

April 3, 2025

**Amended May 1, 2025**

[REDACTED]

Ms. Colleen Sasdelli  
Director of Special Education  
Harford County Public Schools  
102 South Hickory Avenue  
Bel Air, Maryland 21014

RE: [REDACTED]  
Reference: #25-244

Dear Parties:

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

**ALLEGATIONS:**

On February 3, 2025, MSDE received a complaint from [REDACTED], hereafter, “the complainant,” on behalf of the above-referenced student. In that correspondence, the complainant alleged that the Harford County Public Schools (HCPS) violated certain provisions of the Individuals with Disabilities Education Act (IDEA) concerning the above-referenced student.

MSDE investigated the allegation that The HCPS has not ensured that the student was provided with the special education instruction, related services, and supplementary aids, services, program modifications and supports required by the Individualized Education Program (IEP) since October 2024, in accordance with 34 CFR §§ 300.101 and .323. Specifically, the complainant alleged that:

- The student has not been provided with the Private Duty Nurse services required by the IEP
- The student has not been provided with the Sign Language Interpreter services required by the IEP
- The HCPS has not consistently provided the HCPS Emergency Chain Protocol required by the IEP
- The HCPS has not provided accurate medical documentation
- The HCPS has failed to provide consultation reports as required by the IEP.

**BACKGROUND:**

The student is five years old and is identified as a student with Other Health Impairment (OHI) under the IDEA. The student attends [REDACTED] School ([REDACTED]) and has an IEP that requires the provision of special education instruction and related services.

**FINDINGS OF FACT:**

1. **The HCPS acknowledges that it has not ensured that the student was consistently provided with the special education instruction, related services, private duty nurse services, sign language interpreter services, and accurate medical documentation required by the IEP since October 2024.**
2. The IEP in effect in October 2024 was developed on March 15, 2024, and amended on September 27, 2024. The IEP provides a projected annual review date of March 14, 2025, and a projected evaluation date of February 27, 2025. The IEP reflects the student's primary disability as OHI, with physical education, speech-language expressive language, speech-language pragmatics, speech-language receptive language, early learning skills - language and literacy, early learning skills - mathematics, early learning skills - physical well-being and motor development, early learning skills - social foundations, health - feeding/swallowing, health - health / medical, physical - functional mobility as areas impacted by his disability.

The IEP requires an assistive technology (AT) device and AT services. "Due to [the student]'s documented impairment in expressive language, he requires access to a dynamic display voice output device for his expressive language and functional communication. [The student] currently has access to tablet technology utilizing a communication app with an 84-button main page of core vocabulary that links to fringe vocabulary with a motor approach. Assistive technology consultation is required to provide continued support to facilitate the use of [the student]'s communication device and ensure that he is able to appropriately access his augmentative communication device."

The IEP requires the implementation of the following supplementary aids, services, program modifications and supports:

- Daily:
  - Use of an augmentative communication device throughout the day to provide a means for expressive language and functional communication
  - Communication between parent and school staff regarding new signs and or new symbols added to communication device, related services/consults and trainings conducted with staff on [the student]'s needs:
    - "A communication log will be shared between school and home and home and school on a daily basis to share new signs introduced to [the student] at home/school or new symbols added to his communication device as well as related services and consults provided. Content vocabulary words that are essential to support instruction and [the student]'s communication will be shared weekly to allow these to be placed on his personal device by his family. Any trainings conducted by staff will be communicated to [the student]'s family via an email (e.g., nursing training, feeding training)."
- Personal skilled nursing care:
  - "A skilled nurse will be present with [the student] throughout transportation to and from school as well as throughout his school day to assist with medical, feeding, and toileting needs."

- Sign Language Interpreter:
  - “[The student] requires access to and use of an interpreter to build curriculum level vocabulary, facilitate expressive/receptive language development, and facilitate communication between him and peers/staff. The interpreter will be available to [the student] throughout his school day. The interpreter will also be available during [the student]'s transport to and from school.”
- Weekly:
  - Speech-language and assistive technology consult:
    - “The Augmentative Communication Specialist will assist the speech pathologist in providing ongoing consultative services as needed to support staff and parents in developing and implementing strategies to integrate the use of [the student]'s communication device on a daily basis in the school and home settings. The Augmentative Communication Specialist will support the speech pathologist in consulting with [the student]'s teacher and parents to provide training and technical supports when requested. [The student]'s family will be notified that AT consult occurred via communication log and email.”
- Monthly:
  - Physical therapist consult:
    - “[The student] may benefit from physical therapy services/supports in the educational setting via a continued consultative model no less than monthly. Consultative physical therapy may include the following on behalf of the student: Monitoring of physician orders so to introduce increased movement opportunities, time spent out of wheelchair and increased endurance activities within the tolerance of student and medical guidelines. Consider any equipment that might be appropriate for [the student] to support access to learning activities with the clearance of the medical physicians. Collaborate with staff to develop a physical management plan to monitor student mobility progress with strengthening and endurance. Implement a rate of perceived exertion scale via appropriate communication means (visual/picture) for [the student] to more readily report when he needs a break or when he can complete activities. Encourage increased movement opportunities including the introduction and progression of independent wheelchair mobility and management within medical guidelines. Evacuation planning Skilled observation Staff collaboration and consultation Assess student need for changes to plan of care or service level within medical guidelines. These consults will be noted on [the student]'s communication log and a follow-up email will be sent to share consult with family.”

- Quarterly:
    - Consult with the Teacher of the Deaf and Hard of Hearing (TDHH):
      - “The Teacher of the Deaf and Hard of Hearing will consult with staff supporting [the student] on his use and development of sign language. The Teacher of the Deaf and Hard of Hearing will provide guidance and resources to support [the student]'s use and development of sign language to staff. This will also include sharing resources on embedding sign language within [the student]'s educational environment. Content-based sign language visuals will be provided to [the student]'s school-based team on request. Consults will be communicated to [the student]'s parents on his communication log and via email.”
    - Occupational therapist consult:
      - “When [the student] is in school, he will receive quarterly occupational therapy consultative services to address any fine motor and visual motor needs. These consults will be noted on his communication log and a follow up email will be sent to share consult with family.”
  - As Required:
    - Email emergency protocol chain for communication of transport and supports: “as required if transport, interpreter or nurse are not available for [the student]'s transport and school program or [the student] will be absent.”
3. On November 7, 2024, the IEP team convened to “review outstanding parent concerns, results from the informal hand formation assessment, and discuss compensatory services.” The prior written notice (PWN) generated after the meeting reflects the IEP team reviewed “the informal handshake assessment, [REDACTED] ( [REDACTED] ) note, parent input, [and] teacher input” in making its decisions. The IEP team reviewed the assessment results, complainant requests, and a [REDACTED] note regarding the student’s attention needs. The IEP team reviewed changes in the student’s comprehensive doctor’s orders and discussed concerns regarding the communication between the student’s nurses and his doctors. The team made determinations about the student’s services, and when the team discussed “the compensatory services required for the 2 days of ESY [the student missed, and it was determined that] the team require[d] more information to determine the service areas that require compensatory service for the two dates that [were] missed.” It was reported that the student’s Extended School Year (ESY) teacher would be contacted to determine what compensatory services are needed for the two missed sessions of ESY. The PWN reflects that it was reported that a private duty nurse “may be starting” on November 12, 2024.
4. The amended IEP reflects the services required by the TDHH to include American Sign Language (ASL) alphabet and manual number signs to be provided to the school-based team for display in the general education classroom. The IEP disability information, AT, supplementary aids, services, program modifications, and supports continued.

5. On January 17, 2025, the IEP team reconvened “to consider reevaluation to determine need for additional data, determine services and/or determine continued eligibility.” The PWN generated after the meeting reflects the IEP team reviewed “Parent input, teacher input, progress reports, previous evaluation reports, [REDACTED] clinic OT “Re-evaluation,” Physical Therapy Evaluation conducted by [REDACTED]. The neuropsychological evaluation report completed by [REDACTED], [REDACTED] of [REDACTED] included results from the following assessments: Peabody Picture Vocabulary Test Fifth Edition (PPVT-5), Bracken Basic Concept Scale, 4th Edition, Receptive (BBCS-4) and the Bracken Basic Concept Scale, 3rd Edition, Expressive (BBCS-3), Differential Ability Scales-II (DAS-II), Adaptive Behavior Assessment System Third Edition (ABAS-3), and Conners Early Childhood™ (Conners EC)” in making its decisions. The PWN reflects the IEP team determined the student continued to meet eligibility criteria for OHI, which impacts the student’s performance in “phonics, written mechanics, math calculation, reading comprehension, self-management, social interaction, fine motor, self-care...gross motor, speech-language receptive and expressive skills, and health.” It was also reported that based on completed assessments “a clinical diagnosis of Intellectual Disability was provided” for the student. The IEP team discussed the impact of private duty nurse and interpreter attendance on the student’s ability to attend school consistently and considered if and how the student could attend school if either of those services were not available. The complainant reported that she did not agree with that consideration.
6. On February 14, 2025, the IEP team met to conduct the student’s annual review meeting and to “consider compensatory services, review and revise the IEP, and consider extended school year services.” The PWN generated after the meeting reflects the IEP team reviewed “Parent Input, Teacher Input, previous evaluations, and input from [the student’s] outside [Speech-language Pathologist] ...and Compensatory Service updates” to make its decisions. The IEP team agreed to provide a “summary of services and quarterly check in meetings (involving only compensatory providers) to determine the progress of make-ups and the plan for additional make-ups into other options.” It was noted that the students’ speech compensatory services had not been made up as of the date of the meeting, and the team reviewed when services needed to be made up and when they did not. Due to time limitations the team agreed to continue the meeting on March 17, 2025.
7. On March 17, 2025, the IEP team reconvened to complete the student’s annual review meeting. The PWN generated after the meeting reflects the IEP team reviewed “Formal and informal assessments, from both outside providers and HCPS IEP team members. Progress reports, service logs, parent input, [and] ongoing student observations from multiple team members” in making its decisions. The IEP team reviewed assessment data from an outside speech assessment completed by [REDACTED] on February 11, 2025, the CELF-5 (3rd Edition), the EVT (Expressive Vocabulary Test), the [REDACTED] (Physical Therapy) PT Guidelines for Development in Posture and Locomotion assessment, the TDHH observation and informal assessment, and an outpatient speech-language update. The IEP team discussed the student’s primary eligibility, parent and teacher input, and reviewed the IEP supplementary aids, student’s social interaction, self-management, fine motor, and communication skills. The complainant requested an alternative placement for the student, and the team determined to conduct a third meeting to complete the annual review and discuss the student’s Least Restrictive Environment (LRE).
8. While there is documentation that the complainant received some of the HCPS Emergency Chain Protocol emails required by the IEP, it does not reflect that the complainant has consistently received those notifications since October 2024.

9. There is no documentation that the complainant was emailed the consultation reports as required by the IEP.
10. To date, the student's annual review has not been completed.

#### **DISCUSSIONS AND CONCLUSIONS:**

##### **ALLEGATION #1**

##### **PROVISION OF SPECIAL EDUCATION INSTRUCTION, SUPPORTS, AND RELATED SERVICES**

###### **Private Duty Nurse Services**

Based on Findings of Fact #1, MSDE finds that the HCPS has not ensured that the student was provided with the Private Duty Nurse services required by the IEP since October 2024, in accordance with 34 CFR §§ 300.101 and .323. Therefore, MSDE finds a violation.

###### **Sign Language Interpreter Services**

Based on Findings of Fact #1, MSDE finds that the HCPS has not ensured that the student was provided with the Sign Language Interpreter services required by the IEP since October 2024, in accordance with 34 CFR §§ 300.101 and .323. Therefore, MSDE finds a violation.

###### **Special Education Instruction and Related Services**

Based on Findings of Fact #1, MSDE finds that the HCPS has not ensured that the student was provided with the Special Education Instruction and Related Services required by the IEP since October 2024 due to the lack of consistent provision of a private duty nurse, in accordance with 34 CFR §§ 300.101 and .323. Therefore, MSDE finds a violation.

###### **HCPS Emergency Chain Protocol**

Based on Findings of Fact #8, MSDE finds that the HCPS has not ensured that the complainant was consistently provided with the HCPS Emergency Chain Protocol required by the IEP since October 2024, in accordance with 34 CFR §§ 300.101 and .323. Therefore, MSDE finds a violation.

###### **Accurate Medical Documentation**

Based on Findings of Fact #1, MSDE finds that the HCPS has not ensured that the complainant was provided with the Accurate Medical Documentation required by the IEP since October 2024, in accordance with 34 CFR §§ 300.101 and .323. Therefore, MSDE finds a violation.

###### **Provision of Consultation Reports**

Based on Findings of Fact #9, MSDE finds that the HCPS has not ensured that the complainant was provided with the Consultation Reports required by the IEP since October 2024, in accordance with 34 CFR §§ 300.101 and .323. Therefore, MSDE finds a violation.

#### **ADDITIONAL VIOLATION IDENTIFIED DURING THE COURSE OF THE INVESTIGATION**

## **Annual Review**

A public agency shall ensure that the IEP team meets periodically, but not less than annually, to review and revise the IEP (34 CFR § 300.324).

In this case, the student's annual review was required to be conducted no later than March 14, 2025. To date, the IEP team has not completed the student's annual review.

Based on Findings of Fact #10, MSDE finds that the HCPS has not ensured that the IEP team convened to review the student's IEP before March 14, 2025, in order to ensure that the IEP was reviewed at least annually, in accordance with 34 CFR § 300.324. Therefore, MSDE finds a violation.

## **CORRECTIVE ACTIONS AND TIMELINES:**

The IDEA requires that State complaint procedures include effective implementation of the decisions made as a result of a State complaint investigation, including technical assistance activities, negotiations, and corrective actions to achieve compliance (34 CFR § 300.152). Accordingly, MSDE requires the public agency to provide documentation of the completion of the corrective actions listed below. Accordingly, MSDE requires the public agency to provide documentation of the completion of the corrective actions listed below.

MSDE has established reasonable time frames below to ensure that noncompliance is corrected in a timely manner.<sup>1</sup> This office will follow up with the public agency to ensure that it completes the required actions consistent with MSDE Special Education State Complaint Resolution Procedures.

If the public agency anticipates that any of the time frames below may not be met, or if either party seeks technical assistance, they should contact Ms. Nicole Green, Compliance Specialist, Family Support and Dispute Resolution Branch, MSDE, to ensure the effective implementation of the action.<sup>2</sup> Ms. Green can be reached at (410) 767-7770 or by email at [nicole.green@maryland.gov](mailto:nicole.green@maryland.gov).

## **Student-Specific**

By June 4, 2025, MSDE requires the HCPS to provide documentation that the school system has:

- Provided the complainant the consultation reports;
- Completed the annual review; and
- Convened an IEP team meeting and determined the amount and nature of compensatory services or other remedies to redress the violations herein and developed a plan for the provision of those services within one year of the date of this Letter of Findings.

---

<sup>1</sup> The United States Department of Education, Office of Special Education Programs (OSEP) states that the public agency corrects noncompliance in a timely manner, which is as soon as possible, but not later than one year from the date of identification of the noncompliance. The OSEP has indicated that, in some circumstances, providing the remedy could take more than one year to complete. If noncompliance is not corrected in a timely manner, MSDE is required to provide technical assistance to the public agency, and take tiered enforcement action, involving progressive steps that could result in the redirecting, targeting, or withholding of funds, as appropriate.

<sup>2</sup> MSDE will notify the public agency's Director of Special Education of any corrective action that has not been completed within the established timeframe.

The HCPS must ensure that the complainant is provided with written notice of the team's decisions. The complainant maintains the right to request mediation or to file a due process complaint to resolve any disagreement with the team's decisions.

### **Systemic**

MSDE requires the HCPS to provide documentation by June 4, 2025, of the steps it has taken to ensure that there are procedures in place to ensure the provision of private duty nursing services, sign language interpreter services, the HCPS emergency chain protocols, accurate medical documentation, as required by the a student's IEP with those needs, when a provider may not be available on a specific day to ensure the continued provision of a free appropriate public education.

As of the date of this correspondence, this Letter of Findings is considered final. This office will not reconsider the conclusions reached in this Letter of Findings unless new, previously unavailable documentation is submitted and received by this office within fifteen days of the date of this correspondence. The new documentation must support a written request for reconsideration, and the written request must include a compelling reason for why the documentation was not made available during the investigation. Request for reconsideration should be submitted to Tracy Givens, Section Chief, Dispute Resolution, at [Tracy.Givens@maryland.gov](mailto:Tracy.Givens@maryland.gov). Pending this office's decision on a request for reconsideration, the public agency must implement any corrective actions within the timelines reported in this Letter of Findings.

The parties maintain the right to request mediation or to file a due process complaint if they disagree with the identification, evaluation, placement, or provision of a free appropriate public education (FAPE) for the student, including issues subject to this State complaint investigation, consistent with the IDEA. MSDE recommends that this Letter of Findings be included with any request for mediation or a due process complaint.

Sincerely,

Antoine L. Hickman, Ed.D.  
Assistant State Superintendent  
Division of Special Education

ALH/ebh

c: Dr. Sean Bulson, Superintendent, HCPS  
Stephanie Swisher, Coordinator of Compliance, HCPS  
[REDACTED], Principal, [REDACTED] School, HCPS  
Dr. Paige Bradford, Section Chief, Performance Support and Technical Assistance, MSDE  
Dr. Brian Morrison, Branch Chief, Accountability and Data, MSDE  
Alison Barmat, Branch Chief, Family Support and Dispute Resolution, MSDE  
Tracy Givens, Section Chief, Dispute Resolution, MSDE  
Nicole Green, Compliance Specialist, MSDE  
Elizabeth B. Hendricks, Complaint Investigator, MSDE