

BEFORE THE
OFFICE OF ADMINISTRATIVE HEARINGS
STATE OF CALIFORNIA

PARENT ON BEHALF OF STUDENT,

V.

GLENDALE UNIFIED SCHOOL DISTRICT.

CASE NO. 2025070025

DECISION

December 5, 2025

On June 30, 2025, the Office of Administrative Hearings, called OAH, received a due process hearing request from Student naming Glendale Unified School District, called Glendale. Continuances were granted on August 1, 2025. Administrative Law Judge Thanayi Lindsey heard this matter by videoconference on September 23, 24, 25, 30, October 1, 2, 7, and 8, 2025.

Attorneys Jane DuBovy, Emily Hart, and Katherine Johnson represented Student. Parent attended all hearing days on Student's behalf. Attorneys Melissa Hatch and Jennifer Chamberlain represented Glendale. William Gifford, Coordinator of Special Education, attended all hearing days on Glendale's behalf.

At the parties' request the matter was continued to November 3, 2025, for written closing briefs. The record was closed, and the matter was submitted on November 3, 2025.

ISSUES

On September 16, 2025, Student filed with OAH a notice withdrawing Issues 1a, 1b, 2a, 2b, 3a, 3b, 4a, and 4b as stated in the September 12, 2025 Order Following Prehearing Conference. The remaining issues 5a, 5b, 6a, 6b, 7a, 7b, 8a, 8b, 9a, 9b, 9c, 10a, 10b, and 10c, have been renumbered in this Decision for clarity.

Student's complaint alleged she was not bringing issues regarding the appropriateness of Glendale's January 2024 multidisciplinary and September 2024 functional behavior assessments. Rather, Student tailored her eligibility issues to whether Glendale denied her a FAPE by failing to find her eligible for autism or other health impairment at IEP team meetings held on February 11, 2025, May 29, 2025, and June 10, 2025.

This Decision, therefore, considers the findings in assessments and other information reviewed at those IEP team meetings and known to Glendale at the time. This Decision does not review the issue of whether Glendale complied with legal requirements in conducting its assessments. The IEP team meetings held on January 31, 2024, February 23, 2024, and May 8, 2024 were not at issue.

In her closing brief, Student confirms that she is not alleging a child find issue, but limiting her issues regarding eligibility to the IEP teams' eligibility determinations made at the February 11, 2025, May 29, 2025, and June 10, 2025 IEP team meetings. The issues for hearing are stated below.

A free appropriate public education is called a FAPE. An individualized education program is called an IEP.

1. Did Glendale deny Student a FAPE by failing to find her eligible for special education and make an offer of special education and related services at the initial IEP team meeting on February 11, 2025:
 - a. under the eligibility category of Autism?
 - b. under the eligibility category of other health impairment?
2. Did Glendale deny Student a FAPE by failing to find her eligible for special education and make an offer of special education and related services at the initial IEP team meeting on May 29, 2025:
 - a. under the eligibility category of Autism?
 - b. under the eligibility category of other health impairment?
3. Did Glendale deny Student a FAPE by failing to find her eligible for special education and make an offer of special education and related services at the initial IEP team meeting on June 10, 2025:
 - a. under the eligibility category of autism?
 - b. under the eligibility category of other health impairment?

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4. Did Glendale deny Student a FAPE by failing at the February 11, 2025 IEP team meeting by:
 - a. significantly impeding Parent's opportunity to participate in the decision-making process regarding provision of a FAPE to Student by failing to consider Parents' concerns in making placement decisions?
 - b. predetermining its offer of services and placement?
5. Did District deny Student a FAPE by failing at the May 29, 2025 IEP team meeting by :
 - a. significantly impeding Parent's opportunity to participate in the decision-making process regarding provision of a FAPE to Student by failing to consider Parents' concerns in making placement decisions?
 - b. predetermining its offer of services and placement?
 - c. failing to consider all available data provided by the independent assessor in developing an offer of FAPE based on Student's unique needs?
6. Did District deny Student a FAPE at the June 10, 2025 IEP team meeting, by:
 - a. significantly impeding Parent's opportunity to participate in the decision-making process regarding provision of a FAPE to Student by failing to consider Parent's concerns in making placement decisions?

- b. predetermining its offer of services and placement?
- c. failing to consider all available data provided by the independent assessor in developing an offer of FAPE based on Student's unique needs?

JURISDICTION

This hearing was held under the Individuals with Disabilities Education Act, or IDEA, its regulations, and California statutes and regulations. (20 U.S.C. § 1400 et. seq.; 34 C.F.R. § 300.1 (2006) et seq.; Ed. Code, § 56000 et seq.; Cal. Code Regs., tit. 5, § 3000 et seq.) The main purposes of the IDEA are to ensure:

- all children with disabilities have available to them a FAPE that emphasizes special education and related services designed to meet their unique needs and prepare them for further education, employment and independent living, and
- the rights of children with disabilities and their parents are protected. (20 U.S.C. § 1400(d)(1); See Ed. Code, § 56000, subd. (a).)

The IDEA affords parents and local educational agencies the procedural protection of an impartial due process hearing with respect to any matter relating to the identification, assessment, or educational placement of the child, or the provision of a FAPE to the child. (20 U.S.C. § 1415(b)(6) & (f); 34 C.F.R. § 300.511; Ed. Code, §§ 56501, 56502, and 56505; Cal. Code Regs., tit. 5, § 3082.) The party requesting the hearing is limited to the issues alleged in the complaint, unless the other party consents, and has the burden of proof by a preponderance of the evidence. (20 U.S.C. § 1415(f)(3)(B); Ed. Code, § 56502, subd. (i); *Schaffer v. Weast* (2005) 546 U.S. 49, 57-58,

62 [126 S.Ct. 528, 163 L.Ed.2d 387]; and see 20 U.S.C. § 1415(i)(2)(C)(iii).) Student had the burden of proof. The factual statements in this Decision constitute the written findings of fact required by the IDEA and state law. (20 U.S.C. § 1415(h)(4); Ed. Code, § 56505, subd. (e)(5).)

Student was nine years old and in 3rd grade at Horace Mann Elementary at the time of hearing. Student resided within Glendale's geographic boundaries at all relevant times. From February 2024 to June 2025, Glendale determined Student to be ineligible for special education services and supports.

DEVELOPMENTAL MILESTONES LEADING TO ELIGIBILITY ASSESSMENTS

Student's biological family had a history of developmental, medical, and learning disabilities, including drug use and other chronic illnesses. At birth, Student tested positive for tetrahydrocannabinol or THC, the active ingredient for marijuana. Student's biological mother lost custody of Student, and she came under the jurisdiction of the Department of Children and Family Services. Student was placed with her maternal grandmother as a foster child for about two years.

While living with her maternal grandmother and enrolled at another school district, Student missed 95 days of kindergarten during the 2021-2022 school year, and 47 days of first grade during the 2022-2023 school year. In March 2023, the Department of Child and Family Services placed Student with a foster parent who enrolled Student at Glendale in March 2023 for the remainder of Student's first grade year. Foster parent, referred to below as Parent, adopted Student in February 2025.

In November 2023, Glendale received Parent's consent to assess Student in the areas of psychological processing, speech, and occupational therapy to determine whether Student was eligible for special education. Glendale determined Student was not eligible at that time. In December 2023, Student was medically diagnosed with encopresis, or fecal incontinence, by her primary care doctor.

The Regional Center conducted assessments of Student in January 2024, resulting in diagnoses of:

- autism syndrome disorder, called ASD,
- post-traumatic stress disorder, called PTSD,
- anxiety, and
- attention deficit hyperactivity disorder, called ADHD.

The Regional Center, under the Lanterman Act, has provided persons with qualifying disabilities, with services outside of school, from birth to death. (See, Welfare & Institutions Code, §§ 4400, et. seq.; Gov. Code, § 9500, et. seq.) Regional Center recommended that Student receive a variety of therapies such as applied behavior analysis, social skills, occupational therapy, and trauma-based counseling. Additionally, Regional Center recommended that Student receive a school-based assessment for eligibility for special education. Subsequently, Regional Center provided Student with therapeutic behavioral services and wrap-around services through a community counseling center, from January 2024 through July 2024.

Between December 2023 and January 2024, Glendale providers conducted a multidisciplinary assessment of Student, resulting in a report dated January 31, 2024. School psychologist Karla Vasquez conducted the assessment. Special education

teacher Jamie Gongora assessed Student's academic achievement. Speech pathologist Antigone Braddock and occupational therapist Adam Swatt, assessed Student in their respective areas of expertise. School nurse Nelly Del Aguila assessed Student's health and developmental status. The assessment team considered Student's eligibility for special education, and related needs, in the areas of specific learning disability, other health impairment, emotional disturbance, autism, and speech or language impairment.

Glendale held IEP team meetings in January and February 2024, determining that Student had not met eligibility requirements for special education. Those determinations are discussed more thoroughly below.

Parent did not have concerns about Student's academic and speech performance, but was concerned about Student's behaviors, which Parent described as being distracted, having tantrums, and crying. Parent alleged Student had severe social emotional challenges. She requested a behavior assessment. Parent disclosed Student's diagnoses of anxiety and encopresis. The IEP team discussed Regional Center's assessments and diagnoses. Glendale explained that Student's diagnoses did not have an adverse effect on her educational performance. Glendale discussed a 504 Plan to provide Student with accommodations at school.

On July 15, 2024, Glendale granted Parent's request for an independent educational evaluation for psychoeducation. In September 2024, Glendale contracted Kathy Hollimon to conduct a functional behavior assessment of Student. Hollimon's September 16, 2024 functional behavior assessment report was reviewed at the February 2025 IEP team meeting, discussed below.

While the functional behavior assessment was taking place, in November 2024, Parent requested a 504 Plan under section 504 of the Rehabilitation Act of 1973, a federal civil rights statute that ensures equal access to education for students with disabilities. Section 504 plans offer accommodations under a different standard from the IDEA, and do not include specialized academic instruction and related services.

The 504 Plan team met on December 16, 2024, and found Student eligible for 504 Plan services. Parent consented to the accommodations and services under the 504 Plan. The plan included accommodations and services such as:

- individual counseling,
- checks for understanding,
- preferential seating,
- use of fidget tools,
- home to school organization,
- access to the nurse's office,
- access to water bottle,
- priming before an unstructured environment,
- social facilitations of challenging interactions,
- frontloading a plan for recess or activities, and
- visual aids, and frequent breaks.

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Glendale implemented the 504 Plan accommodations. Glendale also offered an individualized school healthcare plan, dated December 12, 2024, to address Student's medical condition of chronic constipation. Parent's concerns of continuous struggles at home with constipation and anxiety were noted. However, the health plan noted Student had no struggles with constipation or anxiety at school.

ISSUE 1a: DID GLENDALE DENY STUDENT A FAPE BY FAILING TO FIND HER ELIGIBLE FOR SPECIAL EDUCATION AND MAKE AN OFFER OF SPECIAL EDUCATION AND RELATED SERVICES AT THE INITIAL IEP TEAM MEETING ON FEBRUARY 11, 2025, UNDER THE CATEGORY OF AUTISM?

Student contends that she was eligible for special education under the category of autism and had difficulties with inappropriate peer interactions on the playground, lack of understanding social cues, and characteristics of rigidity, agitation and anxiety at home. At the February 11, 2025 IEP team meeting, Parent argued Student's tardies and late arrivals adversely affected Student's access to the general education curriculum.

Glendale contends Student was not eligible for special education under the category of autism because her disabilities had not adversely affected her educational performance in the school setting. Glendale contends Student did not need any behavioral services and supports. Glendale argues Student had no academic, communication, or social deficits, and no repetitive behaviors or sensory issues, which affected her access to education.

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A student is not a child with a disability unless that student meets the eligibility criteria under federal and California law. (20 U.S.C. § 1414(b)(5); 34 C.F.R. § 300.306(b)(2); Ed. Code, § 56329, subd. (a)(2)(D).) It is the duty of the IEP team to determine whether a student is eligible for special education and related services. (20 U.S.C. § 1414(b)(4)(A); 34 C.F.R. §§ 300.305(a)(1) & (2); 300.306(a)(1); Ed. Code, § 56026, subd. (a).) Further, an administrative law judge has the authority to determine whether a student is eligible for special education and related services under the IDEA. (*Hacienda La Puente Unified School District v. Honig* (9th Circuit 1992) 976 F.2d 487, 492-493.)

To be eligible for special education, a student must have at least one of the 13 qualifying disabilities set forth in state and federal law, and, because of that disability require special education. (20 U.S.C. § 1401(3)(A); 34 C.F.R. § 300.8(a)(1) & (b); 5 Cal. Code Regs., tit. 5, § 3030, subd. (a)(1); Ed. Code, § 56026, subds. (a) & (b).) California law further specifies that the student must require instruction and services which cannot be provided with modification of the regular school program. (Ed. Code, § 56026, subd. (b).) A student whose educational needs are primarily the result of a social maladjustment is not an individual with exceptional needs. (Ed. Code, § 56026, subd. (e).)

California special education law defines autism as a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, that adversely affects a child's educational performance. (Cal. Code Regs., tit. 5, § 3030, subd. (b)(1); see also, 34 C.F.R. § 300.8(c)(1)(i).) Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental

change or change in daily routines, and unusual responses to sensory experiences. (*Ibid.*) Whether a student was offered or denied a FAPE is determined by looking to what was reasonable at the time the IEP was developed, not in hindsight. (*Adams v. State of Oregon* (9th Circuit 1999) 195 F.3d 1141, citing *Fuhrmann v. East Hanover Board of Education* (3rd Circuit 1993) 993 F.2d 1031.)

On February 11, 2025, the IEP team held a robust discussion about whether Student met the eligibility requirements for autism and other health impairment. Glendale determined, as part of the January 31, 2024 multidisciplinary assessments, that Student had not engaged in repetitive behaviors or unusual responses to sensory stimuli. Nor had Student demonstrated deficits in communication. Although Regional Center diagnosed her with autism spectrum disorder, she demonstrated no related deficits which had a negative impact on her educational performance.

Karla Vasquez was employed as a school psychologist since 2010 and with Glendale since August 2015. She administered psychoeducational evaluations and analyzed assessments and offered recommendations to meet students individualized needs. She facilitated IEPs, was a member of the student success team, and assisted with positive intervention behavior support strategies. She held a bachelor of arts degree in social work and a master's degree in school psychology. She held two credentials for pupil personnel services and school-based psychology.

Vasquez exhibited the training, experience, and expertise of a highly qualified school psychologist. She conducted Student's initial multi-disciplinary assessment in 2024 and, at hearing, demonstrated familiarity with her testing scores and results

pertaining to Student. Vasquez had an extensive basis of knowledge of Student, having observed Student in structured and unstructured educational settings. She testified in a forthright and knowledgeable manner and her testimony went uncontradicted at hearing. For these reasons, Vasquez' testimony was deemed credible and carried significant weight.

Vasquez described her observations, interviews, and testing instruments. Student demonstrated no academic challenges. Student fell within the high average range in cognitive testing. Vasquez administered a standardized assessment to determine characteristics associated with autism. Student demonstrated strong proficiency in story telling exercise, used appropriate words, phrases and spontaneous gestures in communication, and engaged in reciprocal social interactions, including play skills. She had no pragmatic language deficits. Student also demonstrated appropriate responses to sensory input regarding sound, sight, and smells. She demonstrated no unusual sensory interest in objects or topics. Student's mannerisms were appropriate and not robotic. Testing demonstrated that Student had not met the cutoff for criteria for autism spectrum disorder.

Behaviorally, Student's teacher expressed no concerns regarding Student's inattention or distractibility. Vasquez administered a behavior testing instrument resulting in average scores across various domains. Testing included areas of

- hyperactivity,
- aggression,
- conduct problems,
- anxiety,

- depression, and
- somatization.

Student had no unusual difficulty comprehending and completing schoolwork. Student also scored in the average range in adaptive skills, which included

- the ability to recover quickly from difficult situations,
- social skills,
- work completion,
- homework, and
- functional communication.

Student's scores demonstrated no characteristics related to anger control, ADHD probability, or autism probability, among others.

In continuation of the eligibility determination, the February 2025 IEP team discussed Kathy Hollimon's functional behavior assessment report, dated September 16, 2024. Parent attended, as did William Gifford, Glendale's special education coordinator, and Nina Sahakian, Student's third grade teacher. Karla Vasquez, school psychologist, special education teachers Andrea Schpok and Thomas Watson, Emily Weller, and assessor Hollimon also attended.

Hollimon was a behavioral consultant for Glendale with over 25 years of experience in the education field as an education and behavior consultant. In addition to the bachelor of arts degree in journalism and a master of arts degree in human development, she held multiple subjects in general education teaching and handicapped and severely handicapped teaching credentials. Since 1997, Hollimon provided consultation services to public and private schools in educational therapy,

social skills programming, and functional behavior assessments. Hollimon's work experience included director of training and consultation, or behavior and education consultant, as well as director of consultation, coaching and developing behavior intervention plans with a focus on social skills goals, supports, and programming in a school setting. Ms. Hollimon conducted over 300 functional behavior assessments in the public school settings, including female students with autism during her career.

Hollimon's assessment began with a detailed and thorough interview with Parent to gather Student's family, developmental, and medical history. Hollimon's assessment included an educational records review. Hollimon interviewed Nina Sahakian, Student's teacher, and Parent and observed Student on September 6, 9, and 14, 2024, for a total of six hours.

Sahakian held a bachelor of arts degree in psychology and social behavior and a master's degree in elementary education and teaching. After completing student teaching for six months, Sahakian began her teaching career as a teaching assistant for a college preparatory school that served twice exceptional learners with autism, ADHD, executive functioning challenges, and anxiety. Since 2016, Sahakian was employed by Glendale, first as a student teacher for a year, and as general education teacher for elementary school learners.

Andrea Schpok held a masters of arts degree in special education, clear level two education specialist credential and a clear level two educational specialist instruction credential from the California Commission on Teacher Credentialing in 2007. During her 25-year career in education, she attended approximately 160 IEP team meetings

discussing eligibility. Her work experience included being a resource specialist with up to 24 students where she provided special education instruction and services to special education students.

Emily Weller held a bachelor of arts degree in Spanish and a master of arts in teaching. She held a certified elementary multiple-subject professional clear credential and a bilingual cross-cultural language and academic development credential. She began her teaching career in 2022 prior to working for Glendale. She worked for Glendale as a teacher specialist since 2023. As teacher specialist, her job duties included assisting the school's administrators and classroom teachers with instructional coaching and supporting curriculum development.

Hollimon interviewed Sahakian and Parent about behavioral concerns. Sahakian gathered relevant information about Student's behavior. Sahakian noted no concerns in the educational setting, no identified escalation of problem behaviors during difficult tasks, or while transitioning from preferred activities. Student participated in the general education using regular classroom expectations and strategies, along with her 504 accommodations. Hollimon reviewed Student's educational record which included a history of taking medications for ADHD, anxiety, and encopresis or constipation. Student had a history of having sleep difficulties and took medication for it.

Hollimon interviewed Parent, who related concerns over Student's

- non-responsiveness to social cues,
- off-task behavior,
- mouthing items,
- invading personal space,

- elopement,
- tantrums,
- distractibility,
- anxiety, and
- poor peer interactions.

Parent related that Student required accommodations including an

- understandable schedule,
- clear expectations,
- timers,
- time limit warnings,
- chewies,
- a squishy toy,
- music, and
- other sensory input.

A chewie meant an oral motor tool for sensory relief used to reduce anxiety. Parent noted Student chased peers who were avoiding her or yelled to demand their attention. Parent reported Student misinterpreted when a peer was no longer interested in playing as Student missed bodily cues. Parent reported Student became dysregulated when faced with changes in her schedule. Sahakian reported no escalations of behavior from being distracted or any episodic behavioral challenges and Student did not engage in

any of the concerned behaviors. Sahakian's interview included no need for Student to have any specific instructional or intervention strategies needed to maintain the general education expectations and structures.

During the interview process, Parent related that Student had sensory issues with loud, sudden, or unexpected sounds. Parent described several items used as motivators, such as

- sweets,
- foods,
- fidgets,
- chewies,
- weighted blankets,
- various toys,
- arts and crafts,
- television,
- iPad time, and
- physical activities.

She described that when Student was under extreme stress, Student would fall to the floor, make loud sounds, run into objects, and pretend to be an animal. None of these behaviors were seen at school by school personnel or assessors.

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Hollimon used Parent's concerns as targeted behaviors during Hollimon's school based observations, which were:

1. non-responsiveness, or failing to emit a motor or verbal response to an adult's instruction;
2. off-task, or engaging in activities or tasks that were not assigned by the teacher for more than two minutes without redirecting herself, including fidgeting, staring off, engaging with non-activity related materials, using work materials in non-work ways;
3. mouthing items, or placing fingers or other items in mouth;
4. entering personal space, or crossing personal boundaries with people such as getting very close in their faces, touching others or touching their things;
5. elopement, or leaving a designated area such as the designated classroom, or refusing to stay with a supervising adult; and
6. tantrum, or a cumulation of screaming, crying and intense dysregulation.

Hollimon's six-hour observation occurred in Sahakian's general education classroom and the school's playground. She observed student across the school day. Playground observations included the morning and afternoon and across settings such as indoor recess due to climate weather. Hollimon also observed Student on the playground: climbing with students or sitting with group of girls. Student was observed walking and chatting while she transitioned between activities.

Hollimon's data collection consisted of tallying each targeted behavior, the occurrences and the average within a 60-minute period. According to the data collected, Student rarely engaged in any of the targeted behaviors. She consistently followed directions and remained engaged throughout her school day. She received the same level of prompting received by her peers. Student's non-responsive behaviors and off task actions averaged one time in a 60-minute interval in the classroom. Based upon Hollimon's record review, Parent interview, classroom and playground observations, and findings, she determined Student did not exhibit the targeted behaviors. The data supported Hollimon's opinion that Student did not engage in the same behaviors at school that Parent experienced at home. Additionally, Student demonstrated appropriate interactions and play with her peers.

Hollimon also administered the Motivation Assessment Scale to identify motivators that may influence Student's challenging behaviors. The assessment tool involved Student's teacher, Sahakian, providing input for Student in a school setting. Sahakian rated Student as not having any challenging behaviors present at school. Sahakian's input supported the results of Glendale's earlier multidisciplinary assessment and Hollimon's observations and conclusions.

Hollimon concluded Student did not need special education supports and services for her behavior as a result of her of autism diagnosis. Hollimon concluded Student did not present with behavioral issues that impeded her at school. Student presented as capable and responsive to the support provided by staff. Student demonstrated behavior consistent with same aged peers, with infrequent instances of inattention. Hollimon concluded and persuasively demonstrated at hearing that Student's supports and accommodations identified in her 504 Plan were appropriate.

At hearing, Hollimon and Sahakian testified in a credible manner about their input and observations during the assessment. Both demonstrated extensive training and experience in their respective fields and knowledge about Student. They gave detailed information about Student's compliant behavior and the appropriateness of Student's peer interactions in the educational setting. Sahakian testified confidently during the hearing that Student did not have mouthing issues, had peer partners during class, and appropriate peer interactions in her educational settings.

Sahakian and Hollimon each testified persuasively about how Student's behaviors in the educational setting looked different than Parent's description of behaviors at home. Their testimony was internally consistent, supported by documentary evidence and other Glendale assessors and providers. More weight was given to Sahakian's testimony because she had first-hand knowledge gained from daily interactions and observations as Student's teacher. More weight was given to Hollimon's testimony because she assessed Student throughout the school day various school settings. Her assessment was transparent as she spent time seeking out targeted behavior as well as any inconsistencies. Hollimon's testimony was given significant weight based on the six hours of observations over various periods of the school day in different educational environments.

Hollimon's functional behavior assessment affirmed that Student was not eligible for special education as a child with autism, as previously determined in the January 2024 multidisciplinary assessment. Student's behavior at school was age appropriate and did not have an adverse effect on her educational performance. The weight of the evidence established Parent's concerns subject to this assessment were not supported by the school data.

Student failed to meet her burden of proof that she required special education as a result of her diagnosis of autism and that Glendale denied Student a FAPE in the February 11, 2025 IEP team meeting. Student did not prevail on Issue 1a.

ISSUE 1b: DID GLENDALE DENY STUDENT A FAPE BY FAILING TO FIND HER ELIGIBLE FOR SPECIAL EDUCATION AND RELATED SERVICES AT THE INITIAL IEP TEAM MEETING ON FEBRUARY 11, 2025, UNDER THE CATEGORY OF OTHER HEALTH IMPAIRMENT?

Student argues she was eligible under the category of other health impairment because her frequent tardies and late arrivals adversely affected her ability to access the general education curriculum. Student also argues that symptoms related to anxiety, attentional variability, executive functioning deficits, and a history of encopresis had a negative impact on her ability to access instruction and warranted eligibility under the category of other health impairment.

Glendale contends Student's ADHD, anxiety, encopresis, and PTSD diagnoses did not impair Student's educational performance and therefore she was not eligible for special education as a child with other health impairment.

A student meets eligibility criteria for other health impairment if they have limited strength, vitality or alertness, including a heightened alertness to environmental stimuli that results in limited alertness with respect to the educational environment that is due to a chronic or acute health problem, such as ADHD, that adversely affects their educational performance. (20 U.S.C. § 1401(3)(a)(i)34 C.F.R. § 300.8(c)(9); Cal. Code Regs., tit. 5, § 3030, subd. (b)(9).)

ADHD may be a qualifying health condition for other health impairment, but all other requirements of the definition still must be met. (Ed. Code, § 56339, subds. (a).) In addition to eligibility criteria, a student must, as a result of his disability, require special education instruction and services to receive a FAPE. (20 U.S.C. § 1401(3)(A)(ii); Ed. Code § 56026, subd. (b).)

In January and February 2024, the IEP team determined Student was not eligible for special education as a child with other health impairment. By the latter IEP team meeting, Student shared Regional Center's diagnoses of autism spectrum disorder, PTSD, anxiety, and ADHD, with Glendale. However, Glendale determined that, at school, Student had not demonstrated a lack of alertness, limited strength, or vitality, or a heightened alertness to the noise and stimuli in her educational environment.

Student had a history of taking medications for encopresis, ADHD, and anxiety, along with her Regional Center diagnoses. Student's 504 Plan included a variety of accommodations addressing Student's autism, ADHD, PTSD, and encopresis diagnoses. Student had a history of arriving to school late. Student was late 13 times and tardy five times between September 2024 and February 2025. The reasons for being tardy or late varied from Student's refusals at home, Parent's fault, and medical appointments. Sahakian's February 2025 general education classroom performance checklist indicated Student had excessive tardies but the tardies did not have a negative impact on her educational performance. Sahakian testified Student completed homework at times with the use of an extension of time to complete, offered in her 504 Plan.

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At the February 11, 2025 IEP team meeting, the team discussed what type of supports were needed to address anxiety in the school setting in the future as well as Student's late or tardies arrivals. Parent expressed concern about Student completing her homework timely. Sahakian explained the school's teaching strategy called the universal access block.

The universal access block, a general education intervention, allowed any student time to review homework or classwork with their teacher. The block occurred in the morning and provided additional time to all students to complete their homework, get caught up on classroom assignments, or choose to engage in another educational activity. Upon arriving to school late or tardy, Student used the universal access block to complete her homework or get caught up with the class assignment.

At hearing, Sahakian testified persuasively that Student did not exhibit anxiety, engage in tantrums or refusals upon arriving to school, even when late.

The evidence demonstrated that Student's diagnosis of ADHD, anxiety, encopresis diagnosis PTSD, did not limit her strength, vitality or alertness, including a heightened alertness to environmental stimuli that resulted in limited alertness with respect to her educational environment. Nor did Student's medical diagnoses adversely affect her educational performance, such that she required special education.

Sahakian's testimony was more compelling than Parent regarding the impact tardies had on Student's education. Sahakian's testimony was bolstered by Hollimon. Sahakian's testimony was supported by the functional behavior assessment data, Student's educational records and Glendale's 2024 multidisciplinary assessments. Sahakian's testimony was not undermined through cross-examination.

Student failed to meet her burden of proof that she required special education as a result of her diagnosis of ADHD, anxiety, encopresis, and PTSD. The evidence demonstrated that Student had not met the eligibility requirements for special education under the category of other health impairment and that Glendale denied Student a FAPE at the February 11, 2025 IEP team meeting.

Student did not prevail on Issue 1b.

ISSUE 2a AND 3a: DID GLENDALE DENY STUDENT A FAPE BY FAILING TO FIND HER ELIGIBLE FOR SPECIAL EDUCATION AND MAKE AN OFFER OF SPECIAL EDUCATION AND RELATED SERVICES AT THE INITIAL IEP TEAM MEETING ON MAY 29 AND JUNE 10, 2025, UNDER THE ELIGIBILITY CATEGORY OF AUTISM?

Student contends Glendale denied her a FAPE by failing to find her eligible for special education, as a child with autism, at the May 29 and June 10, 2025 IEP team meetings. Student relies on Dr. Lauren Stevenson's independent psychoeducational and functional behavior evaluations, in support of her contentions.

Glendale contends Dr. Stevenson's evaluations had not supported a finding of autism eligibility, as it was based upon an unreliable and insufficient observation of Student at school.

Dr. Stevenson testified as Student's expert witness. She held a bachelor of arts degree, a master of arts degree, and a doctorate degree in psychology. Over her career, she conducted a variety of assessments for school-aged children and adults, including psychoeducational and neuropsychological evaluations. She was experienced in assessing males with autism. She was an experienced evaluator, having performed over

140 evaluations. Her career included guest lecturing for California State University at Long Beach. She performed independent educational evaluations for private clients and public-school districts. Dr. Stevenson was the program director at her current employer Capstone Psychological Services. Capstone provided services to the Department of State Hospitals of mental health care and treatment of forensic and civilly committed patients. Dr. Stevenson authored and presented six conference papers, was an adjunct professor at a university, and had supervisory experience in state and federal medical and mental hospitals. This hearing was her first time testifying as an expert.

On May 29, 2025, Glendale held an IEP team meeting, referred to as part one, to review Dr. Stevenson’s independent functional behavior assessment dated May 25, 2025. On June 10, 2025, Glendale held part two of the IEP team meeting to review Dr. Stevenson’s independent psychoeducational evaluation dated May 20, 2025.

DR. STEVENSON’S MAY 25, 2025 INDEPENDENT FUNCTIONAL BEHAVIOR ASSESSMENT

Glendale funded Dr. Stevenson’s May 25, 2025 independent functional behavior evaluation to address Parent’s concerns regarding Student’s social and emotional functioning and its impact on her access to her education. Parent was concerned about inappropriate social interactions, underdeveloped social strategies to maintain relationships, and difficulty responding to social disappointment that resulted in social isolation on the playground, dysregulation at home, and school refusal or tardiness.

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Dr. Stevenson reviewed Student's education, family, and medical history.
Dr. Stevenson reviewed past assessments reports performed by Glendale's staff, including Hollimon's September 16, 2024 functional behavior assessment.

Dr. Stevenson identified five targeted behaviors for data collection:

- inappropriate emotional response defined as yelling, arguing, and isolating from others in response to conflict with peers;
- inappropriate social exchanges defined as ineffective and inappropriate attempts at engaging with peers, such as pulling when they try to leave or chasing peers when they attempt to play with others;
- difficulty resolving social conflicts defined as ongoing conflicts in the classroom or playground settings with peers or adults that resulted in crying, arguing, yelling, and aggressive verbalization or actions;
- difficulty understanding social communication from others defined as the inability to understand social nuances and engaging in inappropriate attempts to continue playing preferred activities, despite cues from peers that they are disinterested; and
- lack of respecting the physical boundaries of others defined as either intruding on a person's personal space, physically pulling on others as a means of controlling their activities or preventing them from leaving her.

Dr. Stevenson interviewed Sahakian, instructional coach Emily Weller, and Parent. Sahakian reported Student had friends and engaged in age-appropriate conflicts with her friends. Sahakian did not observe any of the targeted behaviors in the classroom or playground settings. Sahakian explained that Student did not engage in the targeted behaviors as defined by the evaluator. Sahakian emphasized Student was able to access her educational curriculum. Although Student struggled with completing homework timely, Sahakian provided the extension of time and the modification of homework as accommodations to address timely homework issues. Sahakian heard that Student sometimes engaged in “annoying” behaviors on the playground when her peers engaged in avoidance behavior or Student sought the assistance of Weller. During the 2024-2025 school year, Weller coached Student and her five friends with resolving conflicts during unstructured recess and lunch and observed Student on the playground. Weller assisted Student and her peers to discuss social conflicts that needed support to navigate challenges effectively.

Parent reported to Dr. Stevenson that Student struggled with targeted behaviors at home. Student reported that she had friends but had challenges navigating power struggles when a fraction of the group wanted to socialize with another group of peers. According to Parent, Student engaged in immature social play such as chasing, pushing or incessant cartwheels.

Dr. Stevenson observed Student at school for two hours and 20 minutes on April 30, 2025, from 9:30 a.m. to 11:50 a.m. The observation included a 20-minute recess. Dr. Stevenson met with Sahakian who described Student as an exemplary student who created no disruptions in the educational setting. Sahakian disclosed Student had difficulty completing her work timely and that her primary challenge was

tardiness. At the time of Dr. Stevenson's April observations, Student was late 12 times of which five were for medical reasons. Dr. Stevenson observed Student arriving at school at 10:00 a.m. Student entered her general education classroom quietly and went directly to her seat to participate in the classroom activity. The class was working on a writing exercise and were editing a writing project with a peer. Student was able to participate with her peers without any disruptions or behavioral difficulties.

At 10:20 a.m., Student transitioned to a 20-minute recess and joined her class outside on the playground. Dr. Stevenson concluded that Student spent four of the 20 minutes engaged with peers and that three of the seven peer exchanges were inappropriate. The three inappropriate exchanges were pulling a student's arm to keep them with her, chasing a student while whipping her sweatshirt around, and blocking the exit of the rock wall area to keep a peer engaged with her. Subsequently, Student entered the playground with her peers and chased after two male students.

Dr. Stevenson came to conclusions about Student being isolated too quickly. Without exploring more observations to substantiate her findings or to reconcile the differences of opinion provided by Hollimon, Sahakian, and Weller, Dr. Stevenson's data was less credible and did not provide as much weight as those who worked with Student over time on a consistent basis. Additionally, Glendale's witnesses successfully diminished Dr. Stevenson's testimony by explaining with detail the flaws in her data. Dr. Stevenson's response that she did not need to gather more information was not a credible answer under the circumstances.

The data gathered after recess also substantiated the opinions and conclusions of Sahakian, Weller, and Hollimon. Student was focused, attentive to tasks, and used appropriate eye contact with her teacher. Student had appropriate social exchanges

and did not have difficulties interacting with peers in the classroom. Student communicated with peers in a positive manner with excitement about completing her tasks. Student did not engage in disruptive behaviors in the classroom during the observation.

At 11:20 a.m., Student engaged in a letter writing project with her class. Student

- had appropriate peer interactions,
- remained on task,
- was focused,
- had appropriate peer communication, and
- exhibited pleasant facial expressions and conversational exchanges.

Student engaged in proper classroom decorum such as raising her hand without growing frustrating or having a behavioral outburst even after waiting for fifteen minutes for Sahakian to call on her.

At 11:40 a.m., Student continued to engage in a class discussion about expressing feelings, about lack of homework compliance, and Sahakian's disappointment. During the class discussion, Student was focused and attentive. She participated in the self-reflection discussion of sharing a positive trait she liked about herself, such as being kind, creative, and smart. Student had a good self-image, and did not show anxiety or aggression throughout the observations.

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The fact that Student declined to respond to the question about knowing words in another language was not relevant. She shared her positive desire to learn gymnastic moves such as the splits and to do contortions. Student was like any other peer in her class. She was

- engaging,
- focused,
- polite,
- showed interest in others,
- listened, and
- showed patience while waiting for her turn.

Dr. Stevenson recommended Glendale provide Student with special education supports and services of:

- social skills instruction,
- counseling,
- structured support during unstructured time,
- peer support strategies,
- self-regulation strategies,
- positive reinforcement, and
- develop an individualized social plan.

DR. STEVENSON'S MAY 20, 2025 INDEPENDENT PSYCHOEDUCATIONAL EVALUATION

Dr. Stevenson conducted an independent psychoeducational evaluation of Student, resulting in a report dated May 20, 2025. The independent psychoeducational evaluation was administered to identify Student's level of functioning across intellectual, cognitive, achievement, and processing domains, and to determine her social, emotional, and behavioral function. The evaluation consisted of a variety of testing instruments, Parent's input for family, developmental, and medical history, as well as a complete educational records review. The evaluation included a detailed Parent and Student rating form for social, behavior, communication and processing functioning. The results were used to determine eligibility for special education, including placement, accommodations and services.

Dr. Stevenson observed Student on February 20, 2025, from 10:30 a.m. to 12:30 p.m. in the general education classroom. Student did not arrive until 10:50 a.m. due to a doctor's appointment. Student entered the classroom and immediately removed items from her bag to become engaged in the classroom activity. She did not have any hesitations, refusals, or challenges upon entering the classroom. She was paired with a peer and engaged in the writing exercise. Student's interactions and responses with her peer were age-appropriate.

At 11:05 a.m., the class had the option of engaging in one more round of peer editing or moving to a new activity. Student continued working on the writing exercise with a different peer. She received feedback from this peer without challenge and engaged with her peers with age-related responses and conversations. During a break, the class engaged in a group activity of which Student was smiling and participating

appropriately. Student engaged in a third discussion involving two peers and did so appropriately. The observation concluded at 12:30 p.m. with Student engaging in proper classroom behavior of sitting, listening, and responding to instruction.

On March 13 and 19, 2025, Dr. Stevenson observed, interviewed, and assessed Student at her office. On March 13, Student appeared shy and clingy to Parent and engaged in cartwheels. On March 19, Student was calm and acted age-appropriate by responding to instructions and engaging in conversation with the assessor. Dr. Stevenson's interview summary of Sahakian for the independent functional behavior assessment which occurred five days before the independent psychoeducation evaluation was similar. No additional data was included in the teacher's interview for this evaluation. Lastly, Student completed a variety of psychological tests.

As for the ADHD protocol, Dr. Stevenson opined that Student exhibited symptoms of inattention and executive functioning difficulties including needing homework accommodation of additional time and modification which caused distress and impairment in the educational and home settings. Dr. Stevenson's testing resulted in consistency with Glendale's testing in terms of Student's overall cognitive and academic functioning.

Dr. Stevenson diagnosed Student with ADHD as well as PTSD due to her history of being exposed to a domestic violence environment caused by her birth mother and stepfather. Dr. Stevenson also diagnosed Student with autism without accompanying intellectual or language impairment. Dr. Stevenson's diagnosis was based on deficits in social communication (pragmatic language) and interactions as well as restricted and repetitive patterns of behavior, interest, or activities that were present in early

developmental period and caused clinically significant impairments in social emotional reciprocity which included some deficits in understanding appropriate social behaviors with peers.

STUDENT INELIGIBLE UNDER THE IDEA FOR AUTISM

The May 29 and June 10, 2025 IEP team members were eager to understand the observations and data gathered in Dr. Stevenson's assessments. On May 29 and June 10, 2025, the IEP team considered Parent's concerns, and reviewed Dr. Stevenson's explanation of the data used to support an opinion of eligibility for autism. The team engaged in a robust discussion whether Student's disabilities had an adverse impact on her educational performance.

On May 29, the discussions included her academic, social emotional functioning, communication, social skills, health, motor skills, daily living skills, and whether she required additional services to make progress and have access to her educational curriculum. Dr. Stevenson opined that Student's current supports, meaning the 504 Plan, and educational environment were benefitting Student and "guarding" her from challenging behaviors being evident at school. Dr. Stevenson also noted how differently Student presented in a clinical setting and at school. Parent's concerns of inappropriate social interactions and a lack of understanding social cues from peers on the playground, tantrums at home, and poor attendance were discussed. The team reviewed

- attendance records,
- report cards,
- observations,
- interviews,

- accommodations,
- current academic performance,
- medical and health records, and
- input from Sahakian, special education teacher specialist Andrea Schpok, Vasquez, and Weller.

Glendale's IEP team members concluded Student was ineligible for special education and related services under the category of autism. The IEP team meeting was continued to June 10, 2025, to discuss Dr. Stevenson's two evaluations.

Dr. Stevenson's general education observation for the independent psychoeducational evaluation was another example of her inconsistencies in the basis of her opinion. Student

- engaged with peers in a discussion about the importance of completing homework;
- appropriately interacted with her peers during the classroom activity;
- engaged in appropriate classroom decorum; and
- did not engage in dysregulation after waiting 15 minutes before getting Sahakian's attention; and
- paired and shared with multiple peer teams.

These observations were not consistent with Dr. Stevenson's opinion that Student's diagnoses impacted her ability to access her education. Neither did they support Dr. Stevenson's opinion that Student required special education because of her inability to appropriately interact with peers.

Moreover, Dr. Stevenson did not present data to support a finding that Student was eligible for special education under the category of autism. Dr. Stevenson's assessment did not support findings

- that Student had a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, that adversely affected her educational performance;
- that Student engaged in repetitive activities and stereotyped movements;
- that Student had a resistance to environmental change or change in daily routines; or
- that Student had unusual responses to sensory experiences.

Less weight was given to Dr. Stevenson's opinion about eligibility for autism because the basis for the opinion was unfounded by the documentary evidence of her own report. Moreover, the weight of the evidence demonstrated that Student, despite her very difficult childhood and later diagnoses, accessed her education appropriately with a 504 Plan and general education interventions. There was no evidence that Student engaged at school in the repetitive activities and stereotyped movements, that she exhibited resistance to environmental changes, or that she had unusual responses to sensory experiences. The evidence did not show that loud noises or other stimuli triggered unusual responses. Student was observed by both Glendale assessors and Dr. Stevenson to appropriately transition between activities in the classroom and between the classroom and playground. Student transitioned appropriately to the classroom environment when she appropriately joined her classroom activities when

entering late. The evidence did not show a developmental disability that significantly affected Student's verbal or nonverbal communication or social interaction, as reflected in the assessments and observations at school. While Student had some difficulty with peer interactions, she had good communication skills, generally worked well and played with other students. At most, the evidence demonstrated that Student sometimes engaged in "annoying" behaviors with peers on the playground. Such "annoying" behaviors were described by Weller and Sahakian as age appropriate and without educational impact.

Dr. Stevenson diagnosed Student with autism spectrum disorder without accompanying intellectual or language impairment, using the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, or DSM-V, which is a clinical diagnosis of autism. The factors in the DMS-V are distinctly different from special education eligibility for autism, discussed above. Moreover, Dr. Stevenson administered the Autism Diagnostic Observation Schedule, Second Edition, ADOS-2, as Vasquez had in 2024. Student did not meet the threshold for autism spectrum disorder in either assessment. Dr. Stevenson noted that Student's scores related to communication and social interaction were below the cut-off score for autism spectrum disorder. Dr. Stevenson's opinions and conclusions were given less weight for these reasons.

Sahakian observed Student throughout the 2024-2025 school year. As a teacher who was familiar with students diagnosed with autism, Sahakian had the skills, experience, and knowledge to recognize a student who required more than general education supports and services. Based on her observations of Student in the classroom setting as well as her social-emotional behaviors after returning from recess and lunch, Student did not exhibit the behaviors that were the basis of Parent's concerns. Student was regulated, calm, and had appropriate communication skills and interactions with

peers in the educational setting. Student was able to transition without difficulty from home to the structured educational setting. For these reasons, more weight was given to Sahakian's testimony.

Weller also testified credibly regarding Student's ability to engage in age-appropriate peer interactions throughout her school day. Weller described her knowledge of a playground conflict involving a peer group that gravitated towards one another. Weller opined that children in the group did not possess the social skills to navigate challenges effectively and needed coaching to help them develop more appropriate social skills and strategies.

Throughout the IEP team meetings, Parent, Glendale, and Dr. Stevenson agreed that Student's behaviors in the home setting were not exhibited in the educational setting. Dr. Stevenson hypothesized that the stark contrasts of Student's behavior at school and home were due to masking. Dr. Stevenson defined masking as one mimicking actions based on the setting or environment while hiding true emotions. Dr. Stevenson further opined that the true feelings appear at home or around close family members. Dr. Stevenson's hypothesis relied on unsupported facts that Student was masking behaviors and experienced social withdrawal. She offered no data, other than Parent's interview and rating scales to support this hypothesis. The reliance on unsupported theories made Dr. Stevenson's opinion less credible.

Student had friends whom she played with on the playground and engaged in peer interactions in the general education classroom, including small groups and paired teams. She communicated appropriately with school staff, her teachers, and peers in the educational settings. She did not have any unusual responses to sensory

experiences, did not exhibit any outbursts or tantrums while at school, did not engage in any behaviors that hindered her educational access, and did not have a record of disciplinary occurrences.

Student failed to meet her burden of proof that she required special education as a result of her diagnosis of autism. The evidence demonstrated that Student had not met the eligibility requirements for special education as a child with autism and that Glendale did not deny Student a FAPE at the May 29 and June 10, 2025 IEP team meetings.

Student did not prevail on Issue 2a or 3a.

ISSUE 2b AND 3b: DID GLENDALE DENY STUDENT A FAPE BY FAILING TO FIND HER ELIGIBLE FOR SPECIAL EDUCATION AND MAKE AN OFFER OF SPECIAL EDUCATION ON MAY 29 AND JUNE 10, 2025, UNDER THE ELIGIBILITY CATEGORY OF OTHER HEALTH IMPAIRMENT?

Student contends she was eligible for special education and related services on May 29, and June 10, 2025, under the category of other health impairment based on Dr. Stevenson's assessment and recommendations. Student contends her ADHD, anxiety, PTSD, diagnoses and symptoms of depression, isolation, and rejection relating to socialization and school behaviors provided a basis for eligibility.

Glendale contends it did not deny Student a FAPE by finding Student ineligible for special education and services under other health impairment. Glendale contends Student's disabilities and their symptoms did not adversely affect her educational performance regarding other health impairment.

STUDENT INELIGIBLE UNDER THE IDEA FOR OTHER HEALTH IMPAIRMENT

On May 29, 2025, the IEP team reviewed all available data regarding eligibility for special education and related services under other health impairment. The team reviewed Parent's input and concerns regarding educational progress, as well as the January 2024 multidisciplinary, full educational records review, attendance records, and input from Sahakian about

- classroom performance,
- academic,
- communication development,
- motor development,
- social emotional or
- behavioral and adaptive.

Student's medical and health records were reviewed. Dr. Stevenson shared with the team that she observed Student's behavior was different outside of school from how she presented at school. Dr. Stevenson's report confirms that Parent and school-based rating scales and interviews demonstrated an almost opposite picture of how Student behaved at home versus how she performed at school.

On June 10, 2025, the IEP team discussed Dr. Stevenson's diagnoses of ADHD and PTSD and eligibility under other health impairment because of these disabilities. Dr. Stevenson's recommendation for eligibility for other health impairment was based on Parent's interviews and reported data. Glendale shared Student exhibited no behavioral challenges when arriving to school tardy. Schpok shared how she was

familiar with Student's 504 Plan and opined the 504 Plan was effective. Glendale's team members commented that Dr. Stevenson's findings did not meet eligibility criteria for other health impairment.

Dr. Stevenson based her determination of ADHD on the DSM-V rather than an analysis of the criteria for eligibility for special education. Dr. Stevenson's rationale for finding Student eligible for other health impairment was that Student's PTSD reaction created a fight-or-flight response resulting in Student being tardy and missing instruction.

The rationale was not supported by the weight of the evidence, because Sahakian established, and Dr. Stevenson's observations corroborated, that Student, while late, entered the classroom and appropriately engaged in age appropriate classroom activities. Moreover, Dr. Stevenson had not connected Student's tardies to an educational impact. The weight of the evidence, as discussed above, demonstrated otherwise.

Dr. Stevenson's data and rationale did not support a finding that Student had limited strength, vitality, or alertness including a heightened alertness to environmental stimuli that resulted in limited alertness in the educational environment due to chronic or acute health problems such as attention deficit hyperactivity disorder, or that these factors adversely affected Student's educational performance.

In contrast, more weight was given to Sahakian testimony that Glendale's universal access block successfully addressed the homework and missed classroom instruction and that Student was absent, late, or tardy due to medical appointments or that Parent was running late.

Student failed to meet her burden of proof that she required special education as a result of her diagnosis of other health impairment. The evidence demonstrated that Student had not met the eligibility requirements for special education as a child with other health impairment and that Glendale did not deny Student a FAPE at the May 29, and June 10, 2025 IEP team meetings.

Student did not prevail on Issue 2b or 3b.

ISSUES 4a AND 4b: DID GLENDALE DENY STUDENT A FAPE BY FAILING AT THE FEBRUARY 11, 2025 IEP TEAM MEETING BY SIGNIFICANTLY IMPEDING PARENT'S OPPORTUNITY TO PARTICIPATE IN THE DECISION-MAKING PROCESS REGARDING PROVISION OF A FAPE TO STUDENT BY FAILING TO CONSIDER PARENT'S CONCERNS IN MAKING PLACEMENT DECISIONS, OR PREDETERMINING ITS OFFER OF SERVICES AND PLACEMENT?

Student contends Glendale did not allow Parent a meaningful opportunity to participate in the decision-making process at the February 11, 2025 IEP team meeting by not considering her concerns when determining Student's placement.

Glendale contends Student was not eligible for special education on February 11, 2025, and therefore not entitled to a FAPE. It also contends Parent was given a meaningful opportunity to participate in the decision-making process at the February 11, 2025 IEP team meeting, and the outcome was not predetermined, and therefore, it did not procedurally deny Student a FAPE.

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Districts are not obligated to provide FAPE as defined by the IDEA and state special education laws, to a child who is not eligible for special education. (*R.B. v. Napa Valley Unified School District*, (2007) 496F. 3d 932, 942.)

Here, Student failed to meet her burden on Issues 1a and 1b of proving she was eligible for special education at the time of the February 11, 2025 IEP team meeting. Accordingly, Glendale cannot be found to have denied Student a FAPE at the February 11, 2025 IEP team meeting by failing to consider Parent's input or predetermining an IEP offer.

ISSUES 5a, 5b, AND 5c: DID GLENDALE DENY STUDENT A FAPE BY FAILING AT THE MAY 29, 2025 IEP TEAM MEETING BY SIGNIFICANTLY IMPEDING ON PARENT'S OPPORTUNITY TO PARTICIPATE IN THE DECISION-MAKING PROCESS REGARDING PROVISIONS OF A FAPE TO STUDENT BY FAILING TO CONSIDER PARENT'S CONCERNS IN MAKING PLACEMENT DECISIONS, PREDETERMINING AN OFFER OF FAPE, OR FAILING TO CONSIDER ALL DATA PROVIDED BY THE INDEPENDENT ASSESSOR?

Student contends Glendale did not allow Parent a meaningful opportunity to participate in the decision-making process at the May 29, 2025 IEP team meeting by not considering her concerns, predetermining its offer of FAPE, and failing to consider all data provided by the independent assessor.

Glendale contends Student was not eligible for special education, and thus not entitled to a FAPE, on May 29, 2025. Glendale contends Parent was given a meaningful opportunity to participate in the decision making process at the February 11, 2025 IEP

team meeting. The outcome was not predetermined, and it meaningfully considered Dr. Stevenson's information, and therefore, did not procedurally deny Student a FAPE.

Student failed to meet her burden on Issues 2a and 2b of proving she was eligible for special education on May 29, 2025. Accordingly, Glendale cannot be found to have denied Student a FAPE at the May 29, 2025 IEP team meeting by failing to consider Parent's input, predetermining an offer, or failing to consider Dr. Stevenson's information.

ISSUE 6a, 6b, AND 6c: DID GLENDALE DENY STUDENT A FAPE AT THE JUNE 10, 2025 IEP TEAM MEETING BY SIGNIFICANTLY IMPEDING PARENT'S OPPORTUNITY TO PARTICIPATE IN THE DECISION-MAKING PROCESS REGARDING A PROVISION OF FAPE TO STUDENT BY FAILING TO CONSIDER PARENT'S CONCERNS IN MAKING PLACEMENT DECISIONS, PREDETERMINING AN OFFER OF FAPE, OR FAILING TO CONSIDER ALL DATA PROVIDED BY THE INDEPENDENT ASSESSOR?

Student contends Glendale denied her a FAPE because it did not allow Parent a meaningful opportunity to participate in the decision-making process at the June 10, 2025 IEP team meeting, by not considering her concerns, predetermining its offer, and failing to consider all data provided by the independent assessor.

Glendale contends Student was not eligible for special education, and so not entitled to a FAPE, on June 10, 2025. Glendale contends that Parent was given a meaningful opportunity to participate in the decision-making process at the June 10,

2025 IEP team meeting, that the outcome was not predetermined, and that it meaningfully considered Dr. Stevenson's information. Therefore, Glendale argues that it did not procedurally deny Student a FAPE.

Student failed to meet her burden on Issues 3a and 3b of proving she was eligible for special education on June 10, 2025. Accordingly, Glendale cannot be found to have denied Student a FAPE at the June 10, 2025 IEP team meeting by failing to consider Parent's input, predetermining an offer, or failing to consider Dr. Stevenson's information.

CONCLUSIONS AND PREVAILING PARTY

As required by California Education Code section 56507, subdivision (d), the hearing decision must indicate the extent to which each party has prevailed on each issue heard and decided.

ISSUE 1a:

Glendale did not deny Student a FAPE by failing to find her eligible for special education and make an offer of special education and related services at the initial IEP team meeting on February 11, 2025, under the eligibility category of autism.

Glendale prevailed on Issue 1a.

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ISSUE 1b:

Glendale did not deny Student a FAPE by failing to find her eligible for special education and make an offer of special education and related services at the initial IEP team meeting on February 11, 2025, under the eligibility category of other health impairment.

Glendale prevailed on Issue 1b.

ISSUE 2a:

Glendale did not deny Student a FAPE by failing to find her eligible for special education and make an offer of special education and related services at the initial IEP team meeting on May 29, 2025, under the eligibility category of autism.

Glendale prevailed on Issue 2a.

ISSUE 2b:

Glendale did not deny Student a FAPE by failing to find her eligible for special education and make an offer of special education and related services at the initial IEP team meeting on May 29, 2025, under the eligibility category of other health impairment.

Glendale prevailed on Issue 2b.

ISSUE 3a:

Glendale did not deny Student a FAPE by failing to find her eligible for special education and make an offer of special education and related services at the initial IEP team meeting on June 10, 2025, under the eligibility category of autism.

Glendale prevailed on Issue 3a.

ISSUE 3b:

Glendale did not deny Student a FAPE by failing to find her eligible for special education and make an offer of special education and related services at the initial IEP team meeting on June 10, 2025, under the eligibility category of other health impairment.

Glendale prevailed on Issue 3b.

ISSUE 4a:

Glendale did not deny Student a FAPE by appropriately finding Student ineligible for special education and related services at the February 11, 2025 IEP team meeting. Glendale did not have an obligation to provide Student special education and related services, including placement.

Glendale prevailed on Issue 4a.

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ISSUE 4b:

Glendale did not deny Student a FAPE by appropriately finding Student ineligible for special education and related services at the February 11, 2025 IEP team meeting. Glendale did not have an obligation to provide Student special education and related services, including placement.

Glendale prevailed on Issue 4b.

ISSUE 5a:

Glendale did not deny Student a FAPE by appropriately finding Student ineligible for special education and related services at the May 29, 2025 initial IEP team meeting. Glendale did not have an obligation to provide Student special education and related services, including placement.

Glendale prevailed on Issue 5a.

ISSUE 5b:

Glendale did not deny Student a FAPE by appropriately finding Student ineligible for special education and related services at the May 29, 2025 initial IEP team meeting. Glendale did not have an obligation to provide Student special education and related services, including placement.

Glendale prevailed on Issue 5b.

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ISSUE 5c:

Glendale did not deny Student a FAPE by appropriately finding Student ineligible for special education and related services at the May 29, 2025 initial IEP team meeting. Glendale did not have an obligation to provide Student special education and related services, including placement.

Glendale prevailed on Issue 5c.

ISSUE 6a:

Glendale appropriately found Student ineligible for special education and related services at the June 10, 2025 IEP team meeting, and did not have an obligation to provide Student with special education and related services, including placement.

Glendale prevailed on Issue 6a.

ISSUE 6b:

Glendale did not deny Student a FAPE by appropriately finding Student ineligible for special education and related services at the June 10, 2025 IEP team meeting. Glendale did not have an obligation to provide Student special education and related services, including placement.

Glendale prevailed on Issue 6b.

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ISSUE 6c:

Glendale did not deny Student a FAPE by appropriately finding Student ineligible for special education and related services at the June 10, 2025 initial IEP team meeting. Glendale did not have an obligation to provide Student special education and related services, including placement.

Glendale prevailed on Issue 6c.

ORDER

All Student's requests for relief are denied.

RIGHT TO APPEAL THIS DECISION

This is a final administrative decision, and all parties are bound by it. Pursuant to Education Code section 56505, subdivision (k), any party may appeal this Decision to a court of competent jurisdiction within 90 days of receipt.

Thanayi Lindsey

Administrative Law Judge

Office of Administrative Hearings