STATE OF CONNECTICUT
DEPARTMENT OF EDUCATION

Appearing on behalf of the Parents: Marilyn Cohen, Parent Advocate
322 Pine Tree Dr.
Orange, CT 06477

Appearing on behalf of the Board of Education: Attorney Craig Meuser
Chinni & Meuser, L.L.C.
30 Avon Meadow Ln.
Avon, CT 06001

Appearing before: Attorney Deborah R. Kearns, Hearing Officer

FINAL DECISION AND ORDER

ISSUES

Whether the local educational agency evaluations and consultative assessments are appropriate to identify the disability and educational needs of the child?

Whether the parent is entitled to an independent educational evaluation in the form of a neurological evaluation of the child?

PROCEDURAL HISTORY:

The Local Educational Agency (LEA) requested due process on December 8, 2006. A prehearing conference convened on December 11, 2006 and December 19, 2006. January 25, 2007 was the first day of hearing. Both parties presented their witnesses and testimony on January 25, 2007. The parent advocate requested permission to submit a closing statement. The attorney for the LEA did not receive a copy of the statement and was given until February 5, 2007 to submit any response to the closing statement. The record closed on February 5, 2007. The date for final decision in the matter is extended accordingly to March 1, 2007.

SUMMARY

The child did not attend school for sixty-six days in the 2005-2006 school year, his fourth grade year; and attended school approximately four days during the 2006-2007 school year, his fifth grade year. Prior to fifth grade, the child had not been identified as a child in need of specialized instruction and services. School absences began following unspecified incidents of bullying directed toward the child. In the spring of 2006 the parties agreed to evaluations and recommendations designed to address the absences caused by anxiety about attending school. The LEA proposed evaluations by a clinical

psychologist and a psychiatrist when nonattendance became protracted. The team identified the child with a serious emotional disturbance and planned an individualized education program based on the evaluations. The parents challenge the IEP stating it did not provide adequate information to plan a program for the child because the evaluations did not provide a full battery of psycho-educational testing and they requested an independent education evaluation by a neuropsychologist.

FINDINGS OF FACT

1. The child stated he was the target of bullying in 2005. He was absent sixty-six days in the 2005-2006 school year, his fourth grade year, and to date has missed nearly all of the 2006-2007 school year, his fifth grade year. A Child Study Team met on January 6, 2006 to develop strategies to improve school attendance. The recommendations required the child to report to school staff if he felt uncomfortable and other strategies were discussed to improve school attendance. (Ex. B-2, B-11)

2. A Section 504 Referral meeting was convened on March 1, 2006 to address a report by the child's treating therapist engaged by the parents to treat anxiety disorder. The child's psychiatrist diagnosed an anxiety disorder which limits his ability to attend school. The child's 504 Plan provides for homebound tutoring. (Ex. B-3)

3. The school psychologist summarizes the "Achenbach Checklists" in a report dated March 27, 2006 which is completed by five teachers and both parents. The assessments of behavior and emotional status indicate a range of findings from "at risk" to "clinically significant". The assessments note the child is withdrawn, possesses social problems, thought problems, attention problems, somatic complaints and exhibits anxious and depressed behaviors. (Ex. B-5)

4. A 504 team meeting convened on April 6, 2006 concluded the 504 plan will continue. The only component to the plan is the homebound tutoring which is suspended per request of the child's therapist. (Ex. B-6)

5. At a 504 team meeting convened on May 26, 2006, the team recommends the following: A psychiatric consultation with Dr. Kaplan and an assessment consultation with Dr. Fahy. A one-to-one paraprofessional is to provide emotional support and five weeks of academic tutoring for the summer of 2006. The parents executed consent for evaluations. The parent testifies he was threatened he would be reported to the Department of Children and Family (DCF) if he did not consent to the evaluations. (Ex. B-7, Testimony, Parent 1/25/07)

6. The parent testified the bullying incidents by a student that attends the child's school are both verbal and physical, in school and in the neighborhood. The parents are not satisfied about the school response to the incidents. The re-entry

plan placed the child in the same school environment with the student claimed to be the bully. After 66 days of absence in 2005-2006, the child refused to go to school shortly after the beginning of the 2006-2007 school year. The parents believe strategies to improve school attendance focus on their child moving from his home school environment and taking alternative transportation. The strategies in essence punish the victim while the “bully” is able to attend school and ride the bus with his neighborhood peers. The parent testified the child felt lost in the school curriculum at a time when he was trying to re-enter the school environment. (Testimony, Parent, 1/25/07)

7. The parent reports they have suffered as has their child who has been treated since December of 2005 for severe anxiety. The child is treated by a therapist and a psychiatrist who prescribes medication for anxiety. Following the incident the child was receiving home tutoring for a period of time. When the IEP team convened to review Dr. Fahy’s and Dr. Kaplan’s test results, the parent again felt threatened that he would be reported to DCF because the parent was reluctant to agree to a seriously emotionally disturbed identification and the IEP program planned for the child. The parent initially disputed the child’s identification and later continued to dispute the IEP planned to meet the child’s needs. The child was placed in classes that exceeded his academic level. He had fallen behind his classmates and felt overwhelmed by the material, increasing his anxiety about school. At this time the parent strongly disputes the portion of the evaluations which is inadequate to reflect the child’s present academic level after missing nearly a year of school. (Testimony, Parent, 1/25/07)

8. Dr. Fahy is a clinical psychologist associated with the Yale Child Study Center who serves as a consultant to the LEA schools. He evaluated the child in May, 2006. Dr. Fahy conducted a mental status examination. He understood testing was limited by the child’s treating psychiatrist’s recommendation which is noted in Exhibit B-3, which states, “not able to test at this time per psychiatrist”. The child was receiving therapeutic services designed to address anxiety issues and develop relaxation strategies. Upon review of the records, standardized assessments scores, and Exhibit B-1, the doctor performed a mental status exam, an intelligence assessment which informally measures basic questions of information and fund of knowledge, counting backwards and cognitive processes. Dr. Fahy’s report, Exhibit B-12, concludes the child is functioning in the average range of intelligence, with appropriate memory for recent and long-term events. The child was able to articulate ideas and provide insight to his inner emotions. The child’s judgment was intact and unimpaired. The parents report the child’s judgment may become impaired under certain circumstances. He has some difficulty with managing behavior at home and in school. The child’s thinking was uninterrupted by perseveration or blocking. The content of his thinking was not marked by hallucinations, delusions or preoccupations. Reality testing was intact and unimpaired. (Testimony Dr. Fahy, 1/25/07)

9. Dr. Fahy's evaluation includes consultation with the child's therapist Andrew Schoenfeld, L.S.C.W. and his psychiatrist Dr. Galalee, M.D. During Dr. Fahy's evaluation the child did not make eye contact with the therapist by burying his head in his mother's lap during the interview and mouthing the phrase "get me out of here" continually during the interview. The child was able to tolerate sessions with the constant reassurance of his mother. The psychologist concludes the child is functioning in the average range of intelligence without formal testing or other indicators that such testing should be conducted. In summary, the child's defense mechanism and coping style is not adequate to guard against internal and external stressors. The child's current level of social-emotional function places him at risk for escalating anxiety and/or depressive disorders. The child appears to meet the criteria for eligibility for classification as serious emotional disturbance. (Ex B-12 p. 4)

   Dr. Fahy's report recommends intensive behavioral interventions and response prevention strategies, intensive family therapy and placement in a structured classroom small group setting with individualized attention to address academic and complex behavior issues. Such a classroom is needed to help the child deal with difficulties in managing both internal and external sources of anxiety. Clear expectations, problem solving and adaptive coping strategies should be imbedded in the child's curriculum. His teacher should be highly structured and able to set consistent and supportive limits to the child's tendency to avoid difficult tasks. He should be in a class with minimal distractions and a small teacher-to-student ratio. Behavioral interventions should be implemented at home and at school to ensure regular school attendance. The child should have tutorial support. If the interventions do not result in significant educational progress and the child remains unable to consistently attend school in September 2006 then a therapeutic school or partial hospital program is strongly recommended. School administrators should act to implement the child's suggestions for school environment including a bully contract for all students, a safety plan, individual meetings with the child and participation in a social skills group. (Exhibit B-12)

10. On cross examination Dr. Fahy stated a neuropsychological exam is not necessary. Keeping the child out of school until such evaluation is done is an unfortunate delay. Dr. Fahy clarifies, a neuropsychological assessment has a brain component. At this time there is no need for additional testing. The child's condition is behavioral and behavioral intervention is required to get the child to return to school. There is sufficient social and emotional information. The planned intervention is the normal standard of care for a child who presents with anxiety issues. Dr. Fahy does not believe the Achenbach Checklist summary of common problem behavior areas, Exhibit B-5, indicates a need for neuropsychological testing. He testified attention deficit is not exhibited: the child can hold attention and ADD and learning deficits are not part of the child's diagnosis. He reports the incidents of bullying remain in contention between the parents and the LEA. (Exhibit B-12, Testimony, Dr. Fahy, 1/25/07)

11. Dr. Michael Kaplan, M.D., a psychiatrist for 11 years, testified on January 25, 2007. He prepared a report dated October 31, 2006 which is marked received by the LEA October 4, 2006, at a time when the child missed nearly 120-130 days of school. Dr. Kaplan's report is subsequent to the child's attempts to re-enter school pursuant to the child's IEP in September 2006. The child is behind his peers academically. The LEA provided summer tutoring but the record does not reflect the success or failure of the intervention. (Exhibit B-14)

12. Dr. Kaplan notes the issue of bullying, which has not been confirmed [or denied], is an area of conflict between the school and the parents. Dr. Kaplan's evaluation notes significant disparity between the picture the school presents of the child and that presented by the parents. Dr. Kaplan notes the need for both parties to assign the reason for the child not attending school to be entirely within the control of the other party. He clearly states it would be too simplistic to state that the inability to attend school is the result of one boy who teases or bullies or from a biologically predisposed anxiety disorder. It is highly likely it is a combination of the two, with a dynamic that has evolved between the home and the school. The multiple dynamics fuel each other and make school avoidance intractable. Anxiety about teasing keeps the child at home, falling behind in school creates anxiety about school performance. Tensions and poor communications have fostered an environment of distrust between the parents and school personnel. (Exhibit B-14)

    Dr. Kaplan states in his evaluation the standard treatment for anxious/phobic symptoms is counter-intuitive. The optimal treatment is behavioral and one that ensures the child's school attendance. The school and parents are urged to work together to develop a structure whereby the child does not avoid school unless biological illness prevents attendance. Dr. Kaplan outlines such a plan. The primary focus is to have the child attend school. The plan is detailed in providing a safe environment in school. There should be an intensive effort to have the parents comply with a plan to have the child attend school. School based tutoring is necessary to help the child catch up and not feel anxious about school work. The child should participate in a social skills group and extra curricular activities. If the proposed plan fails there is a very strong recommendation for the child to attend a therapeutic school or partial hospital program. Homebound tutoring is contraindicated and would only reinforce the school phobia. (Ex. B-14)

13. Dr. Kaplan testified about the procedure followed in preparing his evaluation. He reviewed school records, he was unable to meet alone with the child as is his usual practice and he was unable to observe the child in class because the child was not in school. Dr. Kaplan interviewed the school team, met with the child one to three times, met with the parents, consulted with the child's therapist and psychiatrist. During sessions Dr. Kaplan was able to make recommendations focused on getting the child back in school. Based on the student's input, interventions were developed to make attending school possible. The

recommendations include supervision on the playground, supervision on the bus, use of a bully box, in the form of a suggestion box, available to all students who wish to report bullying incidents. The second component of the recommendation requires an intensive effort on the part of the parents to have the child attend school and address academic deficits which are the result of failing to attend school, with no proposal to remove the child from mainstream instruction except to accommodate tutorial instruction. Other recommendations include school based interventions and medication. If the plan outlined in the report fails then the evaluator strongly recommends a therapeutic school or partial hospital program. (Exhibit B-14)

14. Dr. Kaplan testified the parent advocate praised the doctor for his evaluation. An inference can be drawn that they did not believe additional testing was required at the time the parents and their advocate reviewed the evaluation. (Testimony, witness 1/25/07)

15. Dr. Kaplan expressed there is no need for additional assessments; attention deficit disorder is not indicated therefore no assessment for the condition was performed. Dr. Kaplan believes there is adequate information based on the reports of Dr. Fahy, Mr. Schoenfeld, and Dr. Galalee to program for the child. Academic testing is not indicated. Academic inadequacy can be attributed to missing school instruction. Both Dr. Kaplan and Dr. Fahy attended the October 18, 2006 IEP meeting convened to identify the child as disabled and to develop an IEP. (Exhibit B-14, Exhibit B-16, Testimony, Dr. Kaplan, January 25, 2007)

16. On cross examination Dr. Kaplan states he is retained by the LEA on a case by case basis. A psycho-educational evaluation has not been conducted because it was not believed to be necessary to address the child's primary need which is to begin attending school. Dr. Kaplan believed he has reliable information from Dr. Fahy and Mr. Shoenfeld, the child's therapist, and that additional testing would not change the recommendations at this time. First the child has to attend school before his need for an in-school behavioral and academic plan can be developed. Dr. Kaplan believes there is nothing in the record which would indicate the need for a neuropsychological evaluation. (Testimony, Dr. Kaplan 1/25/07)

17. The planning and placement team met on October 18, 2006 to consider the recommendations of Dr. Kaplan and Dr. Fahy. The team identified the child as seriously emotionally disturbed and prepared an individualized education program (IEP). The IEP includes behavioral goals, educational goals, counseling and a child generated anti-anxiety plan. The child is to check-in daily with the principal, a trusted contact in the school. One-half hour daily of resource room support, an aide to monitor lunch and recess, a tutor to support academic progress (the frequency and duration are unclear from the IEP document). The child is assigned to a different bus route to avoid contact with the feared student; and there is a plan to gradually introduce the child to school. At the meeting the

parents requested an independent education evaluation because the IEP team did not use psycho-educational or neuropsychological standardized test to determine the child's identification and his educational needs. (Ex. B-16, Testimony, Parent 1/25/07)

18. The parents believe the IEP team failed to program for the educational deficits resulting from protracted school absences which now make it impossible for the child to attend school. The child now has anxiety about his ability to keep pace in class. The parents are not the cause of the child not attending school. Dr. Kaplan concludes it is the dynamic between the school and the parents that has evolved which has contributed to the difficulty in returning the child to school. Even though the LEA is required to make referrals for truancy, involving DCF serves to further alienate the parties. (Ex. B-16, Testimony, Parent 1/25/07)

19. Pursuant to the 2006-2007 IEP the child attended approximately four days of school in the 2006-2007 school year. (Testimony 1/25/07, Parent and Director of Special Services)

20. At the time of the hearing January 25, 2007, the child remains absent from school. The parents' state the main concern is the child does not feel protected from the student he fears and he feels unprepared for the level of school work he must complete. Dr. Fahy proposes at recommendation No. 6, if the behavioral interventions do not result in significant educational progress and the child is unable to consistently attend school in September 2006, the child should be placed in a therapeutic school or partial hospital program. (Exhibit B-12 p.4) Dr. Kaplan makes a similar proposal in his recommendation. (Exhibit B-14, p. 6, No. 7)

21. The Connecticut Mastery Test (CMT) for the third grade, possibly the last standardized test administered to the child, shows the child's performance is generally in the average range. (Exhibit B-1)

CONCLUSIONS OF LAW

1. The child is eligible to receive a free appropriate public education (FAPE) with special education instruction and supplementary aids and services as required by the provisions of the Individuals with Disabilities Education Improvement Act (IDEA 2004), 20 U.S.C. Section 1400, *et. seq.* and the Conn. Gen. Stats. Section 10-76a *et. seq.*

2. The parents have requested an independent educational evaluation pursuant to 20 USC Section 1415(b) and 34 C.F.R. Section 300.502. The regulation states in part that it is the right of the parent to have such an evaluation at public expense provided they disagree with an evaluation obtained by the local education agency (LEA). If such a request is made of the LEA, they must without unnecessary delay file for due process to show that the LEA evaluation is appropriate or

ensure that an independent educational evaluation is provided at public expense. If the final decision in the hearing concludes the LEA evaluation is appropriate then the parent still has a right to obtain an independent evaluation but not at public expense, 34 C.F.R. Section 300.502 (a) and (b). The parents claim is for the LEA to commission an independent neuropsychological evaluation by Dr. Thies who is known to have success in treating children with the disability of anxiety. The parent advocate argues in the Parent Closing Statement that the evaluations, Exhibits B-12 and B-14, are contrary "to generally accepted standard procedure, when doing a complete evaluation to include academic/cognitive tests, as well as, to provide baselines for establishing an educational plan and to preclude any learning or attention disabilities that might not be apparent to the school team".

It is not clear what the parent advocate means by "generally accepted standard procedure" or "baselines for establishing an educational plan". The IDEA and regulations at 34 C.F.R. Section 300.301 requires the LEA to conduct a full and individual initial evaluation in accordance with 34 CFR Sections 300.305 and 300.306 before the initial provision of special education and related services to a child with a disability. The procedures for conducting evaluations include the requirement in 34 C.F.R. Section 300.304(b)(1) to use a variety of assessment tools and strategies to gather relevant, functional, developmental and academic information about the child that may assist in determining if the child is a child with a disability and the content of the child's IEP.

3. 34 C.F.R. Section 300.304(c)(4) provides the child shall be assessed in all areas related to suspected disability. These provisions give discretion to determine what assessments are relevant and relate to the suspected disability. 34 CFR Section 300.304(c)(6)requires the evaluation be sufficiently comprehensive to identify all the child's special education and related services needs, whether or not commonly linked to the disability category. 34 CFR Section 300.305 (a)(1) and (2) provides for review of existing evaluations, information provided by the parent, current classroom based assessments and observations and on the basis of that review, the IEP team determines what additional data, if any, are needed to determine whether the child is a child with a disability and the educational needs of the child.

34 C.F.R. Section 300.306 (c)(1) states when interpreting evaluation data for the purpose of determining if the child is a child with a disability under 34 CFR Section 300.8, and the educational needs of the child, each LEA must draw upon information from a variety of sources, including aptitude and achievement tests, parent input, teacher recommendations, as well as information about the child's physical condition, social or cultural background, adaptive behaviors and ensure the information from all these sources is carefully considered. 34 CFR 300.306(c)(2) provides if a determination is made that a child has a disability and needs special education and related services, an IEP must be developed for the

child in accordance with the requirements for an IEP outlined in 34 CFR Sections 300.320 to 300.324, inclusive, of the regulations.

4. The credentials of Dr. Fahy, a clinical psychologist associated with the Yale Child Study Center, are not challenged nor does the testimony point to any deficiency in his ability to conduct an evaluation. Dr. Fahy obtained information from a variety of sources and followed the psychiatric recommendation made in Exhibit B-3, which states, "not able to test at this time per psychiatrist". He reviewed school records and standardized CMTs, which at the time of evaluation were reasonably current. He spoke with the parents, teachers and therapists.

The child was receiving therapeutic services designed to address anxiety issues and develop relaxation strategies. Upon consultation with Andy Schoenfeld, L.C.S.W. the child's therapist and Dr. Galalee, his psychiatrist and after his review of the record standardized assessments scores, Dr. Fahy determined it was not necessary to perform measures of cognitive ability. Dr. Fahy conducted a mental status exam, an informally administered intelligence assessment which measures basic questions of information, fund of knowledge and cognitive processes. Dr. Fahy's evaluation concludes the child is functioning in the average range of intelligence, with appropriate memory for recent and long-term events. The hearing record shows historically there has been no concern that the child has a specific learning disability or ADD. CMT performance is generally in the average range. At the present any deficits in school performance are more likely explained by school absence than the presence of a neurological impairment or learning disability. Dr. Fahy concludes it is not likely the child has attention deficit disorder or other memory or cognitive deficits that better explain the child's school performance level. He does not believe educational deficits explain the child's unwillingness to attend school. Dr. Fahy conducted his evaluation in the Spring of 2006, prior to the accumulation of an additional 100 days, more or less, of school absences which are now documented. It was reasonable to conclude that the education delays, if any, were the result of school absence and likely to be rectified with a prompt return to school.

5. Dr. Fahy outlines the child's needs in detail in his evaluation. He recommends intensive behavioral interventions and response prevention strategies, intensive family therapy and placement in a structured classroom, small group setting with individualized attention to address academic and complex behavior issues. School administrators should act to implement the child's suggestions for school environment including a bully contract for all students, a safety plan, individual meetings with the child and participation in a social skills group.

On cross examination Dr. Fahy makes it clear a neuropsychological exam is not necessary at this time nor was one requested when Dr. Fahy met with the parents. Keeping the child out of school until such an evaluation is done is unfortunate.

Dr. Fahy testified a neuropsychological assessment has a brain component. At this time, there is no need for this type of testing.

Dr. Fahy evaluated the child after the Achenbach Checklist was administered. It is reasonable to conclude the Achenbach, in part, induced the LEA to request Dr. Fahy's and Dr. Kaplan's evaluations. Dr. Fahy states attention deficit is not exhibited, the child can hold attention and ADD and learning deficits are not part of the child's diagnosis. Information from the parents did not indicate the child had problems with learning disabilities or attention. The child's condition is behavioral and behavioral intervention is required to get the child to return to school. There is plenty of social and emotional information. The planned intervention is the normal standard of care for a child who presents with anxiety issues.

6. Dr. Kaplan, whose assessment is dated October 31, 2006, did not believe an assessment for attention deficit disorder is indicated and one was not performed. He believes there is adequate information based on the reports of Dr. Fahy, Mr. Schoenfeld, and Dr. Galalee to program for the child. Academic testing is not indicated. Academic inadequacy can be attributed to missing school instruction.

Dr. Kaplan notes significant disparity between the picture the school and the parent presents of the child and the need for both parties to assign blame for the child not attending school. In his wisdom he states it is too simplistic to state that the inability to attend school is the result of one boy who teases or bullies or from a biologically predisposed anxiety disorder. It is highly likely it is a combination of the two with a dynamic that has evolved between the home and the school. The multiple dynamics fuel each other and make school avoidance intractable. Anxiety keeps the child at home, falling behind in school creates anxiety about school performance. Tensions and poor communications have fostered an environment of distrust between the parent and the school personnel.

7. Both Dr. Kaplan and Dr. Fahy attended the IEP meeting convened to identify the child's disability and needs and developed a special education program and services for the child on October 18, 2006. One fundamental difference in the needs identified by Dr. Fahy and Dr. Kaplan is the classroom setting the child needs. Dr. Fahy recommends intensive family therapy and placement in a structured classroom, small group setting with individualized attention to address academic and complex behavior issues. Such a classroom is needed to help the child deal with difficulties in managing both internal and external sources of anxiety. Clear expectations, problem solving and adaptive coping strategies should be imbedded in the child's curriculum. His teacher should be highly structured and able to set consistent and supportive limits to the child's tendency to avoid difficult tasks. He should be in a class with minimal distractions and a small teacher-to-student ratio. Behavioral interventions should be implemented at home and at school to ensure regular school attendance. The child should have tutorial support. There is nothing in the record to suggest educational progress

has been measured but it is clear the child has not been in school. If it is not too late to return the child to school in the type of class prescribed by Dr. Fahy it should be tried. Dr. Fay recommends, if the interventions do not result in significant educational progress and the child remains unable to consistently attend school in September 2006 then a therapeutic school or partial hospital program is strongly recommended.

8. At this time, it is understood the primary focus of both evaluators is to get the child back to school. It is likely, had the child returned to school, his teachers and tutor would have had a chance to determine his current academic level for instruction. The evaluation is not defective, rather it is the dynamic identified by Dr. Kaplan which is interfering with the child's re-entry. So much time has elapsed. The child has been out of school for nearly a year. Anxiety keeps the child at home, falling behind in school creates anxiety about school performance. Dr. Kaplan stresses the interplay of being out of school making it less possible to return to school without falling behind in academics. He stressed an immediate return to school. He urges the school and parents to work together to develop a structure whereby the child does not avoid school unless there is a biological illness. If treatment by Dr. Thies or other qualified therapist could help the child return to school or provide valuable insight in treating the child's anxiety which would then permit him to remain in the least restrictive environment of the public school, such treatment should be discussed at an IEP meeting.

9. The IEP does not adequately reflect any intensive therapy component nor does the hearing record reflect if the therapy provided by the parents continues. The classroom setting proposed in detail in Dr. Fahy's evaluation was not the program proposed in the child's IEP, Exhibit B-18, which places the child in regular education 33 hours per week. Identifying the child's needs is an integral part of the evaluation process. There is no point to identifying a child's disability unless the evaluation guides the school by stating what the child needs by way of programming. The program must reflect the identified need. In Dr. Kaplan's evaluation, dated October 31, 2006, the focus is understandably to provide measures to get the child in the school door and identify the dynamic between home and school which is preventing a return to school. The child's needs cannot be met if the child is not in school or in treatment to help him return to school.

10. The LEA has met its burden at a due process hearing that it has provided appropriate evaluations. They have retained competent evaluators whose credentials are not challenged. The reports are thorough and meet the statutory requirements to the extent they were not constrained as noted in the finding of fact. The evaluations and testimony does not suggest a need for a neuropsychological evaluation.

FINAL DECISION AND ORDER

1. The evaluations of Dr. Fahy and Dr. Kaplan are appropriate. There is nothing to suggest a neuropsychological evaluation is necessary. The request for an independent educational evaluation is denied.
2. The LEA and parent shall convene an IEP meeting to determine if they are able to agree to an IEP which follows the recommendations of Dr. Fahy and Dr. Kaplan. Placement decisions shall follow the plan outlined in Dr. Fahy's evaluation including intensive therapy. The LEA and parents shall cooperate to establish the child's present academic levels, to plan a program which will provide appropriate treatment focused on reducing the child's anxiety about attending school. If an effective plan for treatment and school re-entry in the least restrictive environment cannot be implemented as soon as possible the need for a therapeutic school as contained in both Dr. Fahy's and Dr. Kaplan's recommendations shall be considered.