State of New Jersey
OFFICE OF ADMINISTRATIVE LAW

FINAL DECISION
OAL DKT. NO.: EDS 08102-25
AGENCY DKT. NO.: 2025-39044

ELIZABETH CITY BOARD OF EDUCATION,
Petitioner,
v.
K.C. AND J.P. ON BEHALF OF J.P.,
Respondents.

Richard P. Flaum, Esq., for petitioner (DiFrancesco, Bateman, Kunzman, Davis, Lehrer & Flaum, P.C., attorneys)

K.C. and J.P. on behalf of J.P., respondents, pro se

BEFORE **MATTHEW G. MILLER**, ALJ:

Record Closed: July 10, 2025 Decided: July 18, 2025

STATEMENT OF THE CASE

This matter arises under the Individuals with Disabilities Education Act, 20 U.S.C. § 1400, et seq., and the implementing Federal and State regulations. Petitioner, the Elizabeth City Board of Education (the District"), seeks an order denying respondent K.C.'s request for an Independent Neuropsychological Evaluation of her son, J.P., arguing that the previously performed evaluations were appropriate and in compliance with N.J.A.C. 6A:14-2.5(c).

PROCEDURAL HISTORY

On April 30, 2025**,** the District filed a Request for Due Process seeking an order denying respondent's request for an Independent Educational Evaluation (IEE), more specifically, an Independent Neuropsychological Examination. N.J.A.C. 6A:14-2.7(b). The matter was transmitted to the Office of Administrative Law (OAL), where it was filed on May 1, 2025, for hearing. N.J.S.A. 52:14B-1 to -15; N.J.S.A. 52:14F-1 to -13. An initial telephone conference call was scheduled for May 15, 2025, but was rescheduled at the request of the petitioner for May 14, 2025. The respondent failed to appear for the call but later contacted the court and ultimately the case was scheduled for a hearing on June 3, 2025.

Following testimony on June 3, the record was held open for summations and additional oral argument and formally closed on July 10, 2025.

FACTUAL DISCUSSION

Based upon a review of the testimony and the documentary evidence presented and having had the opportunity to observe the demeanor of the witnesses and assess their credibility, I **FIND** the following pertinent **FACTS**:

1. J.P., who turned six years old in late May, just finished his kindergarten year as a student at the Abraham Lincoln School #14 in Elizabeth. He was first referred for potential eligibility for special education services on February 2, 2022.
2. An initial IEP meeting was held on May 18, 2022 and he was found eligible for services under the classification of "autism." His first IEP was implemented on May 31, 2022.
3. A subsequent IEP meeting was held on June 15, 2023.
4. Respondent then filed both an emergent application and petition for due process on August 8, 2023; K.C. o/b/o J.P. v. Elizabeth BOE (EDS 070540-2023). Those matters were withdrawn on August 24, 2023. (C-1.)

5. The most recent IEP meeting occurred on January 15, 2025. (P-1.)

6. Following the filing of another petition (K.C. o/b/o J.P. v. Elizabeth BOE OSE# 2025-38625), the parties entered into a mediation agreement on or about March 5, 2025, the basics of which were that J.P. was placed on home instruction pending an out-of-district placement and that his IEP would be amended to reflect that change. (C-1.)

7. The IEP was amended on March 17, 2025, in compliance with the mediation agreement.

8. On April 10, 2025, K.C. specifically requested that the District perform an Independent Neuropsychological Exam.

9. This filing is a direct result of that parental request.

10. Over the years, J.P. has undergone the following evaluations:

    a. October 18, 2021 − a Neurological Evaluation by his pediatrician
    b. April 28, 2022 – a Cognitive Assessment Evaluation
    c. April 28, 2022 – a Social Assessment Evaluation
    d. August 2, 2022 – an Occupational Therapy Evaluation
    e. March 6, 2024 – an Assistive Technology Evaluation
    f. March 6, 2024 – a Speech/Language Evaluation
    g. March 8, 2024 – a Psychological Evaluation
    h. March 14, 2024 – a Social History Evaluation
    i. October 15, 2024 – an Assistive Technology Evaluation

11. The dispute in this case essentially arises out of the March 8, 2024 Psychological Evaluation that was performed by Jessica Riccardi, who is both the school psychologist and J.P.'s case manager. (P-4.)

12. The report included the following notation:

> [J.P.] was unable to follow a basic one-step instruction, and he was noncompliant with the standardized assessment items. Due to his poor attending skills and general noncompliance, formal assessment attempts were discontinued. Instead, his special education teacher reported on his skills across different areas using the Vineland-3.

[P-4.]

13. Based substantially upon this allegedly truncated evaluation, on April 10, 2025, K.C. requested the performance of an Independent Neuropsychological Evaluation, as she believed that:

> This assessment will help identify an individualized learning pathway for my son and offer valuable recommendation for how his educators can best support him in the classroom. While we await responses from potential placements, which may ultimately reflect similar outcomes, I ask that this time be used proactively to thoroughly assess my son's needs and plan for his future learning support.
>
> [C-3.]

TESTIMONY

For Petitioner:

Dr. Thomas McNamara, Case Manager, Elizabeth Board of Education

Dr. McNamara testified that he is employed by the Elizabeth Board of Education as a social worker on the Child Study Team. His job entails developing and helping to implement IEPs. He also provides counseling services to students, both independent and group and conducts social assessments, including their developmental history, daily living skills, educational performance, social-emotional functions and family history. He acts as both a case manager and a support staff member.

He received his B.A. from Saint Peter's College, his master's from Rutgers University and his doctorate from Saint Peter's.

Dr. McNamara is also responsible for convening initial IEP team meetings as well as annual reviews and re-evaluation meetings. He has been doing this specific work in Elizabeth for over eight years. He has been involved in over 500 IEP team meetings,

although he admittedly was unfamiliar with Child Find[1] and the District's obligations under that statute.

Dr. McNamara then reviewed J.P.'s IEP, which was in effect from September 2024 through April 2025. There was a meeting on January 15, 2025, which focused on "supporting [J.] within his present setting of the kindergarten co-taught placement." There was no discussion of a change in placement. Dr. McNamara confirmed that J.P. is eligible for special education services under the category "autism" and that he had been diagnosed with Autism Spectrum Disorder with Language Impairment in October 2021 by his pediatrician. The District accepted this diagnosis and J.P.'s placement was based, at least in part, on that diagnosis.

The next item reviewed was the October 15, 2024 Assistive Technology: Augmentative Alternative Communication Evaluation. This was performed by the district audiologist and J.P.'s speech and language therapist and was utilized in developing his most recent IEP. Also reviewed was the Preschool Exit Reevaluation Psychological Report, which reviewed J.P.'s academic needs and provided guidance to his educators "to see what possibly any strategies or techniques for helping [J.] remain on task in the classroom setting." (T1 at 38:23−25.)

Dr. McNamara then reviewed the March 6, 2024 Speech-Language & Augmentative & Alternative Communication Evaluation. He testified that "this report was helpful in terms of educational strategies, as well as possible social strategies, so the child study team can come together and collaborate on techniques." (T1 at 40:5−8.)

Having reviewed all of the reports and being familiar with J.P.'s case, Dr. McNamara testified that there is simply no need for additional neurological/neurodevelopmental evaluations at this time. He felt that the academic evaluations that have been conducted, including psychological, speech and language assessments, are sufficient to formulate an appropriate IEP for J.P.

[1] 20 U.S.C. 1412(a)(3)

> [W]hat we look for with the neurodevelopmental report is truly that medical diagnosis for a classification, then to see how we can individualize instruction for that student.
>
> So the reports that the Elizabeth District did are able to provide insight for [J.] in terms of academic – meeting his academic needs.
>
> The neurodevelopmental report is more of that medical diagnosis.
>
> [T1 at 43:5−13.]

Dr. McNamara did not recall whether K.C. questioned any of those reports.

In February 2025, J.P. stopped coming to school and another IEP meeting was convened. Dr. McNamara met with Ali Malik, his supervisor and a home instruction pending out-of-district placement IEP was developed. That was finalized on March 13, 2025. The plan to provide an out-of-district placement arose out of a classroom fall suffered by J.P. in February. To the best of his knowledge, J.P. "maybe tried to jump on a table and he slipped and fell over." (T1 at 46:5−6.) K.C. then pulled J.P. from in-class instruction, and it was agreed that he should be placed out-of-district.

Dr. McNamara testified that the District is continuing its attempts to find a suitable placement, focusing on schools with autism programs.

On cross-examination, Dr. McNamara testified that he became aware of J.P.'s case in Fall 2024. While he acknowledged both phone calls and a meeting with K.C., he did not independently recall specifics. It was agreed that a Functional Behavior Assessment (FBA) was performed in late 2024.

Focus then shifted to the March 8, 2024 psychological report and how Dr. McNamara utilized it to guide J.P.'s IEP. This would include placement in a small classroom setting as well as behavioral goals. They would review the report, particularly the summary, and see "how we can utilize the goals and objectives." (T1 at 52:23.) Dr. McNamara was unaware that the goals were renumbered or reorganized from the March 2024 IEP to the September 2024 IEP. He testified that the changes in the most recent

IEP reflected the switch to home instruction only, that none of the goals would have changed, and that they are not listed in order or priority.

> Q. Okay. So that was − so the goals don't change, the locus changes. And is it fair to say that the purpose of the amendment is to transfer those goals so they are attainable at an at home instruction locale as opposed to the in district, in school locus?
>
> A. Yes, the goals remain − the goals remain the same. They serve as a guidance for the home instructor on what they work on to – when they educate children.
>
> [T1 at 57:6−14.]

Concerning the inability to place J.P. at present, Dr. McNamara could not recall specifics for each school, but in general (in emails shared with K.C. and Mr. Malik), the responses were a lack of staff, a lack of resources or a lack of capacity. J.P.'s records have been sent to eight public schools with one positive response for an intake. None of the responding schools have mentioned a lack of evaluations as a reason for refusing to provide an intake. Dr. McNamara testified that J.P.'s records were also sent to seven or eight private, autism-specific schools and they were responding similarly to the public schools. There was no mention of any issues with the evaluations.

Dr. McNamara then confirmed what records were being sent to the potential out-of-district placements. In addition to the evaluations already testified about, he forwarded the March 2024 IEP and advised them that J.P. is currently on home instruction. He testified that the FBA had not been completed but that "Ms. French said she was working on it."

Finally, Dr. McNamara was asked directly:

> Q. Why doesn't [J.] need a neuropsych?
>
> A. At this time the child study team believes [J.] does not need a neuropsych because we have the diagnosis of autism. We are searching for an autism placement that has nothing to do with lack of evidence, it is other factors such as lack of room, staff shortages, or as you

> have stated, the school feeling they cannot accommodate his needs.
>
> [T1 at 72:2−9.]

Ultimately, he testified that "a new neuropsychological is not needed or warranted at this time based on my opinion of the child study team." (T1 at 73:8−10.)

For Respondent:

K.C., mother of J.P.

K.C., J.P.'s mother, testified that her now six-year-old son was first diagnosed with autism by his pediatrician, Christina Farrell, M.D., when he was two years old. Their first contact with the District occurred in 2022 with an initial IEP meeting occurring on May 18, 2022, and the next one taking place in June 2023.

She confirmed that J.P. underwent the 2021 Neurological Evaluation as well as a number of evaluations in 2024. There was also a Psychological Evaluation performed by the school psychologist on March 8, 2024. K.C. also confirmed that she attended the January 15, 2025 IEP meeting; J.P. was still attending kindergarten at School 14 at that point.

K.C. testified that at the time of the January 2025 IEP meeting, she was beginning to look for out-of-district placements for J.P., but that there was not an immediate plan in place to do so. However, she did not file a due process petition opposing the decision to keep him in District.

As for J.P.'s classroom fall, she received a call from the school nurse explaining that he had fallen and had suffered a cut to the side of his eye. There was a substitute in the room and she was told that he had climbed up and then jumped off a shelf. She was told that he was fine, but that if she wanted to come pick him up, she could. K.C. was "really concerned at that point" about an ongoing issue with his dedicated support, and she sent an email requesting the complete story of what happened. This aide issue was

separate from the issue that she had the previous year, when J.P. had been assigned a Spanish-speaking aide.

K.C. testified that she is aware that J.P. "can be a bit impulsive" and didn't really blame anyone for what happened, but when she learned that his special education teacher was off that day, his aide wasn't in the room and his general education teacher was being trained on an Augmentative and Alternative Communication ("AAC") device, she became very concerned, since there was only a single substitute teacher in the classroom.

The final straw was that when she received the written version of what occurred, it included an interchange between J.P. and another student, where J.P. told that child to "Shut the F up." Since she had been receiving ongoing reports about his behavior and he is effectively non-conversational, he was clearly repeating something he had heard in the classroom. At that point, she felt that she had to remove him from in-person instruction, and that led to the March 2025 IEP meeting.

With that as background, the focus shifted to the April 10, 2025 request for the Neuropsychiatric Evaluation. She claimed that this "request was based on feedback I received from the out of district school who I spoke with." (T1 at 86:2−4.) One of the schools told her, "Well, we don't think we can properly assess him because it looks like he really doesn't fit with our profile." (T1 at 86:13−15.) K.C. alleges that this unknown person noted the "discontinued" psychological evaluation and noted that it had never been completed and for them to consider J.P. for placement, that this would help them assess whether they could provide him with the supports he needs.

K.C. had concerns about the psychological evaluation as well, noting that it seemed to emphasize J.P.'s inabilities rather than his abilities.

As to why she felt that a new neuropsychological evaluation was necessary, K.C. testified that she believes that such an evaluation "offers a more comprehensive . . . in depth look at how the brain . . . influences function . . . it seems like it serves what the district was struggling to provide In district." (T1 at 88:21−89:1.) She was told by the

school that they were having trouble accessing J.P. and that he was regressing. With the psychological evaluation in question, it seemed to her that Dr. Riccardi only "met with him for maybe twenty minutes, I don't know, and it was just determined he wasn't cooperative, and that was the end of that." (T1 at 90:2−5.)

K.C. did acknowledge, however, that the classroom aspect was only a portion of the evaluation and that upon re-reading it, the evaluation as a whole is somewhat more comprehensive. She believes that the District's position on the evaluation is a "deflection" and that "it's the school's obligation to provide a comprehensive assessment," and that hasn't been done.

On cross-examination, K.C. explained that her expertise is as J.P.'s mother, not as a licensed professional. She acknowledged that she wanted him in a general education class with supports to help him "move along" and had objected to a self-contained classroom once he reached kindergarten.

Petitioner's Position:

The District argues that it has performed all of the evaluations necessary "in order to provide a program that offers a Free and Appropriate Public Education ("FAPE") to J.P. in the Least Restrictive Environment ("LRE") pursuant to the Individuals with Disabilities in Education Act ("IDEA") 20 U.S.C. 1400." [Pet's Br. at 1.] More specifically, it is argued that the requested Independent Educational Evaluation ("IEE") is unnecessary, as the District has complied with N.J.A.C. 6A:14-1 et seq. and 20 U.S.C. 1414(b)(2)(A)-(C).

It notes that the respondent did not produce any expert testimony and has no formal educational expertise herself. On the other hand, Dr. McNamara testified as both an expert and fact witness as to the evaluations undergone by J.P. and the use of "multidisciplinary tools in order to develop the appropriate program and placement to provide . . . FAPE." [Pet's Br. at 1.]

In support of its position, the District points to Blake B. v. Council Rock Sch. Dist., 2008 U.S. Dist. LEXIS 78329 at *17−19 (E.D. Pa. Oct. 3, 2008).

Respondent's Position:

The respondent argues that J.P.'s out-of-district placement opportunities have been limited by the lack of an updated/completed/new neuropsychological exam. While respondent's statement of facts in her post-hearing brief includes impermissible hearsay, in general, she challenges the adequacy of the 2024 psychological evaluation and argues that the District is ignoring its duties under 34 C.F.R. §300.303(b) and §300.304 and further points to case law which mandates a mid-cycle evaluation/re-evaluation in the appropriate circumstances.

As for the testimony during the hearing itself, K.C. challenges the persuasiveness of Dr. McNamara, alleging a lack of knowledge concerning the details of J.P.'s case and his ignorance of the District's "Child Find" obligations under the IDEA. She claims that his testimony:

> [U]ndermines the credulity of this District's position and raises questions about the District's compliance with its legal obligations to be proactive in identifying, locating and evaluating children who are suspected of having a disability and who may require special education services.
>
> [Resp't's Br. at 3.]

Ultimately, she claims that the District's failure to perform the requested evaluation "despite parental request, documented concerns and placement challenges" is violative of 20 U.S.C. § 1412(a)(3) and 34 C.F.R. § 300.304. [Resp't's Br. at 3.]

LEGAL DISCUSSION AND CONCLUSION

N.J.A.C. 6A:14-2.5(c) and 34 C.F.R. § 300.502 (2024) govern independent evaluations. N.J.A.C. 6A:14-2.5(c) states in pertinent part:

> Upon completion of an initial evaluation . . . , a parent may request an independent evaluation if there is disagreement with the initial evaluation . . . provided by a district board of

> education . . . . The request shall specify the assessment(s) the parent is seeking as part of the independent evaluation.

In addition, 34 C.F.R. § 300.502(b)(1) (2024) outlines that "[a] parent has the right to an independent educational evaluation at public expense if the parent disagrees with an evaluation obtained by the public agency subject to the conditions in paragraphs (b)(2) through (4) of this section." In conducting those evaluations, the LEA shall:

> (A) use a variety of assessment tools and strategies to gather relevant functional and developmental information, including information provided by the parent, that may assist in determining whether-
>
> (i) the child is a child with a disability; and
>
> (ii) the content of the child's individualized education program, including information related to enabling the child to be involved in and progress in the general curriculum or, for preschool children, to participate in appropriate activities;
>
> (B) not use any single procedure as the sole criterion for determining whether a child is a child with a disability or determining an appropriate educational program for the child; and
>
> (C) use technically sound instruments that may assess the relative contribution of cognitive and behavioral factors, in addition to physical or developmental factors.
>
> [20 U.S.C. §1414(b)(2)(A)−(C).]

Upon receipt of a parent's request for an independent evaluation, the district shall either provide the independent evaluation or request a due process hearing not later than twenty calendar days after receipt of the parent's independent evaluation request. N.J.A.C. 6A:14-2.5(c)(1)(i) and (ii); see 34 C.F.R. § 300.502(b)(2) (2024). The requested "independent evaluation(s) shall be provided at no cost to the parent, unless the district board of education initiates a due process hearing to show that its evaluation is appropriate and, following the hearing, a final determination to that effect is made." N.J.A.C. 6A:14-2.5(c)(1); see 34 C.F.R. § 300.502(b)(3) (2024).

N.J.A.C. 6A:14-3.4 addresses the evaluation process. The regulation instructs that:

> [t]he [CST], the parent, and the general education teacher of the student who has knowledge of the student's educational performance or, if there is no teacher of the student, a teacher who is knowledgeable about the school district's programs shall:
>
> 1. Review existing evaluation data on the student including evaluations and information provided by the parents, current classroom-based assessments and observations, and the observations of teachers and related services providers, and consider the need for any health appraisal or specialized medical evaluation;
>
> [N.J.A.C. 6A:14-3.4(a)(1).]

On the basis of that review, the CST must identify what additional data, if any, is needed to determine whether the student has a disability; the present levels of academic and functional achievement and related developmental and educational needs of the student; and whether the student needs special education and related services. N.J.A.C. 6A:14-3.4(a)(2).

N.J.A.C. 6A:14-2.5 mirrors the IDEA:

> (a) In conducting an evaluation, each district board of education shall:
>
> 1. Use a variety of assessment tools and strategies to gather relevant functional and developmental information, including information:
>
> i. Provided by the parent that may assist in determining whether a child is a student with a disability and in determining the content of the student's IEP; and
>
> ii. Related to enabling the student to be involved in and progress in the general education curriculum or, for preschool

> children with disabilities, to participate in appropriate activities;
>
> 2. Not use any single procedure as the sole criterion for determining whether a student is a student with a disability or determining an appropriate educational program for the student; and
>
> 3. Use technically sound instruments that may assess the relative contribution of cognitive and behavioral factors, in addition to physical or developmental factors.

While not precedential, the court in Blake B. v. Council Rock Sch. Dist., 2006 U.S. Dist. LEXIS 52933 (E.D. Pa., July 27, 2006) confirmed the process and standards for independent evaluations.

In reviewing the evidence, this case is really quite simple. In essence, K.C. had two main points in requesting the neuropsychological evaluation: 1. The more information we have on J.P., the better; and 2. The psychological evaluation performed by Dr. Riccardi was inadequate. Unfortunately, other than her own maternal instincts, K.C. had very little factual information and no expert information to support her position.

That is not to say that there isn't any logic to her arguments. In fact, her concerns about her son are fact-based and rational. However, her concerns about the purported shortcomings of the psychological evaluation were (almost concededly) unduly elevated and she really could not provide an argument concerning her request for a neuropsychological evaluation beyond "more is better."

In reviewing Dr. Riccardi's March 8, 2024 evaluation, the classroom observation portion of the same, while important, is just one aspect of it. As noted on the first page of the same, it also included testing and a record review. The observational portion was also important, since it demonstrated some of J.P.'s significant limitations. After noting his lack of interplay/interactions during a classroom activity, Dr. Riccardi wrote:

> [J.] was unable to follow a basic one-step instruction, and he was noncompliant with the standardized assessment items.

> Due to his poor attending skills and general noncompliance, formal assessment attempts were discontinued. Instead, his special education teacher reported on his skills across different areas using the Vineland-3.[2]
>
> [P-4.]

The evaluation report also provided background information and educational history, a limited classroom observation and the results of the Vineland-3 testing, including adaptive behavior, communications, daily living skills, socialization and motor skills. The report then took those observations, records review and testing results and explored the educational implications of the same before providing a short, but not inappropriate, summary:

> (J.) is a 4-year-old boy who is aging out of preschool and will be entering kindergarten. He is being reevaluated to determine continued eligibility for special education and related services. (J.)'s overall level of adaptive functioning is described by his score on the Adaptive Behavior Composite (ABS). His ABE score is 69, which is well below the normative mean of 100.
>
> [P-4.]

Other than this classroom observation limitation, K.C. could only argue that the evaluation seemed to focus on J.P.'s weaknesses and failed to emphasize his abilities. She was unable to provide any specifics on what information a neuropsychological evaluation would add to J.P.'s academic picture. In contrast, Dr. McNamara was quite clear in his testimony that the issue with J.P. was not with his diagnosis of autism, which was clear, but it was with the totality of the circumstances, between the behaviors he exhibits as a result of that autism and the District's staffing limitations, which raised concerns as to its ability to provide FAPE (hence the agreement to place J.P. out-of-district).

When the psychological evaluation is combined with the other evaluations, the IEP and J.P.'s school records and all of that is reviewed in conjunction with both the requirements of the IDEA and New Jersey statutory and administrative law, I **FIND** that

[2] https://www.pearsonassessments.com/en-us/Store/Professional-Assessments/Behavior/Vineland-Adaptive-Behavior-Scales-%7C-Third-Edition/p/100001622 (last accessed on July 12, 2025)

the District has proven by a preponderance of the credible evidence that a new neuropsychological evaluation is not necessary in order to appropriately place J.P. and that the psychological evaluation performed in 2024 was appropriate. As persuasively testified to by Dr. McNamara, a neuropsychological evaluation focuses on diagnosis and here, that is simply not the issue. The parties agree that J.P. qualifies for special education services under the diagnosis of autism and that this diagnosis has not changed.

To reiterate, based upon a review of the totality of the evidence and testimony presented, I **CONCLUDE** that the District has established, by a preponderance of the credible evidence, that it has complied with all legal requirements for conducting evaluations, that the evaluations it performed were appropriate and that no additional evaluations are necessary or warranted. I therefore **CONCLUDE** there is no obligation for the District to perform an independent neuropsychological evaluation at public expense.

Accordingly, I further **CONCLUDE** that respondent's request for independent evaluations should be denied.

ORDER

I **ORDER** that the District's due process petition be and hereby is **GRANTED** and the respondent's request for an independent evaluation be and hereby is **DENIED**.

This decision is final pursuant to 20 U.S.C. § 1415(i)(1)(A) and 34 C.F.R. § 300.514 (2024) and is appealable by filing a complaint and bringing a civil action either in the Law Division of the Superior Court of New Jersey or in a district court of the United States. 20 U.S.C. § 1415(i)(2); 34 C.F.R. § 300.516 (2024). If the parent or adult student feels that this decision is not being fully implemented with respect to program or services, this concern should be communicated in writing to the Director, Office of Special Education Policy and Dispute Resolution.

July 18, 2025
DATE

MATTHEW G. MILLER, ALJ

Date Received at Agency: July 18, 2025

Date Mailed to Parties: July 18, 2025

CB/SJ

APPENDIX

LIST OF WITNESSES

For Petitioner:

Dr. Thomas McNamara

For Respondent:

K.C.

LIST OF EXHIBITS IN EVIDENCE

For Court:

C-1 Petition for Emergent Relief and Due Process (K.C. o/b/o J.P. v. Elizabeth BOE (EDS 07054-2023)
C-2 Mediation Agreement (March 5, 2025)
C-3 Email from K.C. to respondent (April 10, 2025)

For Petitioner:

P-1 Individualized Education Program (IEP) (January 15, 2025)
P-2 Assistive Technology Evaluation (October 15, 2024)
P-4 Psychological Evaluation (March 8, 2024)
P-5 Speech Language Evaluation (March 6, 2024)
P-10 Neurodevelopmental Evaluation (October 18, 2021)
P-12 CV of Dr. Thomas McNamara
P-13 Individualized Education Program (IEP) (March 13, 2025)

For Respondent:

None

The nonsequential numbering of petitioner's exhibits reflects the fact that numerous pre-marked exhibits were neither identified nor offered into evidence.