

June 3, 2025




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

RE: 
Reference: #25-314

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 March 26, 2025, MSDE received a complaint from , 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 student.

MSDE investigated the following allegations:

1. 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 March 2025, in accordance with 34 CFR §§ 300.101 and .323. Specifically, you allege that the student has not been provided with the private duty nurse new ASL signs, and Sign Language Interpreter services required by the IEP, thus denying the student a free appropriate public education (FAPE).
2. The HCPS did not ensure that proper procedures were followed when the IEP team considered the results of two outside evaluations provided by the complainant in February 2025, in accordance with 34 CFR § 300.502.
3. The HCPS has not implemented an IEP that addresses the student’s identified needs since January 2025, in accordance with 34 CFR § 300.323. Specifically, you allege there are discrepancies regarding the Realize Language and HCPS Assistive Technology Consult data, and the student’s Augmentative and Alternative Communication (AAC) device data.

4. The HCPS has not ensured that the IEP team addressed parental concerns about IEP supports since March 2025 in accordance with 34 CFR § 300.324.

BACKGROUND:

The student is six 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. In its written response, the HCPS acknowledges that it did not ensure that the student was provided with the special education instruction, related services, and supplementary aids, services, program modifications and supports required by the IEP when it did not ensure private duty and/or sign language interpreter services on March 10, 2025, May 24, 2025, and May 25, 2025.
2. The IEP in effect in January 2025, was developed on November 7, 2024. The IEP reflects the student's primary disability as OHI, with physical education, speech-language expressive language, speech-language pragmatics, speech-language receptive language, language and literacy, mathematics, physical well-being and motor development, social foundations, health - feeding/swallowing, health/medical, and functional mobility as areas impacted by the disability.

The IEP reflects that the student's communication skills are impacted by his disability, and the student utilizes multimodal communication, including a dynamic display voice output device to interact with staff/peers in both academic and social settings. "[The student] receives direct speech-language therapy services inside and outside of the general education setting to support his language needs. Supplementary aids are also in place to support [the student's] functional communication needs in the general education setting. [The student] also has access to an interpreter to support his use of [American Sign Language] ASL throughout the school day... [The student] 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:
 - 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."
- Use of an augmentative communication device throughout the day to provide a means for expressive language and functional communication:
 - "[The student] will have access to his personal, family purchased dynamic display voice output communication device throughout the day to provide a means of functional communication, social engagement and to provide curricular access."
- 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 [Student] 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."

The IEP does not require daily provision of ASL signs to the student.

- 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 IEP requires the following special education and related services:

- 16, 15-minute sessions of classroom instruction in general education, monthly:
 - "Due to delays in cognitive early literacy skills, [the student] will receive services in a regular early childhood setting, 16 sessions per month, 15 minutes per session, to address his individualized goals and objectives in this area."
- 16, 30-minute sessions of classroom instruction in general education, monthly:
 - "Due to delays in cognitive early math literacy skills, [the student] will receive services in a regular early childhood setting, 16 sessions per month, 15 minutes per session, to address his individualized goals and objectives in this area."
- 16, 15-minute sessions of classroom instruction in general education, weekly:
 - "Due to delays in prewriting skills, [the student] will receive services in a regular early childhood setting, 16 sessions per month, 15 minutes per session, to address his individualized goals and objectives in this area."

- 16, 15-minute sessions of classroom instruction in general education, monthly:
 - “Due to delays in social foundations, [the student] will receive 16 thirty-minute sessions monthly inside general education to address his needs in this area.”
- 16, 15-minute sessions of classroom instruction in general education, monthly:
 - “Due to delays in adaptive/self-care, [the student] will receive services in a regular early childhood setting, 16 sessions per month, 15 minutes per session, to address his individualized goals and objectives in this area.”
- Three, 20-minute sessions of occupational therapy outside general education, monthly:
 - “The Occupational Therapist will see [the student] 3 times monthly for 20 minutes to address his physical well-being and motor development goal related to fine motor skills.”
- Four, 30-minute sessions of speech-language therapy outside general education, monthly:
 - “[The student] will receive 4, 30-minute sessions of speech-language therapy per month outside of the general education setting to address his needs in the areas of receptive and expressive language.”
- 16, two hour and 30-minute sessions of interpreting services in general education, monthly:
 - “A sign language interpreter will be with [the student] throughout his school day 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.”
- Two, 20-minute sessions of speech-language therapy in general education, monthly:
 - “[The student] will receive 2, 20-minute sessions of speech-language therapy per month inside of the general education setting in order to address his outlined language goals and his use of functional communication in his classroom setting.”
- Transportation:
 - “[The student] is a preschool-aged student with an other health impairment. He is eligible to receive special transportation to school from home/daycare and back in order to access his special education services. [The student] will be transported in a rear-facing car seat with modified leg straps designed for his weight and height during transportation. A skilled nurse will accompany [the student] during transportation to monitor his medical needs. The skilled nurse will be positioned on the vehicle that can accommodate his rear facing car seat in a manner in which she can effectively monitor [the student] during transport. [The student] will also be accompanied by a sign language interpreter to support his communication on transport. [The student] will be the last pick up and first drop off to minimize time during transport. [The student] requires individual nurse monitoring during transport. Bench style [seating] ideal and monitoring shall be conducted pursuant to his current medical orders. [The student] will be transported with his medically prescribed wheelchair to and from school in a vehicle that accommodates his rear-facing car seat with modified leg straps.”

3. On January 17, 2025, the IEP team convened to “consider reevaluation to determine need for additional data, determine services and/or determine continued eligibility.” The prior written notice (PWN) generated after the meeting reflects the IEP team reviewed “parent input, teacher input, progress reports, previous evaluation reports, an outside OT “Re-evaluation”, [a] Physical Therapy Evaluation conducted by [the] [REDACTED]; [and a] neuropsychological evaluation report completed [at] [REDACTED] [that] 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).”

The PWN reflects the IEP team determined that the student continued to meet the eligibility criteria for special education and related services under the code for OHI which impacts the student in the areas of “phonics, written mechanics, math calculation, reading comprehension, self-management, social interaction, self-care skills, fine motor, gross motor, speech-language receptive and expressive skills, and health.” “[The student] received the clinical diagnosis of intellectual disability from the neuropsychological evaluation however, the team rejected collecting rating scales until [the student’s] attendance is consistent and teachers have time to observe [the student’s] development skills.” Teachers reported that “[the student] communicates verbally and using his [AAC] device.” The team discussed the student’s progress in signing, attention, and “tracing his name” in academic settings. The team discussed the services the student was provided, testing results, and progress reports. It was reported that “he is demonstrating 1-2 single device hits, no multiple device hits or device hits combined with ASL or verbalizations.” The team reviewed the student’s physical therapy evaluation and discussed occupational therapy services. The PWN reflects that “a sensory assessment in the school day can be completed once [the student] has attended school consistently for 30-60 days.” The IEP team reviewed and discussed the results of the student’s other assessments. The PWN reflects the team discussed issues and concerns around the student’s attendance, the provision of nursing and Sign Language Interpreter (SLI) supports, and transportation needs.

4. There is documentation that on January 17, 2025, the HCPS developed a “Review of Evaluation Report” for a psychological assessment conducted by the HCPS Department of Psychological Services. The document reflects the identifying information for the assessment, a determination of validity and appropriateness, a review of evaluation content, a discussion of specifics associated with the disabilities being considered, and a statement on recommendations in the report.
5. On January 23, 2025, the HCPS developed a “Review of Educational Assessment Completed by Outside Agency.” The document reflects the identifying information for the assessment, the criteria of the assessment, the academic achievement levels reported and comments, and the student’s identified strengths and weaknesses. The report recommendations reflect that “the recommendations provided in the evaluation will be shared with the IEP team to determine the appropriateness in the educational setting.”
6. On February 10, 2025, progress noted from a [REDACTED] “Assistive Technology Follow-up” was developed. The document includes background information, a review of findings, notes on a “School Team Collaboration Call” that occurred on November 20, 2024, notes for a February 20, 2025, “Monitor of Progress,” recommendations, a conflict of interest statements, patient/caregiver needs and

education, discharge planning, coordination of care, time seen, and the physicians signature and communication. The recommendations reflect that “on-going use of multi-modal communication strategies are recommended currently. [The student] no longer receiving benefits from having access to a word-based vocabulary page-set on a speech-generating device. It is recommended that multi-modal communication strategies include use of sign language, verbal approximations, add access to a device with a ‘QWERTY’ keyboard to support orientation to letter locations and use during literacy instruction.”

7. On February 11, 2025, progress notes from a [REDACTED] “Speech-Language Re-evaluation” were developed. The document includes a list of allergies, reason for referral, an assessment summary and plan of care, diagnostic codes, recommendations, considerations, functional implications, prognostic indicators for speech, language, and/or feeding interventions, coordination of care, [REDACTED] referrals, and assessment details.
8. On February 14, 2025, the IEP team reconvened to “consider compensatory services, review and revise the IEP, and consider extended school year services.” The PWN generated after the meeting reflects that the IEP team discussed compensatory services, the student’s speech needs, observations, and missed services. It was determined that a follow-up meeting would be scheduled to complete the review of the student’s IEP.
9. On February 27, 2025, from 9:00 am to 10:00 am, an Assistive Technology (AT) observation was conducted. The consult documentation reflects the student was seen in the general education classroom and during a small group pull-out session for “boog reading and phonics.” The data provided reflects the subject being taught during the observation, the signs and gestures the student demonstrated, the words and letters the student produced independently on the AAC device, the words the student produced on the AAC device after modeling, and the verbalized words the student produced. The document reflects that during the data collection, the student’s “primary method of communication was observed to be...his AAC device.” Realize Language data created during the observation reflects the student used the AAC device to create words from 9:00:01 am to 9:55:46 am.
10. On March 6, 2025, a “Review of Speech-Language Assessment” was developed for the student. The document reflects the identifying information, criteria, summary of results, and recommendations for the IEP team.
11. On March 17, 2025, the IEP team reconvened to “review outside assessment results, review and revise IEP, [and] discuss extended school year (ESY).” The PWN generated after the meeting reflects that 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 determinations.

The IEP team reviewed an outside speech assessment conducted by [REDACTED] on February 11, 2025. It was reported that “a lot of [the] assessments were considered informal.” The summary of the assessment reflects that the student’s language skills were determined to be below average in speech production and intelligibility, but the student demonstrated “an increase in frequency in the

number of sounds and the complexity of sound combinations.” It was reported that the student “continues to maintain the diagnosis of dysarthria (motor speech disorder),” and although the student’s “receptive language skills were informally noted to be below average [they were] highlighted as a relative strength.” It was reported that the student’s expressive language was determined to be below age level. The PWN reflects that “while formal assessments were utilized, standardization of scores were unable to be reported because the administration was adjusted using repeat administration method (referred to as the ‘practice effect’); using both verbal directions in the first administration and then verbal paired with sign in the second administration in the same session.”

The IEP team reviewed and discussed the raw scores the student obtained in subsections of the Clinical Evaluation of Language Fundamentals (CELF-5, 3rd Edition), and the results of the [REDACTED] speech assessment and the Expressive Vocabulary Test (EVT). The PWN reflects “[REDACTED] Reflected [the student] being a multimodal communicator during these assessments with ASL being his primary mode. His AAC device was present but not utilized.” The IEP team also reviewed the [REDACTED] outside physical therapy assessment completed on December 23, 2024, and the Teacher of the Deaf and Hard of Hearing provided data from the student’s classroom and transportation observations, and the [REDACTED]. The complainant and a family member shared their observations of the student’s capabilities, including how the student uses the AAC device, and the team requested that the complainant provide that information to the school-based team “to reflect/consider.” The team discussed the differences in the communication modes demonstrated by the student. The school-based team shared that while at school the student tends to vocalize and gesture more to communicate with his peers who do not understand sign language. It was suggested that the team continue to collect school-based data on the student’s “total communication uses” while at school. The complainant wanted to discuss “how [the student] communicated outside of school.” The school-based team shared that the complainant’s input would be included in the PWN, “and the IEP team [would continue] to root its IEP decisions based on the data that the school-based team also reflects from the beginning to the end of [the] school day.” It was shared that the student’s “code switch their choice of communication depending on their environments.”

The IEP team discussed the student’s nursing and health updates, and the student’s outside speech-language therapist shared her progress report and observations with the IEP team. The speech-language pathologist (SLP) reported that the student demonstrated the skills shared with the team outside of the complainant’s presence.

The IEP team conducted the student’s annual review and determined that the student continued to meet the eligibility criteria of OHI. The team determined the student’s areas of need and discussed the complainant’s desire to change the student’s primary disability to Intellectual Disability (ID). It was determined that the student’s present levels of achievement in the IEP would be updated to reflect the data provided by the outside AT and SLP assessments.

The IEP team reviewed the student’s progress in academic areas. Teachers reported ways that the student incorporates the AAC device in the classroom. It was reported that “[The student] is doing well matching shapes but not when the AAC device is taken away or if he just has a field of 3 or 4, he will struggle to identify the shapes consistently.” The discussion of the student’s present levels in

speech also reflected the student's use of the AAC device. The PWN reflects the student communicates "using a combination of signs, gestures/body language, vocalizations/sounds, words approximations and his AAC device. [The] current AAC program he is accessing is 'LAMP [Words for Life]' and reporting that his personal device has been recently unmasked and does not use a key guard. He is demonstrating an increased interest in his device, he does like to spontaneously explore unfamiliar pages or icons and does vary across activities. He is able to browse both familiar and unfamiliar pages to find some words and then needs additional prompting for further sequencing of that word/topic. He is noted to go to charge his device when the battery appears low and will also gesture to the charging port. He uses his device with gesture/verbal prompting, especially when participating with the calendar and answering social questions in the morning meeting."

The IEP team reviewed the student's progress with social interaction, self-management, feeding/swallowing, and fine motor skills. The complainant shared that the student's "vocabulary in ASL is far more advanced than his AAC use."

The IEP team reviewed the student's communication progress. The AT specialist reviewed the "the progress report form [redacted] on 2/10/25 with considerations based on appropriateness of the school setting." It was reported that "recommendations support that [the student] benefits from multi-modal communication access (sign, verbal, approximations, device). Within HCPS, in his school setting, his IEP will then reflect yes...to requiring AT services and [the student] will have access to an AT device throughout the day. Due to his documented impairment in expressive language, he requires access to a dynamic display voice output device for functional communication. [The student] currently has an AAC device with access to an 84-button communication app organized with a consistent motor plan to find those words. It was reported that during the February 27, 2025, observation, the student "used his device like a champ" although he needs reminders to grab his device during transitions. During this discussion, the complainant shared that changes to the AT section in the IEP reflect that "[the student] has always had 'personal' device in his IEP and... that allows her access to the device data to see how he is using [the device] in the [school.]" The PWN reflects the complainant "ran data report from AAC device during the time on the AT observation and did not feel the data was accurate (as the observation was documented from 9:00 – 10:00 that day)." The AT provider shared that "her true observation period was 9:00 – 10:08 but she just approximated 9-10:00 on her summary. [The complainant's] data pull from her son's device ended at 10:00 strictly and did not include that additional time." The team discussed the fact that when the complainant "pulls data" from the student's AAC device "[the] device does not always match the data shared by the team when she cross-references." The AT provider shared that "the student also has access to a similar device in speech services at times and that data wouldn't be captured on his device. She also notes that the school-based team did not have access to a full vocabulary and that was impeding [the student's] ability to participate in the classroom (in real time). Up until January [2025], any/all additions to the device had to go home with [the] parent through a communication and request for specific additions to be added, instead having the device fully unlocked so the team could add vocabulary in real-time... As a result, speech would often use their device (without restrictions) to collect data prior to this change." It was reported that the student's device "has been open for a few months" following a "joint [redacted]/HCPS meeting. However, the IEP team still needs to request permission to add vocabulary words to [the student]'s device, through parent review." The school-based team encouraged the complainant to "continue to share the device data on a daily or

weekly basis for the school day – to continue to dive into that data for ongoing IEP development for [the student].” The team continued the discussion, and it was decided that the IEP team would conduct an intensive 45-day data collection to determine the student’s communication modes at school. The complainant shared that she was “frustrated that the outside report provided recommendations that [the] AAC device was no longer supported and now the IEP team wants to run more trials for data.” The school-based team shared concerns about their access to the student’s device when it is used at school, including that the device had been “blocked and locked” by the complainant, causing limitations to the school team’s access to the device. The school-based team proposed changes to the device and their access to it, and the PWN reflects the complainant did not support these changes. The complainant shared that “anytime HCPS has requested a word be added to the device she has always complied.”

A recording of the IEP meeting reflects that during the discussion regarding the school-based team’s proposal to remove the requirement that the student use his “personal” AAC device while at school, the complainant stated, “So that has never been the case the entire last three years he’s had an IEP with his augmentative device used.” In response, the AT specialist responded, “Moving forward, this is how we’ve written the IEP.”

The complainant “proposed a ‘typing device’ like a school computer to help [the student] in his educational setting...[and] expressed it would be “appropriate to remove the communication device and maybe move to a different support.” The complainant shared that she felt “the HCPS has a strong bias toward the AAC device.” The school-based team shared reported that the student “is using his device within the classroom and with peers and HCPS doesn’t want to remove that [the] device.” It was also reported that there is “sufficient data [to support] moving forward to maintain [the student’s] access to a device and if it will not be provided by the parent, it can be provided through HCPS.” The complainant reiterated her disagreement with removing the term “personal device” from the student’s supplementary aids. It was shared that the “HCPS will provide an equivalent device to ensure seamless access [with a] technical reflection of the ‘features’ needed for his communication device, not ‘who’ is specifically providing it.” A member of the school-based team reported that “in future [observations], the device will be encouraged to be closer to [the student] so a more authentic example of [the student’s] choice to communicate is reflected.”

The team completed a review of the student’s supplementary aids and decided to schedule another IEP meeting to address the complainant’s concerns around the student’s primary disability determination and her desire for the student to receive “an alternate placement.”

12. On April 25, 2025, the IEP team reconvened to review and revise the student’s IEP and discuss extended school year (ESY) services. The PWN generated after the meeting reflects the IEP team reviewed “[the student’s] progress reports, previously completed and reviewed formal and informal assessments, and IEP team input” in making its determinations. The IEP team reviewed the student’s services and discussed ESY. The IEP team discussed the student’s OT services, least restrictive environment (LRE), the student’s doctor’s orders that were provided to HCPS, transportation, and wheelchair concerns. The PWN reflects that “HCPS continues to collect data on [the student’s] success of total communication including signs, verbalizations, gestures, and the use of his AT device. At this time, the HCPS speech and augmentative communication team continues to

see his preferred methods of communication are not signs in the educational setting. The family continues to express that sign is his preferred method.” It was reported that the student’s outside speech-language pathologist is not certified in sign language, and the meeting was adjourned.

13. The IEP developed at the April 25, 2025, IEP meeting reflects the student’s primary disability as OHI, with math calculation, physical education, reading comprehension, reading phonics, speech-language expressive language, speech-language pragmatics, speech-language receptive language, written language mechanic, self-management, social interaction skills, feeding/swallowing, health/medical, fine motor coordination, and functional mobility as areas impacted by the disability.

The IEP reflects that the student’s communication skills are impacted by the disability and the student “demonstrates delays in receptive, expressive, and pragmatic language. He is a total communicator and uses a combination of signs, gestures/body language, sounds/vocalizations, single words/word approximations, and a dynamic display voice output device to interact with staff/peers in both academic and social settings... Supplementary aids are also in place to support [the student’s] functional communication needs in the general education setting. [The student] also has access to an interpreter to support his use of signs throughout the school day.” The IEP reflects the student requires AT services and an AT device. “[The student] communicates with gestures, some signs (or approximations of signs), vocalizations, and a few single words/word approximations. 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. [The student] will have access to a dynamic display voice output communication device throughout the day to provide a means of functional communication, social engagement and provide curricular access. 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 following supplementary aids, services, program modifications, and supports:

- Daily:
 - 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 whenever possible. Trained personnel will support transportation if a nurse is unavailable for short-term absences of 1-3 days. Nursing staff supporting [the student] will be trained in addressing his medical protocols and supports throughout his school day as outlined in his medical nursing plan including the supports, he would require during transportation. Nursing staff and trained personnel will have access to a checklist from HCPS Health Services to ensure they are addressing [the student’s] medical protocols throughout his day including transportation. Nursing care may be provided by the school nurse during short-term absences of the private duty nurse for 1-3 days. [The student] should be checked by the school nurse prior to dismissal if his personal nurse is absent.”

- Sign Language Interpreter:
 - “[The student] has access to and use of a sign language interpreter to support his total communication in his school setting. 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. While an interpreter will be provided daily, should there be a short-term absence of 1-3 consecutive days at a time impacting this provider, [the student] can reasonably access and benefit from instruction in the educational setting through his use total communication approach (augmentative device, gestures, and verbalizations). Benefits of consistent attendance outweigh the absence of the interpreter.”
- Use of an augmentative communication device throughout the day to provide a means for expressive language and functional communication:
 - “[The student] will have access to a dynamic display voice output communication device throughout the day to provide a means of functional communication, social engagement, and curricular access.”
- Home/School Communication:
 - “A communication log will be shared between school and home, daily, to share new signs introduced to [the student] or new symbols added to his communication device as well as when services and consults provided.”

The IEP does not require daily provision of ASL signs to the student.

- Monthly:
 - AT Consult:
 - “The Augmentative Communication Specialist will assist the speech pathologist in providing ongoing consultative services monthly 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 IEP requires the following special education and related services:

- Three, 30-minute sessions of classroom instruction outside general education, weekly:
 - “[The student] needs to receive specialized instruction in reading 3 times 30 minutes sessions per week outside the general education setting in the area of reading.”
- Two, 30-minute sessions of classroom instruction in general education, weekly:
 - “[The student] will receive specialized instruction in the area of reading 2 times per week for 30 minutes in the general education setting.”
- Three, 30-minute sessions of classroom instruction outside general education, weekly:
 - “[The student] will receive specialized instruction in the area of math outside general education setting for 30 minutes 3 times per week.”

- Five, 15-minute sessions of classroom instruction in general education, weekly:
 - “[The student] will receive specialized instruction in the general education setting 5 times per week for 15 minutes to address his needs in the areas of self-management and social interaction.”
- Two, 30-minute sessions of classroom instruction in general education, weekly:
 - “[The student] will receive specialized instruction in the area of reading 2 times per week for 30 minutes in the general education setting.”
- Three, 30-minute sessions of classroom instruction outside general education, monthly:
 - “The Occupational Therapist will see [the student] 3 times monthly for 20 minutes to address his physical well-being and motor development goal related to fine motor skills.”
- Transportation:
 - “[The student] is a kindergarten student with other health impairment. He is eligible to receive special transportation to school from home and back in order to access his special education services... A skilled nurse or trained personnel will accompany [the student] during transportation to monitor his medical needs. The skilled nurse or trained personnel will be positioned on the vehicle that can accommodate his rear-facing car seat in a manner in which she can effectively monitor [the student] during transport. [The student] will also be accompanied by a sign language interpreter to support his communication on transport but would not limit his ability to access transportation given his total communication abilities...[the student] requires an individual nurse or trained personnel monitoring during transport...”

14. The student’s daily communication log reflects that there were no new ASL signs introduced to the student on the following dates:

- March 5, 2025, and March 6, 2025;
- March 11, 2025, to March 14, 2025;
- March 17, 2025, to March 20, 2025;
- March 25, 2025, to March 27, 2025;
- March 31, 2025;
- April 2, 2025, and April 3, 2025.

15. The student’s attendance report reflects the student received early dismissal from school on the following date:

- April 2, 2025, at 3:15
 - The April 1, 2025, email chain reflects there was no interpreter available for April 2, 2025, after 3:20 pm and the complainant picked the student up from school at 3:20 pm.

DISCUSSION AND CONCLUSIONS:

ALLEGATION #1

PROVISION OF SPECIAL EDUCATION INSTRUCTION, SUPPORTS, AND RELATED SERVICES

The public agency is required to ensure that the student is provided with the special education and related services required by the IEP (34 CFR § 300.101). To ensure implementation of the IEP, the IEP must indicate the commitment of resources and services in a manner that is clear to all persons involved in its development and implementation. An IEP may state that the services (accommodations, instruction, related services) are to be provided under specific circumstances to meet the student's needs (Maryland State Department of Education. (2024). *Maryland Assessment, Accessibility, and Accommodations Manual*.

In this case, the student did not receive nursing services on March 10, 2025; interpreter services on March 24, 2025, and March 25, 2025; and transportation services on March 25, 2025, and April 2, 2025. Although the interpreter services provided on April 2, 2025, were substantially compliant, the parent was required to pick the student up from school, thereby causing the student to not receive the transportation services required by the IEP on that day.

Based on Findings of Fact #1 and #15, MSDE finds 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 IEP on March 10, 2025, March 24, 2025, March 25, 2025; and on April 2, 2025, the student did not receive transportation services. Therefore, MSDE finds a violation.

ALLEGATION #2

PROPER PROCEDURES WHEN REVIEWING OUTSIDE ASSESSMENTS

If a parent of a student with a disability obtains an independent educational evaluation (IEE) at public expense or shares with the public agency an evaluation obtained at private expense, the results of the evaluation must be considered by the public agency, if it meets the agency criteria, in any decision made concerning the provision of a free appropriate public education to the student (34 CFR § 300.502).

In this case, the IEP team reviewed the [REDACTED] AT and Speech-language assessments at the March 17, 2025, IEP meeting. Although the team did not incorporate the recommendations from the assessment reports into the student's IEP, proper procedures were followed when reviewing and considering the documents.

Based on Findings of Fact #3 to #7, and #9 through #11, MSDE finds that the HCPS did ensure that proper procedures were followed when the IEP team considered the results of [REDACTED] AT and speech-language outside evaluations provided by the complainant in February 2025, in accordance with 34 CFR § 300.502. Therefore, MSDE finds no violation.

ALLEGATION #3

IMPLEMENTATION OF THE IEP REGARDING AT SERVICES

The public agency is required to ensure that the student is provided with the special education and related services required by the IEP (34 CFR § 300.101).

In this case, the IEP requires the Augmentative Communication Specialist to provide consultative services “as needed” to support staff and parents. On February 27, 2025, the AT specialist conducted an in-class observation of the student. Documentation reflects that the observation occurred from 9:00 am to 10:00 am, and data obtained from the student’s AAC device reflects that the student utilized the device from 9:00 am to approximately 9:56 am. Due to the nature of the observation, and that the student was observed during classroom instruction, it is understandable that the student may not have accessed the AAC device for the entire observation. Additionally, due to the minor discrepancy between the time the AT specialist documented her observation, and the time span of the data obtained from the AAC device, MSDE does not consider the documentation provided by the AT specialist to be unreliable.

Based on Findings of Fact #2, #6, #9, and #11, MSDE finds that the HCPS has implemented an IEP that addresses the student’s identified needs since January 2025, in accordance with 34 CFR § 300.323. Therefore, MSDE finds no violation.

ALLEGATION #4

ADDRESSING PARENT CONCERN

In developing each student’s IEP, the public agency must ensure that the IEP team considers the strengths of the student, the concerns of the parents for enhancing the education of the student, the results of the most recent evaluation, and the academic, developmental, and functional needs of the student. In the case of a student whose behavior impedes the student’s learning or that of others, the team must consider the use of positive behavioral interventions and supports and other strategies to address that behavior (34 CFR §300.324).

In this case, the IEP team discussed the complainant’s concerns regarding the student’s use of his personal AAC device, and the recommendation of a “typing-based device.” There is no evidence reflecting that a member of the IEP team told the complainant “This is how the IEP is going to be written from now on.” Instead, the statement “Moving forward, this is how we’ve written the IEP” denotes a reflection on how the IEP is currently written, rather than a declarative statement regarding how the IEP will be written in the future.

Based on Finding of Fact #11, MSDE finds that the HCPS did ensure that proper procedures were followed when the IEP team considered the results of [REDACTED] AT and speech-language outside evaluations provided by the complainant in February 2025, in accordance with 34 CFR § 300.502. Therefore, MSDE finds no 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, the 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.¹ This office will follow up with the public agency to ensure that it completes the required actions consistent with the 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.² Ms. Green can be reached at (410) 767-7770 or by email at nicole.green@maryland.gov.

Student-Specific

By August 23, 2025, MSDE requires the HCPS to provide documentation that the school system has:

- Convened an IEP team meeting and determined whether there was a negative impact to the student's educational progress from the lapse in services for the identified days. If there was a negative impact to the student's progress, the team must determine 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.

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.

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. 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.

¹ 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, the 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.

² 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 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. The 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, Director, Accountability and Data, MSDE
Alison Barmat, Director, Family Support and Dispute Resolution, MSDE
Tracy Givens, Section Chief, Dispute Resolution, MSDE
Nicole Green, Compliance Specialist, MSDE
Elizabeth B. Hendricks, Complaint Investigator, MSDE