

Student <i>b/n/f</i>	§	BEFORE A SPECIAL EDUCATION
Parent.,	§	
	§	
Petitioners,	§	
	§	
V.	§	HEARING OFFICER
	§	
RICHARDSON INDEPENDENT	§	
SCHOOL DISTRICT,	§	
	§	
Respondent.	§	FOR THE STATE OF TEXAS

DECISION OF THE HEARING OFFICER

Procedural History and Issues

Parent, the parents of Student, (referred to as “Petitioner”), filed this request for Due Process Hearing on July 28, 2004, under the Individuals with Disabilities in Education Act, 20 U.S.C. §1400 *et seq.*, (hereafter “IDEA”), complaining about the failure of Richardson Independent School District (“Respondent,” “RISD,” or “the District”) to provide a free appropriate public education (“FAPE”), for their daughter Student.

In the prehearing conference conducted on August 13, 2004, Myrna Silver, Attorney at Law, appeared on Petitioner’s behalf. Respondent was represented by Nona C. Matthews, of the law firm Walsh, Anderson, Brown, Schulze & Aldridge, P.C. Also participating in the conference was *** for Richardson ISD. A certified court reporter recorded the proceedings and prepared a transcript of the conference.

The primary issue in this case is placement. At the time of the first prehearing conference Student was still being treated at Texas NeuroRehab Center, a residential treatment facility, and Petitioner contended that placement should continue. At the prehearing conference Petitioner also contended that Respondent failed to provide a free appropriate public education during the 2003-2004 school year because of the student’s regression.

As relief Petitioner initially requested that Student’s placement at Texas NeuroRehab Center (“TNRC”) and compensatory services for the period beginning April 2004. However, at the time of hearing Student had been discharged from TNRC, and Petitioner modified the relief to ask for reimbursement of the expenses incurred for placement at TNRC from April 1, 2004, through November 12, 2004.

The Due Process Hearing was originally set for October 5-6, 2004, but on September 24, 2004, the Hearing Officer received Petitioner's unopposed motion requesting additional time to present her case in chief. The hearing had to be rescheduled, because another day was not available to add to either end of the hearing date already set. Accordingly, the parties agreed to schedule the hearing for December 6-9, 2004.

Because so many witnesses were located at TNRC, Petitioner requested that the first day of hearing be held at TNRC's facility. The Hearing Officer granted Petitioner's request over Respondent's objection. The next three days of hearing were conducted at the special services building for Richardson ISD.

Both Parents attended the hearing. In addition to Respondent's representatives that appeared at the prehearing conference, Elvin Houston, of the law firm Walsh, Anderson, Brown, Schulze & Aldridge, P.C., appeared at the Due Process Hearing, as well as *** for Richardson ISD.

During four days of hearing the following 17 witnesses testified: ***, M.D.; ***, Ph.D.; ***, R.N.; ***, ***, ***, ***, ***, ***, M.D.; Parent, ***, ***, ***, ***, ***, ***, ***, L.S.S.P.; ***, and ***. Over 1,000 pages of documentary evidence were received into evidence, and the transcript made of the proceedings by the certified court reporter ran over 850 pages. The parties were given the option to present post-hearing briefs to summarize their arguments by January 10, 2005, and both parties submitted timely briefs. The Decision of the Hearing Officer was due January 24, 2005, but due to the complexity of the case, the Hearing Officer requested and got two additional days to prepare the Decision.

Findings of Fact

Based upon the matters of record and matters of official notice, in my capacity as a Special Education Hearing Officer for the State of Texas, I make the following findings of fact based on a preponderance of the credible evidence:

1. Student, a ***-year-old female, resides with her parents within the geographic boundaries of Richardson Independent School District. Student qualifies for special education services under the classifications of emotionally disturbed (ED) and autistic (AU).
2. Student attended private school for most of her early education. Doctors diagnosed her with bipolar disorder at age ***, and with autism at age ***.
3. *** began attending classes in Richardson ISD beginning with the *** grade. Her parents were satisfied with the program developed for Student during ***, ***, and *** grades. During school year 2002-2003, when *** was in *** grade, she began having more difficulties behaviorally and academically.
4. *** got a new, but very experienced, teacher sometime just after the start of *** grade at *** School. She kept the same teacher during *** grade and for the first semester of *** grade. Student had a very good relationship with this teacher until the first semester of *** grade. During this entire time Student received her classes in a self-contained

- behavior adjustment (B.A.) classroom. Student had two mainstream classes in *** grade. At first she was escorted to and from this class, but she later was permitted to go alone.
5. The parents and the school personnel disagree over the reason for the breakdown in the relationship between Student and this teacher, but for whatever reason, the teacher-student relationship no longer worked for Student in the *** grade.
 6. Student's parents left town for one weekend in September 2003. While they were away the family's regular babysitter stayed with Student and her sister ***. During the teacher's break Student slipped out and called the babysitter's boyfriend to come pick her up at school. When she left no one knew where she had gone or with whom. Student's parents were quite disturbed by this event.
 7. On September 25, 2003, an Admission, Review and Dismissal ("ARD") committee met for the annual review of Student's program. The committee discussed Student's goals and objectives, the class schedule for Student, the behavior intervention plan, and Student's thoughts about the future. Nothing was reported about serious problems with Student's behavior or class performance. However, Student's parents did report their concerns with her reading progress.
 8. A few days after the ARD meeting Student expressed to her parents her unhappiness with her classroom teacher. Parent asked Student to make a list of her concerns. Student and Parent met soon thereafter with school personnel to discuss Student's concerns. Apparently Student took the outcome of this meeting to mean she had succeeded in getting her teacher "in trouble," and shared those thoughts with the teacher. Another meeting was then set up between Parent. and school personnel, this time including the teacher. At this meeting Parent learned that Student had been taking lengthy breaks three or four times a week, up to two hours each time. She would lie down in the hallway and refuse to return to the classroom. By the end of the meeting everyone generally agreed that a new arrangement for Student needed to be found.
 9. On November 5, 2003, Student ran away from the school. She left the school grounds and was finally caught by the school police officer who had gone after her. At Parent's request, the officer arrested Student and gave her a citation. Student was not required to appear in court though.
 10. Dr. ***, Student's psychiatrist, recommended that Student. be placed on homebound instruction, because Student was so stressed about the situation at school. The paperwork took some time, but ultimately, the school approved the arrangement and Student did not attend classes from the middle of November 2003 until the return from winter break in 2004.
 11. Student was transferred to another teacher's B.A. class to begin the spring semester in 2004. Student's difficulties continued. She had a few good days, but most were not. In a functional behavior assessment performed January 27, 2004, the report identified the behaviors of concern to be roaming the halls and non-compliance. According to the report, "She began working appropriately in that class but her behavior and attitude began to deteriorate after a few weeks. Throughout the year Student seems to have

- become increasingly hypersensitive in her interpretations of interactions and motivations.”
12. In January 2004 Student had to be sent home the day the TAKS test was administered to the students. She became angry and overturned a desk, knocking down the partition between the two areas of the classroom.
 13. Student’s parents had retained the services of ***, a former RISD program specialist, to assist them with Student, especially in the development of her social skills. She advised the parents on various ideas to help Student, both inside the classroom and out. She also worked with the teachers, suggesting ways to help Student. An ARD meeting was held on February 18, 2004, to alter the behavior intervention plan (“BIP”), and Ms. *** shared some strategies that might be effective with Student when she was upset or in conflict with her peers. Student also attended the ARD meeting, and discussed her desire to be fully mainstreamed. The committee discussed the criteria under which mainstreaming could occur for Student.
 14. The problems with Student exploded when her parents learned on February 22, 2004, that Student had been *** at school. ***. Student stated to her mother this happened on six occasions at school. She drew a map of the locations where it occurred. Student’s version of this activity is a reliable account. She admitted the activity to Dr. ***, and her behavior at TNRC, along with other factors, lend credibility to her assertion. Few, if any, from the school believed Student’s account.
 15. At the Due Process Hearing the District stipulated that Student *** at least one time at school after school in a boy’s bathroom.
 16. Dr. *** wrote a letter on February 23, 2004, stating that he had seen Student that day, and could not release her to return to school until he spoke with a school representative. He did not believe it was safe to allow Student to return to school without an intensive form of supervision for Student. On February 24 Dr. Jaeckle spoke with the principal at *** to discuss where Student could go to school. The principal told him there were other schools like ***, that it was not up to her, and that it would require another ARD meeting “for placement and assurances that she would be accepted due to space and other constraints.”
 17. Student’s parents were reluctant, to say the least, to let Student return to *** School, and she did not return to *** They informed the principal at *** the special education coordinator that placing Student in another behavior adjustment classroom within RISD was acceptable for a short-term, immediate solution. However, they insisted that someone needed to be with Student 100% of the time. On March 3, 2004, Parents. visited *** School and met the B. A. class teacher, Ms. ***, then on family leave. They agreed to try placing Student at *** in the B.A. class.
 18. Because Ms. *** was on family leave, a substitute had been teaching Ms. ***’s B. A. class. For the first week Student was in the class Ms. ***’s regular aide was also absent, and a substitute filled in for her. The District hired *** to supervise Student in the B.A. classroom, but unless she asked, little guidance was provided. She did not have Student’s Individualized Education Plan (“IEP”). Most of her information about

Student came from Student's mom. For example, no one explained the problem with Student trying to run away from class. On the very first day at *** Student "hit the front door and [was] out of the building." Student began attending classes at *** on March 16, 2004. She stayed for nine days, but was absent a couple of those days. During that period she tried to run away four times. Ms. *** tried to keep Student motivated, providing work that Student would perform. She also arranged for Student to walk off some of her energy on the track and to play basketball in the gym. It seemed to Ms. *** that the most important thing was to try to reach Student emotionally. Ms. *** spent a lot of time walking with Student, because she refused to work.

19. Somewhere in the late February or early March 2004 time frame, Student's parents went to a movie, and Parent's mother stayed with Student and her sister ***. She reported to Parent that Student left to walk the dog, took the phone with her, and was gone for about forty-five minutes. This was probably another instance of Student ***. On another occasion in March 2004 Parent and *** left to attend a bridal shower, leaving Student at home with her father. When they returned Parent learned that Student had gotten out of control and "scraped" her father.
20. Parents withdrew Student from public school April 5, 2004, according to school records. Prior to Student's removal from public school Parents. did not provide written notice to RISD that they wished to have Student placed at a private residential treatment facility at public expense.
21. Dr. *** recommended that Student be placed in the Seay Center, but she stayed only a short time. The Seay Center was not an appropriate placement for Student. It was not for long-term treatment and could not adequately confine her according to her needs.
22. When it became apparent that the Seay Center was not an appropriate placement for Student, Dr. *** located and recommended Texas NeuroRehab Center for Student. He wrote a letter on May 17, 2004:

To Whom It May Concern:

RE: Student

Student has been under my care for Bipolar Disorder since December 3, 2001. While continuing to work with her school, Student was seen in my office roughly every two weeks over the past 6-7 months in an effort to use outpatient therapies to control her mania. Target behaviors include roaming the hallways in her school, non-performance academically and *** during school hours with several boys in their rest room. Several medications were used with minimal or no improvement.

She was therefore hospitalized at the Seay Behavioral Center of Presbyterian Hospital in Plano, Texas, but was discharged because she needed a greater level of care than they could provide. Student is a threat to herself and to others through her *** with boys and aggressiveness toward her younger sister. She was arrested by the Richardson Police on one occasion for leaving the school without

permission. My recommendation is confinement in a locked unit for medication and behavioral management. The Texas NeuroRehab Center was suggested, since they can provide behavioral reconditioning that is crucial for Student to improve.

23. Upon Student's admission to TNRC on April 1, 2004, Dr. *** performed the initial psychiatric evaluation. Dr. *** supervised Student's treatment program while at TNRC until her discharge on November 12, 2004. While at TNRC Student was placed in a unit with 24-hour structure and supervision. She received individual therapy, family therapy, group therapy, physical therapy, and occupational therapy. Student attended school at TNRC's on-campus University Charter School for approximately 3 hours per day, in addition to about 2 ½ hours of vocational instruction .
24. Almost immediately upon arrival at TNRC Student ***.
25. From the beginning it was difficult to work with Student. She was very oppositional and uncooperative; she was physically and verbally aggressive. She destroyed property when she became angry. She refused to follow directions and tried to manipulate everything in her environment, even down to the number of catsup packages she was permitted.
26. Student had to be physically restrained on many occasions, the first time within thirty minutes of her arrival at TNRC. There were a number of occasions when Student had to be taken to a locked, seclusion room. She would be placed in a locked room, away from all staff members and patients, until she calmed down. In addition, there were a number of occasions when Student was placed in a somewhat less restrictive environment, an unlocked seclusion room – again, until she calmed down. On occasion Student had to be supervised one-on-one for a constant time frame.
27. Student refused to go to class many times or would attempt to get out of class. For example, on some occasions she complained of feeling ill and refused to go across the campus to the classroom. Other times she would pull the fire alarm or try to disrupt the class so she could get past the teacher to the open door on the other side of the room and run.
28. The staff at TNRC kept detailed records of Student's maladaptive behavior. During the period of May 11 through June 14, 2004, Student displayed 6 instances of gestural threats, 3 instances of manipulation of staff, 171 instances of oppositional behavior, 1 instance of physical assault, 57 instances of physical aggression, 13 instances of property destruction, 3 instances of verbal intrusiveness, 3 instances of self-abuse, 2 instances of physical or verbal intrusiveness, 1 instance of stealing, 37 instances of sexual aggression, 41 instances of sexualized verbalizations, 44 instances of teasing and provoking peers, 106 instances of being unaccountable to staff, 14 instances of verbal abuse, 46 instances of verbal outbursts, 3 instances of verbal threats, 3 instances of whining, 21 instances of physical intrusiveness, 94 instances of sexual intrusiveness, and 27 instances of therapy refusal. During this same period Student required 20 containments or restraints. The facts in some of these situations include instances where Student scratched and choked a staff member, ripped the baseboards off the wall, hit a staff member on the nose with her open hand, lay down in the hall in front of a peer's

- door and refused to leave, and several more where she hit, pushed, head-butted, or scratched a staff member. This type of behavior continued and did not begin to abate until a couple of months before her discharge.
29. As noted above Student engaged in self-abusive behavior while at TNRC, continuing for some period of time after her admission. On September 16, 2004, Student used a sharp object to carve the word “mad” into her left lower leg.
 30. Dr. *** changed Student’s medications a number of times while she was at TNRC, attempting to get the right combination at the proper therapeutic dosage in order to control her behavior. She began to administer Clozaril to Student on August 12, 2004, and about August 19 or 20, began to see improvement in Student’s behavior.
 31. Also while at TNRC, it was discovered that Student suffered from a type of sleep disorder in which she did not ever enter the deep sleep state, and thus had felt that she never really slept. Dr. *** adjusted some of Student’s medications to address this problem, too. However, the bipolar illness also causes poor sleep patterns.
 32. While in the classroom at University Charter School Student worked independently at a *** grade level. She could receive instruction from the teacher and work with assistance at a *** grade level.
 33. An ARD committee met on June 9, 2004, at Richardson ISD to review and develop Student’s IEP and consider the parent’s request for resident placement. The meeting continued on June 17 and concluded on June 23, 2004. The District knew at least as of June 2, 2004, that the parents were requesting residential placement for Student, as indicated on the meeting invitation that was mailed on June 4, 2004.
 34. The IEP approved by the ARD committee in June 2004, specified goals for Student to progress toward a beginning *** grade level in math reasoning, mid *** grade level in math calculation, beginning *** grade level in reading skills, and beginning *** grade level in written language. Additionally, the committee developed goals and objectives for Student to demonstrate increased self-control, coping with anxiety, and social interaction skills. The IEP also included modifications and a behavior intervention plan. The behavior intervention plan stated that staff would supervise Student at all times and require that she stay in the classroom unless she had permission to leave. When leaving, Student. would be supervised with line of sight observation. If Student were to become a threat to the safety of others or herself, a therapeutic hold would be used by trained personnel.
 35. Student’s parents disagreed with the ARD committee’s decision in June 2004, and submitted a 15-page explanation of their reasons. They pointed out Student’s regression in behavior and academic performance over the 2003-2004 school year. They disagreed with the grade levels for performance, arguing that Student currently was functioning only on *** or ***grade levels in most academic areas. Thus, mastery of *** or *** grade skills was unreasonable. In addition, they disagreed about how Student’s behavior should be managed.
 36. Ms. *** returned to her B.A. classroom April 5, 2004. However, by that time Student’s manic state had worsened substantially.

37. Student's actual academic work output reveals extremely little progress during the 2003-2004 school year in spite of the passing grades indicated by report cards. Student failed to progress in non-academic areas as indicated by her behavior during the 2003-2004 school year.
38. Student was discharged from Texas NeuroRehab Center on November 12, 2004. Her condition started improving sometime in late August, and her participation in classroom work increased. Although her educational progress was small, there was some educational benefit received at TNRC, and great benefit behaviorally.
39. Parent's health insurance paid for the first 90 days Student was treated at TNRC. The balance not covered by insurance and owed to TNRC was approximately \$56,000.

Discussion

Did the District provide an appropriate education?

The analytical process begins with whether the District provided an appropriate education to Student, generally defined as one that enables a student to obtain "some benefit" from her education. *Board of Education of the Hendrick Hudson Central School District v. Rowley*, 458 U.S. 176, 189 (1982). According to the now familiar four-factor test espoused by the Fifth Circuit in *Cypress-Fairbanks Independent School District v. Michael F.*, 118 F.3d 245, 253, (5th Cir. 1997) "some benefit" is demonstrated where

- (1) the program is individualized on the basis of the student's assessment and performance;
- (2) the program is administered in the least restrictive environment;
- (3) the services are provided in a coordinated and collaborative manner by the key "stakeholders"; and
- (4) positive academic and non-academic benefits are demonstrated.

In Student's case behavioral goals were a critical part of her education. The Hearing Officer concludes the evidence is quite sparse regarding meaningful progress either academically or non-academically for Student during the 2003-2004 school year.

Requirements for private placement

Generally speaking, parents may recover the costs expended for a unilateral private placement upon showing the District did not provide an appropriate placement, and the private place did provide an appropriate education. 20 U.S.C. § 1412 (a) (10) (c); 34 C.F.R. § 300.403 (a),

(c). Of course, the IDEA also specifies that a request for the private placement be provided to the District ten days prior to withdrawing the student from the public school.

One of the most difficult areas to apply the requirements of the IDEA lies in the realm of residential placement. State regulations limit the responsibility of a school district's duty to provide residential placement to situations where the placement is necessary in order for the student to receive FAPE. 19 TEX. ADMIN. CODE §89.61. However, if the residential placement is "primarily due to medical reasons or primarily due to problems in the student's home," then residential placement is not the school district's responsibility. 19 TEX. ADMIN. CODE §89.61(b)(1). This is not always a straightforward, simple analysis.

Was the placement for medical reasons?

Some cases have found the social, emotional, medical and educational problems to be so intertwined that "realistically it is not possible for the court to perform the Solomon-like task of separating them." *Kruelle v. New Castle County School District*, 642 F.2d 687, 694 (3rd Cir. 1981), quoting *North v. Dist. of Columbia Board of Education*, 471 F.Supp. 136 at 141 (D.D.C. 1979). The question, therefore, becomes whether Student's problems were so intertwined they could not be separated. Dr. ***'s testimony in this area helped, because as she pointed out, Student's progress at TNRC started only once the right combination of medications brought Student to the point the behavior modification program could be successful. In Student's case the medical and behavioral problems could not realistically be separated. Student's behavior had to be sufficiently stabilized before she could return to a normal environment.

Could Student's medical and behavioral problems be realistically separated from her educational problems? For Student to receive an educational benefit, she had to be receiving instruction. Ordinarily, a teacher provides a student's instruction in the classroom. Student had difficulty staying in the classroom, apparently for most of her *** grade year. Roaming the hallways and refusing to work were Student's primary educational problems. But they are also behavior problems. The Hearing Officer concludes that although Student's treatment at TNRC had a medical purpose, it was inextricably intertwined with the behavior and educational problems Student had.

Was the placement primarily for problems in the home?

The District also contends that Student's residential placement at TNRC was primarily due to problems in the student's home, pointing to the concerns about Student's younger sister and Student's aggressive behavior at home. Those concerns, although legitimate, were not the exclusive reasons for Student's placement at TNRC. Student's manic state necessitated her admission to TNRC. The behavior that occurred at school in the boys' rest rooms should conclusively demonstrate that it was not only the home environment in which Student had problems. The District stipulated that sexual activity occurred at school once. The Hearing Officer concludes, however, that such activity occurred more than once, and probably as many as six to ten times at school, removing it from the realm of an isolated occurrence and making it a more chronic

problem. Student's obsession with sex was a very real problem. The obsession with sex signaled Student's transition to the manic state that became full-blown with her admission to TNRC, regardless of whether the District paid attention to the warning signs.

Was TNRC an appropriate placement?

As previously noted, Student's manic state necessitated her admission to a residential facility. The Seay Center could not handle her needs. TNRC, though, provided a program with a two-prong focus: medication management and behavior reconditioning. Dr. *** treated Student for a number of years, trying different medications to manage Student's problems. Medication alone did not correct Student's behavior; she needed the extreme intervention of TNRC's behavior modification program just as much. The critical component of TNRC's behavior reconditioning featured a highly structured, closely supervised program, including locked confines. Student, at times when she was out of control, needed to be locked in a room away from others where she could not hurt herself or them, and to prevent her from running away. No public school setting can provide such an arrangement as a matter of law.

The District had attempted less restrictive placements for Student, but on the spectrum of placements, the self-contained B.A. classroom was arguably the most restrictive placement the District could offer. Thus, the evidence shows that attempts to implement less restrictive placements prior to residential placement had occurred, satisfying the applicable state regulation. 19 TEX. ADMIN. CODE §89.61(b)(1).

Did the District receive the required notice prior to placement at TNRC?

Petitioner conceded she did not request placement at TNRC ten days prior to Student's withdrawal from ***. The evidence also reveals that Parent's did request placement of Student at TNRC at public expense, at least as of the June ARD committee meetings. The meeting invitation bore a date of June 2 for the initial contact, and June 4 for the date mailed. The invitation specified one of the purposes for the meeting was to "consider residential placement per parent request." The reasonable inference from the invitation supports the concept that the District was aware at least as of June 2, 2004, that the parents were requesting residential placement at public expense. Certainly, "notice" was effected when the ARD committee convened on June 9, 2004.

20 U.S.C. § 1412 (a) (10) addresses the situation where parents enroll a student in a private facility without the consent or referral of the public school, authorizing a Hearing Officer to reduce or deny the parent's request for reimbursement. The statute also provides exceptions under which notice need not be provided. The sole exception cited by Petitioner as possibly applicable to this case allows for reimbursement if compliance with the notice requirements would be likely to result in physical or serious emotional harm to the child. 20 U.S.C. § 1412 (a) (10) (C) (iv). The Hearing Officer concludes that under the facts in this case, the exception does not apply. Notice could have been provided to the District much earlier than June 2004.

Reimbursement

Nonetheless, the District was on notice as of the June 2004 ARD meetings. The evidence shows that the health insurance provider for Parent's covered the first 90 days of Student's treatment at TNRC, beginning with her admission on April 1, 2004, and ending approximately July 1, 2004. The amount requested by the Parent's applies only to the expenses that the insurance carrier did not cover, approximately \$56,000. This amount applies to the period *after* notice was provided to the District.

Placement after discharge from TNRC

The issue of placement for Student after her discharge from TNRC is not before the Hearing Officer, and hence, no facts are found or conclusions drawn.

Conclusions of Law

After due consideration of matters of record, matters of official notice, and the foregoing findings of fact, in my capacity as a Special Education Hearing Officer for the State of Texas, I make the following conclusions of law:

1. Student is a student who is eligible for special education services under the IDEA as a child who is emotionally disturbed and autistic. 20 U.S.C. §1401 (3) (A); 34 C.F.R. §300.7 (c) (1), (4); 19 TEX. ADMIN. CODE § 89.1040 (c) (1), (4).
2. Richardson ISD failed to provide an appropriate education for Student during the 2003-2004 school year, because Student did not make meaningful educational progress. *See Cypress-Fairbanks ISD v. Michael F.*, 118 F.3d 245 (5th Cir. 1997).
3. Petitioner bears the burden of proof with respect to her claims that Student was denied a free appropriate public education. *Tatro v. Texas*, 703 F.2d 823 (5th Cir. 1983), *aff'd*, 468 U.S. 883 (1984). Petitioner met her burden of proof in this case.
4. Texas NeuroRehab Center was an appropriate placement for Student from April 1, 2004, through November 12, 2004.
5. At the time Student's parents withdrew her from RISD, they failed to comply with the statutory requirement to provide notice to RISD that they were requesting residential placement of Student. at public expense.
6. On June 9, 2004, Student's parents informed the ARD committee of their request for residential placement, thereby complying with the statutory notice requirement.
7. Parents are entitled to reimbursement for Student's placement at Texas NeuroRehab Center as of July 1, 2004.

ORDER

Based upon the foregoing findings of fact and conclusions of law, it is hereby ORDERED that the relief sought by Petitioner is GRANTED. Respondent Richardson ISD is ORDERED to reimburse Petitioner for the expenses of Student's placement at Texas NeuroRehab Center, beginning with expenses occurring on July 1, 2004, in the amount of \$56,000.00. Finding that the public welfare requires the immediate effect of this Final Decision, the Hearing Officer makes it effective immediately.

The district shall timely implement this Decision within 10 school days in accordance with 19 T.A.C. §89.1185(q) and 34 C.F.R. §300.514. The following must be provided to the Division of Special Education Programs and Complaints at the Texas Education Agency and copied to the Petitioner within 15 school days from the date of this Decision: 1.) Documentation demonstrating that the Decision has been implemented; or 2.) If the timeline set by the Hearing Officer for implementing certain aspects of the Decision is longer than 10 school days, the district's plan for implementing the Decision within the prescribed timeline, and a signed assurance from the superintendent that the Decision will be implemented.

SIGNED this 26th day of January 2005.

Lucyretia Dillard
Special Education Hearing Officer

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