Report of Mary Jo Dare July 27, 2011

I have been asked to address the following questions:

- Whether can and should be served in a regular classroom in a neighborhood school.
- Whether the Montgomery Public Schools (MPS) has provided planning and services that would enable to receive a free and appropriate public education (FAPE).
- What planning and services requires to receive FAPE.

I have been the special education director of an urban school district about the size of MPS. Based on my review of second school records and my discussions with other experts, it is my opinion that second can and should be served in a regular classroom in a neighborhood school. An effective plan of academic and behavioral interventions can be developed for that builds upon his significant strengths. MPS should be able to develop such plans. In second case, it has not. In my opinion, MPS has denied a free and appropriate public education (FAPE).

Oualifications

My educational and professional accomplishments are detailed in my resumé, which is attached. In brief, I was the director of special education for the Indianapolis Public Schools (IPS) for 16 years, from 1989-2005. As special education director I was responsible for all aspects of special education at IPS, including staff supervision, professional development, and compliance with state and federal special education law. From 1995-2005, I also directed the student services department at IPS; as the student services director, I was responsible for providing guidance counseling, mental health services, social work services, other health services, and placement services to all IPS students. Before becoming director of special education, I worked from 1975-1989 for IPS as a special education teacher; as a consultant to teams evaluating students for special education eligibility; and as a supervisor of related services providers.

Both before and since leaving IPS, I have worked as a professor at the Indiana University School of Education at Indiana University/Purdue University – Indianapolis (IUPUI). Currently I supervise the special education department at IUPUI. I have also regularly supervised the practicum program for master's level special education students; in this capacity I have observed special education student teachers in schools all over the state of Indiana.

As a consultant with B & D Consulting, I worked extensively to evaluate and improve instruction in the East Chicago, Indiana, School District.

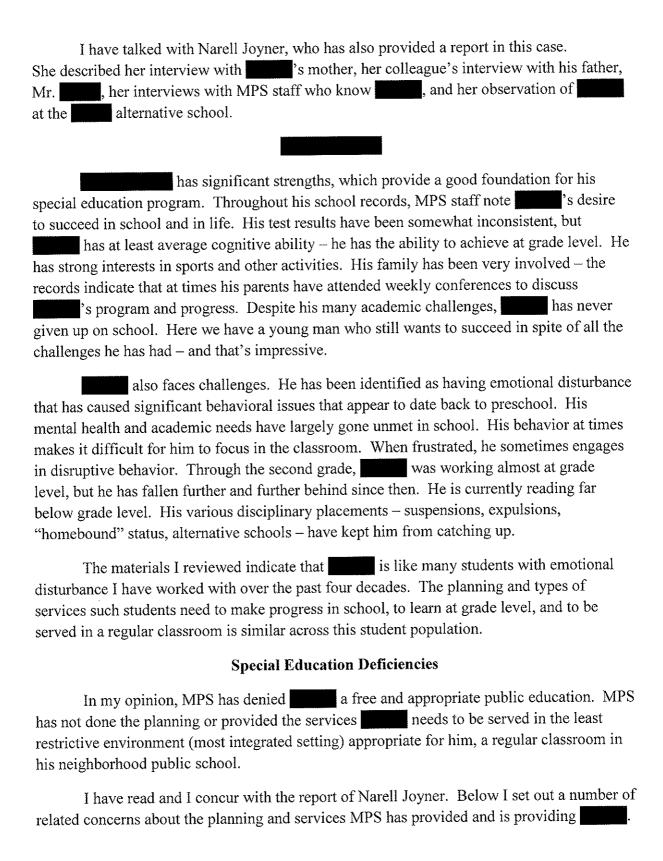
As a special educator at IPS I participated in numerous Individualized Education Program (IEP) meetings, including for students with emotional disturbance. I have also testified on behalf of IPS in due process hearings, and have helped other schools prepare for such hearings in my role as a consultant for B & D Consulting.

Work

I have reviewed a variety of school records, including the following documents describing programs and services that, according to notations in the documents, were to have been implemented during the 2009-2010 and 2010-2011 school years:

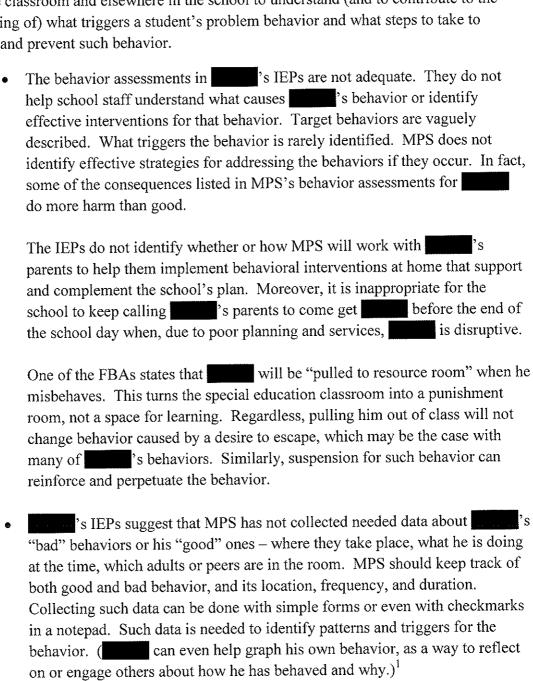
- Individualized Education Program (IEP) documents with "initiation/duration" dates from October 30, 2008 to October 29, 2009, including pages with "measurable annual goals" for reading, math, and behavior.
- IEP documents with "initiation/duration" dates from January 30, 2009 to October 29, 2009.
- IEP documents with "initiation/duration" dates from May 20, 2009 to October 29, 2009.
- IEP documents with "initiation/duration" dates from January 19, 2010 to October 27, 2010.
- IEP documents with "initiation/duration" dates from August 22, 2011 to June 8, 2012.
- "Functional Behavioral Assessment and Behavior Plan" ("FBA/BP") documents with a "beginning" date of October 3, 2008 and "review" dates of October 30, 2008 and January 30, 2009.
- "FBA/BP" documents with a "beginning" date of September 15, 2009.
- "FBA/BP" documents with a "beginning" date of November 10, 2009.
- "FBA/BP" documents with a "beginning" date of August 22, 2011.

I have also reviewed documents that appear to be notices of proposed meetings sent to sparents; minutes from parent conferences at which sparents is IEP, Behavior Intervention Plan (BIP), and placement were discussed; weekly progress reports; annual progress reports, report cards, testing summaries, "manifestation determination" forms; an undated "medication care plan"; forms indicating "persons responsible for IEP implementation"; office referrals for special education eligibility in 2005, and from his reevaluations for eligibility in 2008 and 2011. I have also reviewed some of special records from the last two years.

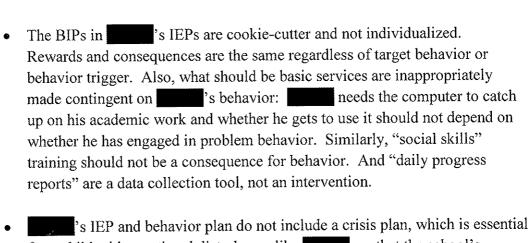


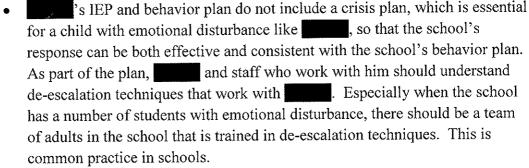
Inadequate Mental Health Interventions.

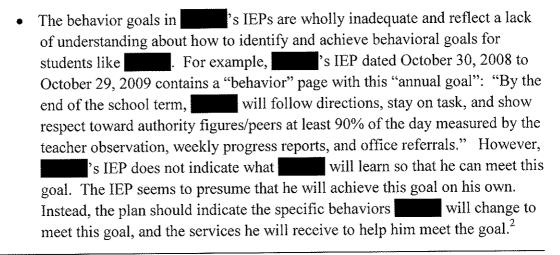
MPS has not adequately assessed the causes of appropriate plan for addressing those behaviors. This is essential to adequately serving a student with emotional disturbance. An effective plan for addressing behavior enables every adult in the classroom and elsewhere in the school to understand (and to contribute to the understanding of) what triggers a student's problem behavior and what steps to take to respond to and prevent such behavior.



¹ The "Weekly Progress Reports" in his school records are as vague as the FBAs and BIPs: reporting that was "off task" at some point during a given school day provides little





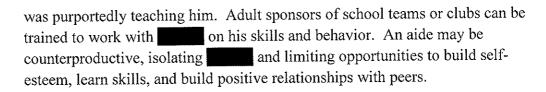


to no information about what specific behavior he engaged in, the time of day, the duration of the behavior, or what may have triggered it. The same is true of reports that had a "good" or a "fair" day.

² The behavior goal that appears to have been written on April 12, 2010 states that "will follow directions, stay on task, and show respect toward authority figures and peers 100% of the time during a period of 200 minutes per day as measured by the teacher observation, progress reports, and office referrals." This essentially repeats the earlier goal but with more of the trappings of "measurability." The goal does not identify specific behavior, and strategies are not spelled out for changing behaviors.

	To determine an appropriate goal and the services will need to meet the goal, MPS must analyze specifically 's behaviors and their triggers: What does it mean for to be "off task"? Why is he "off task"? Does he need to be reminded about what the task is? Is it a task that he has the skills to complete? Does the classroom need to be structured differently to engage him? There is no indication in 's records that this analysis has been performed. As a result, the teachers who are charged with implementing this IEP do not know what behavioral interventions to provide.
	The behavior goal for the 2011-2012 school year states: "By the end of the 2011/2012 school term, will refrain from loud outburst at school with four out of five days a week as measured by teacher's observation, weekly progress reports, and office referrals." In addition to exhibiting the same deficiencies as his earlier goals, it is unclear why only "outbursts" are being addressed, and not other behaviors as well. (It may also be unclear what an "outburst" is a single exclamation of frustration? Raising his voice? Something more?) A professionally acceptable plan for would identify and set goals for each target behavior that significantly interferes with his learning. It would also identify the individualized interventions that will be used to achieve those goals, as well as collect data that allows the school to better understand "s behavior and refine interventions as needed."
•	's current IEP states that will attend high school in the coming school year. It is of great concern that the IEP includes no interventions for preparing for the important transition from middle school to high school. Sending him from the "BIP" classroom at Middle School to high school with no attention to transition sets him up for failure. should have a structured plan to visit the school, meet teachers, and work with staff before the start of the school year so both he and they are comfortable that adequate strategies are in place to enable him to meet the school's behavioral and academic expectations. This is common practice for schools serving students with emotional disturbance making such transitions.
•	Part of MPS's plan for seems to be to attach a "one on one" paraprofessional aide to him. Although it needs to be carefully assessed, this is unlikely to be an appropriate intervention for many embarrass him. Embarrassment seems to be a trigger for his behaviors. 's IEPs do not indicate how the aide will work with seems. I

understand that he functions mostly as a babysitter or bodyguard. I do not see that s behavior has improved as a result of working with his aide. 's IEPs state that he will be taught "social skills" in the special education classroom. It is unclear what "social skills" are being referenced and how they will be taught. It is not appropriate for to be pulled out of a regular classroom and taught "social skills" one-on-one by a special education teacher (which may have been the plan for). Skills for interacting with others should be taught and practiced in natural social settings. Also, being away from the classroom deprives of valuable instructional time, when he is already behind his peers. 's 2009-2010 IEP states that he will receive "one-on-one counseling monthly from the BIP teacher." This is not likely to be an adequate one counseling is probably not an appropriate service for . Talk therapy tends not to be effective for children with emotional disturbance like . Interventions need to be integrated into their everyday lives. Moreover, it is unclear from the IEP whether the BIP teacher has been trained to provide counseling. It is possible that might benefit from a weekly counseling group run by a person trained on working with students on social interaction skills. This is something to be considered when six sharps sharps sharps a behavior is properly assessed and an adequate plan developed for 's IEP mentions work with a behavioral specialist, but does not identify the substance or frequency of the intervention or how it fits into the overall plan for 's IEP for the 2011-2012 school year states that for 15 minutes twice monthly the "special education teacher will collaborate with general education teacher to implement behavior intervention plan and monitor his behavior." It is unclear what is supposed to occur during these sessions. To be meaningful, the sessions would have to occur far more frequently, especially at the beginning of stransition to high school. 's IEPs do not appear to make effective use of extracurricular activities. They sometimes mention that his aide will provide support for to participate. But there seems to be no purposeful use of extracurricular activities. Participating in activities that interest him, such as sports teams, is a way for to practice the social interaction skills MPS



Inadequate Academic Interventions.

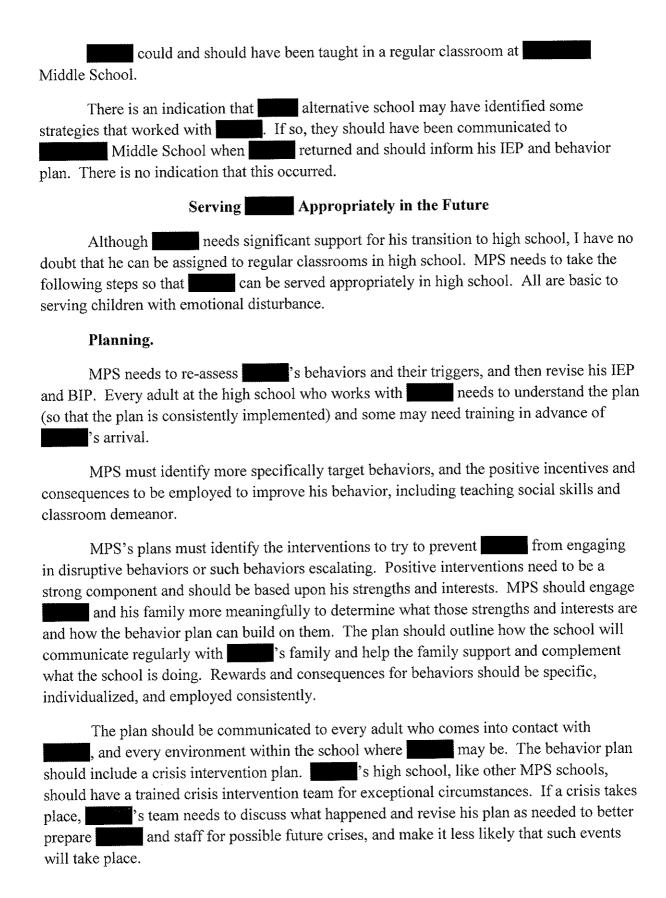
's behavior is often triggered by his frustration with academics. He needs engaged, evidence-based instruction to help him progress academically. In my opinion, MPS has not implemented appropriate academic interventions for

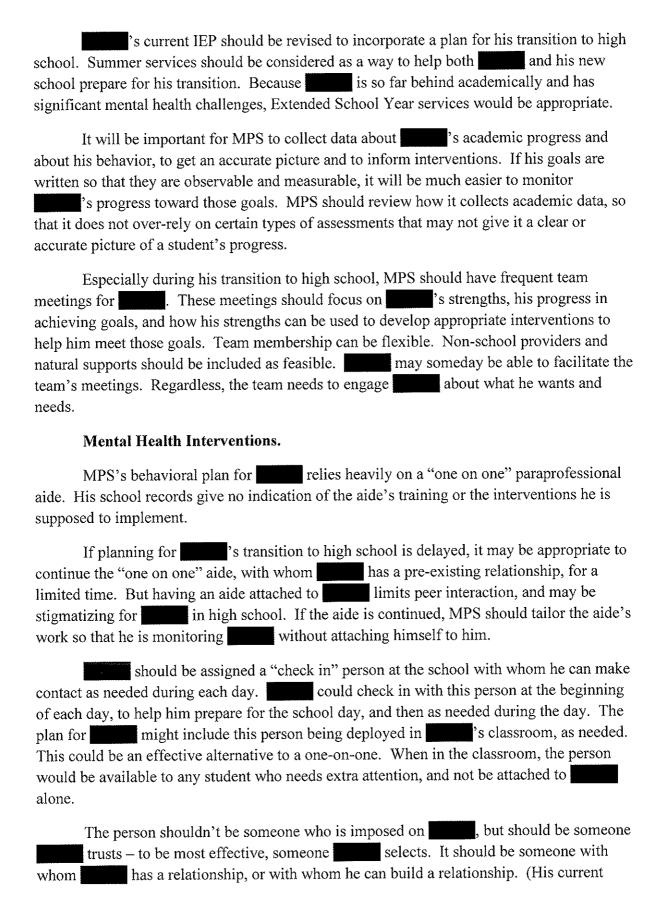
- IEPs state that once each day for 30 or 60 minutes he "will be provided one-on-one services from the special ed teacher and paraprofessional. Inclusion teacher and special ed teacher will provide small group instruction or one on one instruction for the content area material that is not mastered. He will receive additional assistance from the sp. ed. teacher in the resource room for non-mastered skills and concepts." This strategy has not worked for in the past and is unlikely to work for him in the future. It does not appear that MPS has tried to identify evidence-based academic interventions that would be effective for academic interventions that rely on isolating a student like tend not to be effective.
- 's IEPs reference "re-teaching" material. This approach seems to accept that MPS will not effectively teach material the first time around. However, can be effectively taught in a regular classroom with appropriately individualized instruction and needed mental health interventions. It would be better to "pre-teach" material to to make the different instructional approaches he needs part of the lesson plan, and give him a "head's up" about subjects to be covered and skills to be taught. MPS does not have to wait until fails and then remove him to a special education classroom to "re-teach."
- The "supplementary aids and services" and "accommodations" listed in the IEPs are unlikely to be effective. Changing the location in which takes tests or completes in-class assignments, or giving him more time to complete tests or assignments (or giving him fewer problems to solve, which has the same effect), will not help if he does not comprehend the material or lacks the skills to complete the work. Neither will permitting him to re-take a test.

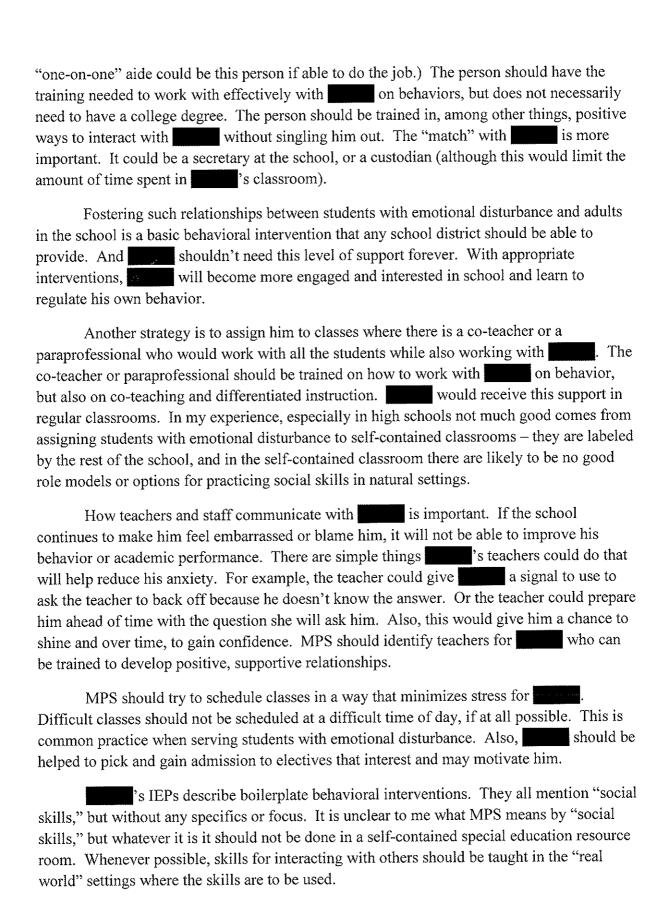
• MPS does not seem to have tried incorporating subject matter material that interests with the interests, such as sports, into his reading or math curriculum.

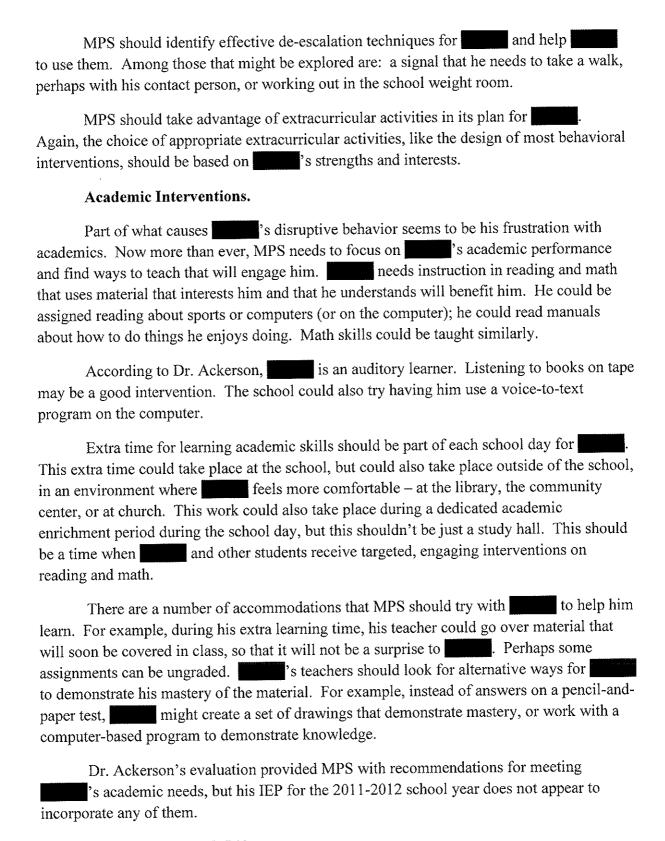
Failure to Mobilize or Coordinate with Other Providers.

I see no indication that MPS has identified non-school resources that might support 's IEP, or has tried to connect with such resources.
I understand that "'s family has been served by other agencies, including the Montgomery Area Mental Health Authority (MAMHA) and the Department of Human Resources (DHR), and that has been prescribed medication. I do not see that MPS has sought input from these agencies or coordinated its services to with those of his other providers.
's IEPs state that "sale is able to remain on task when his medication is administered." His records identify no data that supports this conclusion. In any event, MPS should systematically collect information about how some 's medication affects his behavior and provide this information to some 's medical providers to support their treatment efforts. It appears that MPS has not done so. Nor does it appear that MPS has sought input from his providers about helping to consistently take his medication. This seems especially important if, as MPS reports, so so when his medication is administered.
Inappropriate Placements.
can be served in a regular classroom in a neighborhood public school. This is the least restrictive environment (most integrated setting) appropriate for the least restrictive environment (most integrated setting) appropriate for the least restrictive environment (most integrated setting) appropriate for the least restrictive environment (most integrated setting) appropriate for the least restrictive environment (most integrated setting) appropriate for the least restrictive environment (most integrated setting) appropriate for the least restrictive environment (most integrated setting) appropriate for the least restrictive environment (most integrated setting) appropriate for the least restrictive environment (most integrated setting) appropriate for the least restrictive environment (most integrated setting) appropriate for the least restrictive environment (most integrated setting) appropriate for the least restrictive environment (most integrated setting) appropriate for the least restrictive environment (most integrated setting) appropriate for the least restrictive environment (most integrated setting) appropriate for the least restrictive environment (most integrated setting) appropriate for the least restrictive environment (most integrated setting) appropriate for the least restrictive environment (most integrated setting) appropriate for the least restrictive environment (most integrated setting) appropriate for the least restrictive environment (most integrated setting) appropriate for the least restrictive environment (most integrated setting) appropriate for the least restrictive environment (most integrated setting) appropriate for the least restrictive environment (most integrated setting) appropriate for the least restrictive environment (most integrated setting) appropriate for the least restrictive environment (most integrated setting) appropriate for the least restrictive environment (most integrated setting) appropriate for the least restrictive environment (most integrated setting) appropri
has spent a lot of time in a self-contained "BIP" class at Middle School and in a "BIP" unit at alternative school. "'s records indicate that the "BIP" classroom at is a classroom where all students have some degree of challenging behaviors. This was not an appropriate environment for the indication that this placement enabled to improve his behavior or academic skills. Nor is there any indication that there were peer role models or opportunities to practice social skills in natural settings. Moreover, it is unlikely that effective academic instruction could have been provided. It appears that there were students from varied grades. (One page of meeting minutes indicates that "s parents expressed a concern about this.) Providing evidence-based or differentiated instruction in such a classroom would have been very difficult. I have the same concerns about "s placement at the "BIP" unit at the alternative school.

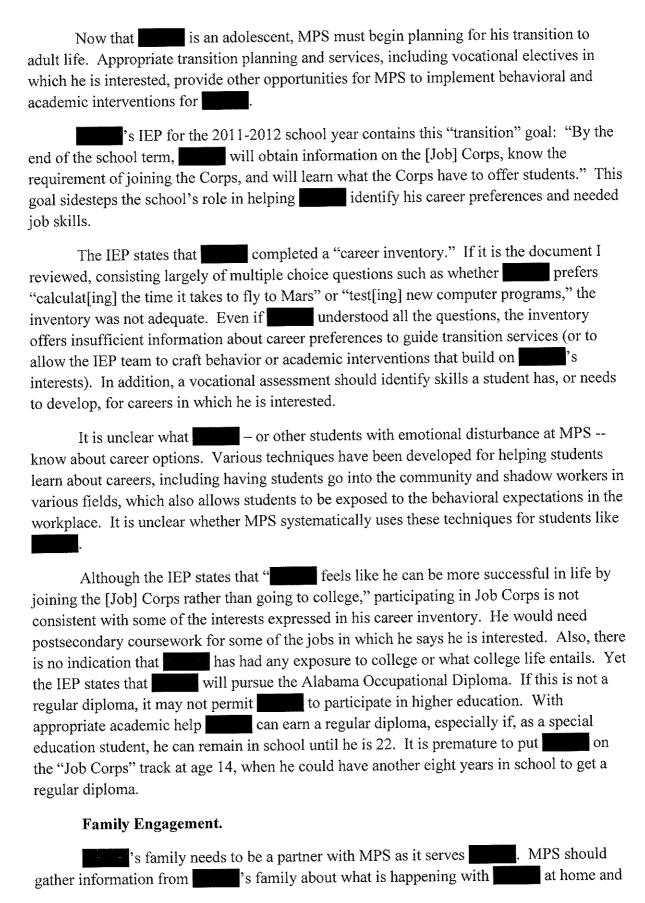


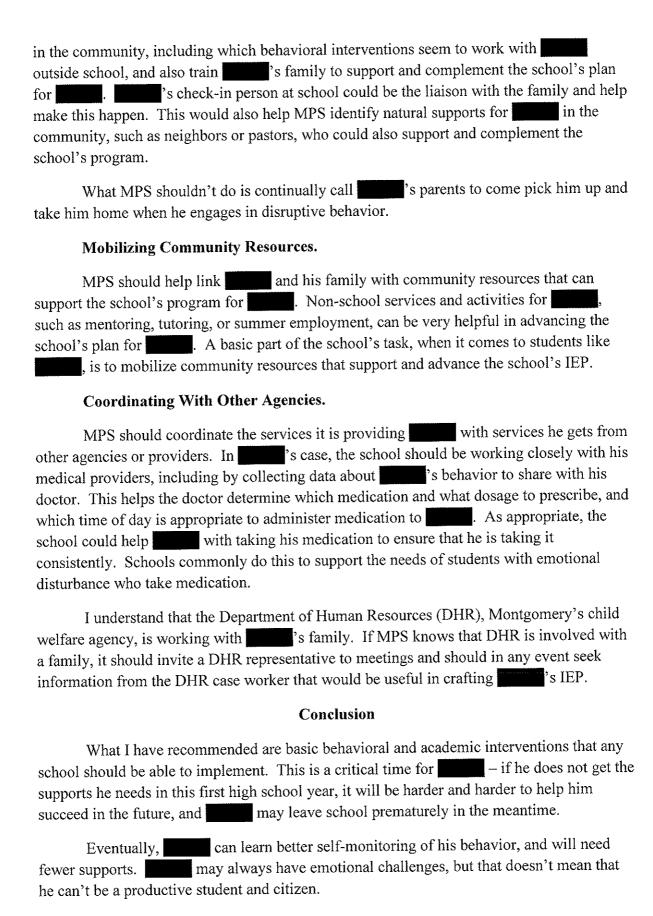






Transition to Adult Life.





	S will need to reform its approach to special ed	
adequately. Based	on how MPS staff have worked with	I do not think MPS
knows how to provide basic	c and necessary interventions to its students wi	th emotional
disturbance.		
Signed:	Date:	