades in his regular education classes. Goal four addresses the Student's weaknesses in daily living skills. Goals five and six address the Student's

weaknesses in communication. The goals and objectives written did not address the Student's mathematic issues. (B-120)

8. The Parent had a psychological evaluation of the Student in February 2003. This evaluation was shared with the PPT at the May 5, 2003 PPT. The evaluator, Norma Medway, Psy.D., stated that the Student met the criteria for Asperger's Syndrome as well as developmental delay. This diagnosis was challenged by the Board's psychologist as not valid because it is unethical to perform a WISC-III in less than a year from a prior WISC-III test. The Student had taken a WISC-III one month prior. ((B-118 and Testimony of Philippi Paquetta)

9. The Student's 8<sup>th</sup> grade special education teacher opined that the Student would have made better progress in his reading if his attendance would have been better. The Student was absent 35 days and had 8 dismissals during the school year. This is a high absentee rate. As a member of PPT, she helped draft goals for the I.E.P. but she did not know at what level the Student was functioning in math. The issue of math remediation did not come up; mathematics was not her responsibility. Mathematics was not brought up as an issue in the May 5, 2003 PPT. The Student in the 7<sup>th</sup> grade was at a 3.5 grade level. (Testimony Francis Bousquet}

10. The Student's occupational therapy was discontinued in the 3<sup>rd</sup> grade (1998-1999 school year) because the PPT determined that the Student did not have deficits in his fine motor skills that affected his academics. In the fall of 2003 the O.T. therapist did a screening (less comprehensive assessment) of the Student and concluded that the Student's motor skills were adequate for his environment and that he did not need further assistance. The evaluator had not given the Student services since the 3<sup>rd</sup> grade. The Parent did not agree with this assessment. (Testimony of Pamela Billings)

11. On September 12, 2003, the Board received a report from the Floating Hospital for Children at Tufts—New England Medical Center that was written in June of 2003. Dr. Kuban reported that the Student did not meet the criteria for autistic spectrum disorder. The doctor recommended that they should concentrate on speech and language, reading and occupational therapy. (B-126)

12. The Parent requested evaluations of the Student. On October 31, 2003, the Board agreed to an independent neuropsychological evaluation at Board expense by Dr. Cristina Ciocca. The Board also agreed to independent evaluations at Board expense for speech and language evaluation by Susan Bartlett, occupational therapy by Susan Gargliardo and physical therapy by Dr. Pam Roberts. Shelley (Jerew) Dostie was to perform the occupational therapy evaluation. (B139, 146, 148 and 152)\

13. The Board received the occupational therapy evaluation by Shelley (Jerew) Dostie on February 23, 2004. Ms. Dostie recommended that the Student receive occupational therapy in a school setting or as an outpatient two times per week. The focus of occupational therapy was recommended to be on overall strength in hands and bilateral upper extremities, overall strength and endurance of postural muscles, improving fine

motor skills, improving visual motor skills, and improving bilateral integration skills. Ms. Dostie recommended that the Student's classroom setting be evaluated and the use of classroom strategies, including, organization skills, keyboarding and teacher training. Ms. Dostie also recommended that the Student be evaluated by a behavioral optometrist for his dyslexia and visual motor issues. Ms. Dostie lastly recommended a physical therapy evaluation. She recommended a multi-sensory approach to teaching him and emphasized the importance of a training program for his Parents. (Testimony of Occupational Therapist, B-153 and B-159)

14. The therapist did not see evidence in the Student's reports that there were strong interventions to assist the Student in his visual motor skills. In 1998 when the Student was discharged from OT, he was functioning with a 4 year delay. In 1999 the delay was still 4 years. At the time of this evaluation the Student's visual motor skills were at the same level as a six year old, this meant the Student had an 8 year delay. This would lead to difficulties for the Student in his writing abilities. During the evaluations it took 20 minutes for the Student to copy 4 sentences. In a school setting it would be difficult for the Student to keep up with his peers. The delay gaps would have been less if the Student's visual motor skills had been addressed. (Testimony of Ms. Shelley Dostie)

15. The occupational therapist stated that the Student had problems with his upper body and during therapy sessions became extremely fatigued and needed several breaks. The Student's physical weaknesses are obvious to observe to anyone in the educational field. The Student requires more extensive therapy to make his upper body muscles stronger due to the gap in his therapy sessions. At the time of the evaluation the Student was not receiving occupational therapy. Due to the Student's endurance, the evaluator recommended that the sessions need to be shorter and more frequent. The evaluator did not understand why the Student was not receiving any services with his delays. (Testimony of Ms. Shelley Dostie)

16. The Board received the neuropsychological report from Dr. Ciocca on March 29, 2004. Dr. Ciocca found the Student's IQ at 77, the borderline range of intelligence. She also concluded that the Student met the criteria for Autism Spectrum Disorder. Dr. Ciocca recommended that the Student be placed with autistic children in a small structured setting with trained teachers who address learning, social, adaptive and psychological needs. Dr. Ciocca also recommended that the Student's program be individualized, that he receive individual attention, and have small work groups. She believed that the Student needs social skills training and social interaction in structured and supervised activities. Dr. Ciocca also indicated that the Student should receive educational modifications and extended time to complete tasks and those assignments should be graded in terms of long-term goals rather than credit and requirements. Dr. Ciocca represented that repetition with multimodal teaching strategies will augment the Student's learning and that problem solving skills and behavioral routines should be explicitly taught in a rote fashion, with training in cause and effect strategies and self-sufficiency skills. (Testimony of Dr. Ciocca and B-158)

17. Dr. Ciocca recommended a modified school day due to the Student's scoliosis and fatigue, an assistive technology evaluation, and to continue occupational and physical therapy. The evaluator was of the opinion that a mainstream classroom was not appropriate for the Student, with an aide it would be difficult for the Student to absorb the lesson and the aide would be distracting. The Student needs a small classroom with children his own level. Lower level function children would not be appropriate because it would not lead to growth. In a higher setting, the Student would have problems of self-esteem. The Wilson Reading Program is not appropriate for the Student. The program just focused on reading and the Student has other needs (Testimony of Dr. Ciocca)

18. The neuropsychological evaluator concluded that:
- a. the Student's intellectual ability is at the borderline range of intelligence,
  - b. the Student has skills and social deficits associated with children in the autistic spectrum.
  - c. the Student's self help skills are weak, the student just learned to tie his shoes.
  - d. the Student demonstrated evidence of cognitive difficulties in attention;
  - e. the Student demonstrated organizational deficits.
  - f. the Student showed some improvement in his language difficulties;
  - g. the Student still had some visual perception deficits.
  - h. the Student's oral reading of words was at a 2<sup>nd</sup> grade level. Based on state guidelines the Student's reading score was a 2 standard deviation and a significant discrepancy.
  - i. the Student is capable of learning but requires a quiet and less distractive environment.(Testimony of Dr. Cristina Ciocca)

19. The evaluator concluded that the Student had an Autistic Spectrum Disorder. The evaluator based that conclusion on the following behaviors of the Student:

- i. The Student had difficulty with social interactions with family or a new interaction.
- ii. In a new setting the Student would be anxious because it was a new setting.
- iii. The Student would need something in order to connect to the setting.
- iv. When he came to the evaluator's office there was no eye contact and he was difficult to engage. In the 10 hours spent with the Student he did not show good eye contact.
- v. The Student needed to work for interaction. It was not spontaneous.
- vi. When the session with the Student was finished he ran out door.

- vii. On an occasion the Student came to her office and there were numerous people in waiting room. It was difficult for the Student because he was not use to seeing others in the waiting room.
- viii. In her office the Student was doing a puzzle, in order to test him, he needed to finish puzzle before he would disengage.
- ix. Routines are important for the student and if changed he becomes disruptive.
- x. It is difficult to engage in novel situations that he has never tried before.

20. The speech and language evaluation performed by Susan Bartlett was received by the Board on May 5, 2004. Ms. Bartlett recommended a program of language management focusing on expressive language, specifically increasing syntactic complexity and length of utterances. The goals of the language management program are for the Student to develop and apply appropriate communication skills across a variety of situations and to develop long-term plans for improving communication skills to support future independent living and life skills. Ms. Bartlett suggested therapy techniques of social scripts, social stories, and social language peer groups for modeling of social communication. (B-162)

21. The Student has had the same speech and language therapist since the 7<sup>th</sup> grade. The therapist will also be working with the Student in the Board's high school. The speech and language pathologist testified that the Student made satisfactory progress in all his speech and language goals. The speech and language goals for the Student were not in his IEP until May of the 2003-2004 school year. The pathologist did not work on generalizing the Student's skills nor did she observe the Student to see how he socially interacted. (Testimony of Ms. Barbara Jakubowski)

22. The speech and language pathologist developed goals and objectives for the Student's 2004-2005 school year. The purpose of these goals and objectives was to help the Student in establishing and maintaining friendships and interactions with students and as well as teachers and to help the Student understand text as well as written expression and to form more complicated sentence structures. (Testimony of Ms. Barbara Jakubowski)

23. The program at the Learning Center is composed of two parts:

CLINICAL SIDE:

1. The student receives group therapy to develop skills; it is a hands on practice.
2. Diagnostic assessment, the student comes for 30 days in order to develop a treatment plan. This is to decide how the student's plan will be done in different settings. The Learning Center does not do individual therapy.
3. Learning Center coordinates with the family to ensure student gets everything he needs.

## EDUCATION:

1. Small classroom setting with the same teacher, the student only leaves classroom to go to language and physical education.
2. The Learning Center uses a mastery model, it works individually with each child. The student must get at least an 80% completion, if not the teacher works with him until he attains an 80%.
3. There is no homework because program needs immediate feedback
4. The student's desk set is with dividers to minimize contact with other children. (Testimony of Dr. McGrady, Clinical Director of the Learning Center)

24. The Director of Student Services testified that the Student 2003-2004 program was appropriate and the Student was making progress and getting an educational benefit. The Director was of the opinion that the placement proposed by the Parents was not appropriate. The program at the Learning Center is for students of average and higher intelligence. The Student's cognitive level was below average. The Learning Center does not offer speech and language services or occupational therapy. These services are required by the Student. (Testimony of Director of Pupil Services)

25. At the Learning Center, independent living skills are incorporated in the classroom. Once a student is 14 years old, he must do work in the community. This helps the student in his social skills. There are about 20-24 children who are in the autistic spectrum in the Learning Center. The students are of average intelligence or higher. (Testimony of Dr. McGrady, Clinical Director of the Learning Center)

26. At the May 24, 2004 PPT, the Parent requested that the Student be placed at the Learning Center. Goal # 7 of the IEP addressed the Student's daily living skills. The Parent objected that the goal and objectives were not appropriate because the student did not know how to dial a telephone, read a directory or follow directions. The goal required the Student to be able to perform these functions. The Parents objected that in Goal #4 Objective 3 of the IEP was added without the Parents' knowledge. The Parents stated that the Student cannot read a map but still showed he was making satisfactory progress. The Parent was concerned that without life skills and only a 2<sup>nd</sup> grade reading level, the Student would not be able to obtain a job. (Testimony of Mother and B-178)

27. Goal # 7 of the Student's 2004-2005 IEP is the same goal as in the Student's 2003-2004 IEP. The only difference is that Objective 3 of the 2003-2004 IEP is not included in the 2004-2005 IEP even though the Student had not mastered the objective. (Testimony of Francis Bousquet, B-123 and B-177)

28. The school psychologist reviewed Dr. Ciocca's evaluation of the Student and concluded that:

1. The scores obtained by Dr. Ciocca were similar to the scores she had obtained.
2. Dr. Ciocca made recommendations that she seemed appropriate for the Student.



3. The Student does show characteristics that meet autistic spectrum and some time he does not.
4. The Student exhibits variety of learning and interpersonal difficulties that fit a neurologically based diagnosis of which autism is a subset.
5. Conclusion reached by Dr. Ciocca did not require a need to change program but a need to include social skills and group interventions.
6. Up to this point the Student seemed to fit in with peers but the gap would increase as the Student's peers changed their social activities and the Student had not reached that level.
7. Problems that the school psychologist had with the evaluation:
  - i. Some conclusions were based on interactions with the Student at office settings suggesting that the student behaves differently at different settings. Dr. Ciocca made her conclusions at a limited setting in her office.
  - ii. Evaluator did not ask if the Student's behavior were typical as in other settings.
  - iii. The Student has anxiety with being tested and tested.
8. School psychologist was able to maintain eye contact with the Student. Within the school setting eye contact was appropriate but the Student's eye contact varied.
9. There is nothing in the profile that the Student cannot be educated in Board's high school. Testing showed growth and an ability to build friendships is important.
10. It is important for the Student to be educated with a range of peers.  
(Testimony of Philippa Paquetta)

29. At the April 24, 2004 PPT, the Student's primary disability was changed from neurologically impaired to autism. There were no changes in the Student's goals and objectives to address the Student's autism. (B-166).

30. The high school special education teacher attended two PPT meetings and collaborated with the 8<sup>th</sup> grade PPT to develop the Student's 2004-2005 school year IEP. The goals and objectives for the high school were the same goals and objectives the Student had in the 8<sup>th</sup> grade. The special education teacher drafted goals and objectives for the Student but the PPT did not utilize her suggestions. The Student would not be in her classroom the entire day. There was no transition plan to transition the Student from the 8<sup>th</sup> grade to the high school. (Testimony of M. Paula Saucier)

### **CONCLUSIONS OF LAW:**

1. It is undisputed that the Student qualifies for, and is entitled to receive, a free and appropriate public education with special education and related services under the provisions of state and federal laws. Connecticut General Statutes, § 10-76, *et seq.* and the Individuals with Disabilities Education Act, 20 U.S.C. § 1401, *et seq.*

2. The Board has the burden of proof on the appropriateness of the program for the 2003-05 school-years. Conn. Agencies Regs. §10-76h-14(a). *See also, Walczak v. Florida Union Free Sch. Dist.*, 142 F.3d 119, 122 (2d Cir. 1998).

3. The standard for determining whether a school district has provided FAPE is set forth as a two part inquiry in *Board of Education of the Hendrick Hudson Central School District v. Rowley*, 458 U.S.176 (1982). First, it must be determined whether the school district complied with the procedural requirements of IDEA and second, there must be a showing that the individualized educational program ("IEP") is reasonably calculated to enable the child to receive educational benefit. The requirement of FAPE is satisfied by "providing personalized instruction with sufficient support services to permit the child to benefit educationally from that instruction." *Board of Education v. Rowley*, 458 U.S. at 201. This standard of educational benefit, however, contemplates more than trivial advancement. (*Mrs. B. ex rel M.M. v. Milford Board of Education*, 103 F.3d 1114 (2d Cir. 1997)

4. The first prong under the *Rowley, supra*, test require a review to ensure that the Board complied with the procedural requirements of IDEA.

Each public agency is responsible for initiating and conducting meetings for the purpose of developing, reviewing, and revising the IEP of a child with a disability (or, if consistent with Sec. 300.342(c), an IFSP). 34 C.F.R.

§300.343(a)

IDEA regulations require, A statement of --

(i) How the child's progress toward the annual goals described in paragraph (a) (2) of this section will be measured; and

(ii) How the child's parents will be regularly informed (through such means as periodic report cards), at least as often as parents are informed of their nondisabled children's progress, of--

(A) Their child's progress toward the annual goals; and

(B) The extent to which that progress is sufficient to enable the child to achieve the goals by the end of the year. 34 C.F.R. §300.347(a)(7).

In the evaluations procedures boards are required to test children in all areas of suspected disabilities. If it were not for the Parents' insistence and obtaining and requesting independent testing of the Student, the Board would not have offered the Student O.T. and speech and language services. Theses services were curtailed by the Board even though the Student was substantially delayed. When the Student received a screening of his visual motor skills, the Board's therapist found that the student did not require services. A few months later a more comprehensive evaluation found the Student's delay to be 8 years and the lack of services contributed to this delay. (Findings of Facts 3, 9 and 13) The Board failed to properly evaluate the Student. This is a gross violation of the Student's procedural requirements.

5. The second prong of *Rowley*, 458 U.S. 176, 206-207, asks if the IEP was reasonably calculated to enable the child to receive educational benefit. The Student's 2003-2004 program was not appropriate. In 7<sup>th</sup> and 8<sup>th</sup> grade the Student showed an inability to perform basic mathematic problems. (Findings of Facts). The Student's

special education teacher stated mathematics was not her responsibility. As a member of the PPT team, the Student's special education teacher is a member of the PPT, *20 U.S.C. §1414(d)(1)(B)(iii)*, and responsible in the developing and writing of the Student's IEP. The IEP is not a puzzle where everyone has one piece and is only responsible for their piece, it is a document developed by the PPT to enable the student to receive FAPE. The Student's report card shows that he received 2<sup>nd</sup> honors in the 2003-2004 school year (B-180) but his IEP progress showed that it was satisfactory and only mastered one objective, Objective 1 Goal #1. Receiving 2<sup>nd</sup> honors is more than satisfactory progress.

6. The Board failed to provide the related services required by the Student to benefit from his education. (*See Conclusions of Law # 4*) IDEA defines related services as those services "required to assist a child with a disability to benefit from special education," and includes such services as "speech-language pathology and audiology services, psychological services, physical and occupational therapy, recreation, including therapeutic recreation, early identification and assessment of disabilities in children, counseling services..." 34 C.F.R. 300.24(a) The Board failed to assess the Student's daily living skills needs, even though this had been brought up by the mother at PPT. The Student's 2003-2004 program was not appropriate.

7. The 2004-2005 program is not appropriate. The IEP has the same goals and objectives of the 2003-2004 school year. (Findings of Facts # 30) The suggestions of the special education teacher were not utilized. The special education teacher stated that the same IEP would be used because it could be taught at different levels. This should have been written into the IEP so that everyone, especially the Parent, who looks at the IEP, would know at what level the Student is at and what he has learned so that it could be generalized in other areas. The Student's 8 year delay in visual motor skills was being addressed with 1 hour of occupational therapy per week were the evaluator had recommended 2 hours due to his extensive gap. The IEP did not delineate what if any support the Student would receive during his mainstream program of band, word processing, cafeteria and assemblies.

8. IDEA also requires that children with disabilities be educated, to the maximum extent appropriate, in the least restrictive environment ("LRE") and are to be removed from regular education only when "the nature and severity of the disability of a child is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily." (34 C.F.R. Section 300.550) In order to meet this requirement, school districts must "... ensure that a continuum of alternative placements is available to meet the needs of children with disabilities for special education and related services." (34 C.F.R. Section 300.551(a)) These alternative placements include instruction in regular classes, special classes, special schools, home instruction, and instruction in hospitals and institutions. (34 C.F.R. Section 300.551(b)(1)) Thus, the statutory scheme contemplates that there are situations, as the Parent proposes, where students with disabilities may require an out of district placement if they are to receive FAPE. In this matter that is not the case. The school proposed by the Parent is the Learning Center. The program at the Learning Center is for student of average and higher intelligence. The Student's cognitive level was below average. The Learning Center does

not offer speech and language services or occupational therapy. These services are required by the Student. (Findings of Facts 24, 25 and 26) The Dr. Ciocca opined that placing the Student with higher functioning students will hurt his self-esteem. The Parents also showed concern for the Student's self-esteem when they requested that he be retained in the 2<sup>nd</sup> grade. (Findings of Facts # 2) The Parent has not proven that an analysis of a more restrictive placement at the Learning Center versus placement in the Board's high school with appropriate supplementary aids and services would provide an educational benefit for the student. Placement at the Learning Center would not provide the least restrictive environment for the Student to receive FAPE.

**FINAL DECISION AND ORDER:**

1. The program offered by the Board for the 2003-2004 school year was not appropriate.
2. The student shall receive one year of compensatory education for the 2003-2004 school year.
3. The program offered by the Board for the 2004-2005 school year is not appropriate.
4. The program at The Learning Center is not appropriate for the student.
5. The Board is responsible for the cost of occupational therapy by a specific private service provider for the 2004-2005 school year.
6. The Board shall have a PPT for the Student within 10 business days of this decision in order to develop the Student's program for the 2004-2005 school year at the Board's high school... At that PPT:
  - a. The Board shall invite Dr. Ciocca, Shelley Dostie and Ms. Susan Bartlett to the PPT.
  - b. Dr. Ciocca will be asked if she could be the educational consultant for the Student. If she cannot, Dr. Ciocca will be asked to recommend an educational consultant for the Student to be paid at the Board's expense.
  - c. An evaluation of the Student by a psychiatrist or clinic specializing in Autism Spectrum Disorder to follow through on Dr. Ciocca's 13<sup>th</sup> recommendation of her neuropsychological evaluation of the Student.
  - d. The Board shall use Dr. Ciocca's evaluation and recommendations to develop an appropriate program for the Student.
  - e. The Board shall conduct an assistive technology evaluation of the Student.