



State of New Jersey
OFFICE OF ADMINISTRATIVE LAW

FINAL DECISION

OAL DKT. NO. EDS 00731-26

AGENCY DKT. NO. 2026-40254

E.S. AND J.W. ON BEHALF OF A.W.,

Petitioners,

v.

MONTCLAIR TOWN

BOARD OF EDUCATION,

Respondent.

E.S. and J.W., petitioners, pro se

Eric I. Bueide, Esq., for respondent (Schenck, Price, Smith & King, LLP,
attorneys)

Record Closed: July 15, 2026

Decided: August 10, 2026

BEFORE **KELLY J. KIRK**, ALJ:

STATEMENT OF THE CASE

Petitioners, E.S. (Mom) and J.W. (Dad) on behalf of A.W., filed for due process against the Montclair Town Board of Education (Board or District), seeking a home instruction “stay put,” compensatory education, an out-of-district placement at a private

therapeutic day school, and evaluations (functional behavioral assessment, occupational therapy and speech and language).

PROCEDURAL HISTORY

On January 9, 2026, petitioners filed a Verified Request for Mediation (Petition) against the Board, alleging that A.W.'s 2023-2024, 2024-2025, and 2025-2026 Individualized Education Programs (IEPs) denied A.W. a free, appropriate education, and seeking a home instruction "stay put," compensatory education, an out-of-district placement at a private therapeutic day school, and evaluations (functional behavioral assessment, occupational therapy and speech and language). Due to expiration of the resolution period, the matter was transmitted by the New Jersey Department of Education (Department), Office of Special Education (OSE), to the Office of Administrative Law (OAL), where it was filed on February 9, 2026.

The hearing was scheduled for May 20, 2026, May 29, 2026, and June 4, 2026, to allow time for the parties to first obtain evaluation reports and discuss placement. Petitioners were represented by counsel until a substitution was filed on March 16, 2026. The May 20, 2026, hearing date was adjourned to remedy any prejudice resulting from the petitioners' failure to timely submit exhibits and a witness list/summaries of testimony. On May 29, 2026, petitioners submitted an email identifying two witnesses and requested that the May 29, 2026, hearing be consolidated "onto the previously scheduled June 4, 2026, date" to allow the witnesses to appear and to allow supplemental disclosures. Said request was denied. The hearing was held on May 29, 2026, and June 4, 2026, and the record closed on July 15, 2026, upon receipt of the parties' written summations.

FACTUAL DISCUSSION

Findings of Fact

Tiffany Buffa, RC Venezia, and Sade Wiley testified on behalf of respondent. E.S. and J.W. testified on behalf of petitioners.

Having had an opportunity to consider the evidence and to observe the witnesses and make credibility determinations based on the witnesses' testimony, I **FIND** the following **FACTS** in this case:

A.W. was born in New Jersey in April 2013 and moved to California with Mom and Dad at age three. A January 29, 2021, IEP from A.W.'s charter school in California reflects A.W.'s classification as "Other Health Impairment" (OHI), noting the following:

[A.W.] displays characteristic behaviors of ADHD (hyperactivity, impulsivity, and inattention) that most significantly impact his educational access and performance. [A.W.] exhibits heightened alertness to environmental stimuli that may be due to ADHD. This affects [A.W.'s] ability to organize his thoughts (and supplies), begin tasks, and find safe ways to manage his body in the classroom. Occupational Therapy Assessment also indicates that [A.W.] has difficulty with fine motor skills, visual-motor skills, sensory processing, and self-regulation. This affects his handwriting and ability to finish written tasks as well as his ability to manage his movement in the classroom.

[P-9.]

A June 5, 2023, Neuropsychological Evaluation Report from Christina Young, PhD, reflects Dr. Young's summary and impressions as follows:

Results showed very high intellectual ability (FSIQ = 95th percentile) with clear strengths in visual-spatial reasoning, fluid reasoning (problem-solving), and working memory. Academically, [A.W.] showed clear strengths in word-reading, reading comprehension, and math concepts, which were well above grade level.

[A.W.] continues to show challenges consistent with **Attention-Deficit/Hyperactivity Disorder, Combined presentation**. Testing showed mild fluctuations in sustained attention and increased restlessness, even while medicated. [A.W.'s] lowest scores were on tests of general executive functioning and mental flexibility. Their challenges with organization were apparent on a test of written expression. [A.W.] required step-by-step guidance to write a summary. Rating scales showed that [A.W.] has difficulty with

organization of their belongings, distractibility, attention to detail, listening, following directions, and sustained effort. At home, [A.W.] shows challenges with hyperactive and impulsive behavior. At school [A.W.] is fidgety in their seat, but otherwise hyperactive/impulsive symptoms seem to be well controlled with medication, as well as good self-regulation strategies.

[A.W.] showed significant challenges consistent with **Specific Learning Disorder, With impairment in Written Expression** and **Developmental Coordination Disorder**. Fine motor coordination and writing speed were very low to extremely low. [A.W.] can write neatly, but they must write slowly and deliberately to maintain legibility. [A.W.] also showed weaknesses in spelling (5th percentile) and mechanics (7th percentile). They showed challenges in grammar and sentence structure on oral and written tests, which indicates a general weakness in expressive language. [A.W.] has difficulty clearly expressing their thoughts and feelings verbally.

[A.W.] has shown much improvement in self-regulation and emotional control over the last 3 years. However, they are exhibiting signs of depression such as restricted affect, decreased social engagement, and getting upset more easily. They show less interest in things they used to care about such as soccer, playdates, and birthday parties.

Fortunately, [A.W.] has many strengths that lend to a promising prognosis. They are intellectually bright and pick up on academic concepts very easily. [A.W.] has grown and matured significantly in their emotional-regulation skills. They also have supportive and loving parents who are committed to having them thrive. With proper supports in place, [A.W.] is expected to show progress in their areas of challenge.

[R-43.]

Dr. Young's diagnoses were Attention-Deficit/Hyperactivity Disorder (ADHD), combined presentation; Specific Learning Disorder, with impairment in written expression (spelling, grammar, organization); Developmental Coordination Disorder; and Major Depressive Disorder, recurrent episode, mild. (R-43.)

The family moved from California to New Jersey and enrolled A.W. in the District on August 23, 2023. A.W. commenced fifth grade at Hillside Elementary School (Hillside).

(R-1.) The September 27, 2023 Annual Review IEP reflects a classification of “Other Health Impairment” and A.W.’s program for September 27, 2023 to June 22, 2024 as follows: In-class Resource English Language Arts, once weekly for 150 minutes; In-class Resource Math once weekly for 150 minutes; In-class Resource Science “3 x 6 day cycle” for 45 minutes; In-class Resource Social Studies “3 x 6 day cycle” for 45 minutes; Pull-out Resource Support Study Skills “3 x 6 day cycle” for 30 minutes; and individual occupational therapy consultation once monthly for 30 minutes. (R-1; R-3.) The June 5, 2023, Neuropsychological Evaluation is referenced in the September 27, 2023, IEP, and the excerpt includes references to ADHD and specific learning disorder. (R-3.) The “Concerns of the Parent” were as follows:

[E.S.] attended [A.W.’s] 30 day transfer meeting. She was please [sic] with his transition to Hillside school. Although [A.W.] had a little difficulties in the begging [sic] his mother has noticed [A.W.] has adjusted very well. He has become more confidant [sic] with his schedule and they’s work. [E.S.] mentioned that he still has some difficulties with graphiomotor (handwriting) fine skills (cutting).

[R-3.]

A September 29, 2023, letter from Margaret Chapman, MD, at Amazon One Medical, states that A.W. “has the diagnosis of ADHD . . . and receives treatment for this condition through my practice.” (P-11.)

The November 3, 2023, IEP (amended without a meeting) reflects A.W.’s program for November 8, 2023 to June 20, 2024 as follows: In-class Resource English Language Arts, once weekly for 150 minutes; In-class Resource Math once weekly for 150 minutes; In-class Resource Science “3 x 6 day cycle” for forty-five minutes; In-class Resource Social Studies “3 x 6 day cycle” for forty-five minutes; Pull-out Resource Support Study Skills “3 x 6 day cycle” for forty-five minutes; and individual occupational therapy consultation once monthly for thirty minutes. (R-4.) Study skills increased from thirty minutes to forty-five minutes.

The May 8, 2024, Annual Review IEP reflects that A.W.'s program for May 8, 2023 to June 20, 2024 would continue, with the exception of the individual OT consultation, and reflects A.W.'s program for September 5, 2024 to May 7, 2025, as follows: In-class Resource English Language Arts one time alternate days for forty minutes; In-class Resource Math one time alternate days for forty minutes; In-class Resource Science one time alternate days for forty minutes; In-class Resource Science¹ one time alternate days for forty minutes; Pull-out Resource Support Study Skills one time alternate days for forty minutes; and individual counseling consultation twice monthly for thirty minutes. (R-5.) The May 8, 2024, IEP added individual counseling consultations. The "Concerns of the Parent" were as follows:

[E.S.] provided the following concerns during [A.W.'s] annual review meeting on May 8th.

What is difficult for my child to do in school:

- Homework, they think it is a punishment
- Read and read at home, their last teacher made them read as a punishment
- Spell, Understand Silent Letters, and Annunciate L, R sounds
- Organization physical materials, assignments, and timelines.
- They have time blindness

Parent Concerns

- [A.W.] has ADHD and their therapists feel they are high-functioning ASD - Level 1. A number of [A.W.'s] personality traits and coping mechanisms were evaluated after we left San Francisco, and [A.W.] was placed in a more stable school environment. I don't know how the structure or stresses of Middle School would impact [A.W.'s] ability to succeed academically and socially. I see positive results as I include more accommodations at home (multiple timers, swing).
- [A.W.] used to be very social at school ("The Mayor") and has expressed a desire to be more social again, keep eye contact, and initiate conversations. If there are social groups that may be of benefit.
- We should have a plan in place for [A.W.], who we have in front of us now, and [A.W.], who may need additional coaching with future challenges.

¹ This appears to be an error, as science is listed twice, and social studies is not listed.

- [A.W.] has been in psychotherapy, Life Skill groups, OT, and SPED Intervention at school. They have made substantial progress, but I am concerned that middle school stress and puberty could trigger backslides - inflexible behavior, executive function, Zoning out or quietly singing to themselves in an environment where people are getting upset. Hyperactivity in any of the above.
- [A.W.] needs additional and specific support for the multiple areas of challenge when working on: writing, spelling, discriminating research, and optimizing comprehension of written materials (attention issue?)
- I'm concerned about the lack of recess and time to move their body and reset.
- It's not what they say, it's how they say it. [A.W.] still has a difficult time understanding/receiving direct feedback and directions. They don't understand how their responses could be received as getting loud, defensive, or disrespectful.
- According to [A.W.], "I know what I want to write down, I just don't know how to say it." They think have improved in punctuation, spelling and writing in general. They know the RACES steps but don't always know what to plug into them. Restating is a huge hurdle.
- If we work together, they can put their thoughts into sentences. We've had the best quality of work when [A.W.] is walking back and forth and squeezing a stress ball. We're good to go if they can get into some kind of flow state. Sitting at a table appears to be intimidating and frustrating and often solicits a defensive response.
- They will go to edit, but it's still very frustrating and takes several drafts. There is sobbing and self-doubt. There is also a complete shutdown when researching a topic. For [A.W.], all of the facts blur together when they read them. It's hard to discern what is the most important and most interesting. I have had some success with different colored Post-it notes and a storyboard configuration versus a sentence outline.

[R-5.]

A.W.'s June 2024 Progress Report reflects that A.W. was progressing gradually in most goals and objectives, progressing satisfactorily in some goals and objectives, and two goals and objectives were not introduced. (R-39.) A.W.'s 2023-2024 fifth grade report card stated that A.W. was at or approaching grade level in the English Language Arts subcategories, at grade level in the Mathematics, Science, and Social Studies categories, and above grade level in one magnet course and at grade level in all other magnet courses. (R-32.) The teachers' comments are as follows:

SCIENCE 5 - Bongiovanni: Continue to persevere in your investigations! Remember, as learned in the engineering design process, not every idea will work, but stay focused, carry onward, and redesign as needed.

ENGLISH LANGUAGE ARTS 5 - Hart: [A.W.] has made academic progress this school year, despite the challenges of the fifth grade curriculum and expectations. They are bright, cooperative, and have become a more active contributor to class discussions. Writing continues to be an area that needs improvement. We encourage [A.W.] to continue to read and write independently during the summer time. Good luck in middle school!

MATHEMATICS 5 - Bongiovanni: Mathematics is an area of strength for [A.W.]. They have stayed focused, worked hard, and continued to strengthen their skills in nearly all mathematical areas. Their thirst for knowledge, problem solving skills, and love of numbers is evident in our classroom discussions, as well as [A.W.'s] assignments and assessments. We encourage [A.W.] to slow down at times and to check their work before handing it in. They should also continue to practice their problem-solving skills over the summer in order to have good momentum going into 6th grade. Best of luck [A.W.]!

STUDY SKILLS 5-Le: [A.W.] has made use of their time in Study Skills to review, reinforce, and revisit classroom concepts and skills. They have made a wonderful transition to Hillside this school year!

[R-32.]

A.W. received the President's Award for ninety percent or above in all subjects in fifth grade. A.W. had a total of forty unexcused tardies and twenty unexcused absences during the 2023-2024 school year. (R-14.)

A.W. commenced sixth grade at Glenfield Middle School (Glenfield). At the beginning of the 2024-2025 school year, A.W.'s Acadience Reading assessment scores in oral reading fluency (advanced phonics and word attack skills, accurate and fluent reading of connected text, and reading comprehension) and ability to construct meaning from text were all at or above benchmark. (R-38.)

A.W. was absent on September 6, 2024, tardy on September 9, 2024, September 10, 2024, September 11, 2024, and September 12, 2024, and absent again on September 13, 2024. (R-15.) A.W. was tardy on September 16, 2024, September 17, 2024, September 18, 2024, and September 19, 2024.

RC Venezia has been certified as a school psychologist since 2004, and he was a school psychologist at Glenfield for twenty-one years. Venezia was A.W.'s case manager for the 2024-2025 school year. Venezia contacted Mom on September 19, 2024, regarding concerns about A.W.'s attendance. Mom advised that A.W.'s medications were being adjusted to help with A.W.'s sleep and that the parents were making efforts to get A.W. to school on time and would help A.W. catch up with work over the weekend.

A.W. was tardy on September 20, 2024, September 23, 2024, September 24, 2024, September 25, 2024, September 26, 2024, and September 27, 2024, and absent on September 30, 2024. (R-15.)

On September 30, 2024, Venezia requested that Mom consent to amend A.W.'s IEP to change A.W.'s study skills support from alternating days to daily, and to add shared paraprofessional support to the IEP to assist with organization, time management and executive functioning skills. Mom signed the request. The September 30, 2024, IEP² (amended without a meeting) reflects A.W.'s program for September 5, 2024 to May 7, 2025 as follows: In-class Resource English Language Arts one time alternate days for forty minutes; In-class Resource Math one time alternate days for forty minutes; In-class Resource Science one time alternate days for forty minutes; In-class Resource Social Studies one time alternate days for forty minutes; Pull-out Resource Support Study Skills³ one time daily for forty minutes; individual counseling consultation twice monthly for thirty minutes; and group aide⁴ four times daily for forty minutes. (R-6.) The September 30, 2024, IEP increased the study skills from one time alternate days to once daily and added

² Several IEPs are dated May 8, 2024—but reflect different start dates. For clarity and to avoid confusion, those IEPs are referred to by start date rather than IEP date.

³ Date range is September 30, 2024 to May 7, 2025.

⁴ Date range is September 30, 2024 to May 7, 2025.

the group aide. Venezia emailed Mom A.W.'s revised schedule, which allowed A.W. to be in the in-class support sections with the services of the shared paraprofessional.

A.W. was absent half the day on October 1, 2024, and absent on October 2, 2024, and October 7, 2024. (R-15.) On October 7, 2024, Mom emailed the District Director of Pupil Services Shivoyne Trim, PsyD, and copied Venezia, advising that A.W.'s transition to Glenfield has been exceedingly difficult, detailing some issues, and requesting that Dr. Trim let Mom "know the next steps in creating an IEP that reflects [A.W.'s] true needs in an environment where they can thrive." (R-41.)

A.W. was absent on October 8, 2024, and October 9, 2024. (R-15.) A Genesis-generated attendance letter was sent to the parents on October 9, 2024.

On October 9, 2024, Venezia requested that Mom consent to amend A.W.'s IEP to add the following classroom accommodations:

- a. Provide [A.W.] with step-by-step written instructions or checklist that they can follow to help them get started and to keep their work organized.
- b. Provide [A.W.] with the opportunity to type all writing assignments using spellcheck.
- c. Do not penalize [A.W.] on writing assignments for errors in spelling.
- d. Modify homework (i.e., shorten length of homework for [A.W.] to complete);

Add the following state testing accommodations to [A.W.'s] IEP:

- a. Use of noise reducing headphones.
- b. Movement breaks.
- c. Use of a calculator.

[R-41.]

Mom signed the request. The October 10, 2024, IEP (amended without a meeting) reflects A.W.'s program for September 5, 2024 to May 7, 2025 as follows: In-class Resource English Language Arts one time alternate days for forty minutes; In-class Resource Math one time alternate days for forty minutes; In-class Resource Science one

time alternate days for forty minutes; In-class Resource Social Studies one time alternate days for forty minutes; Pull-out Resource Support Study Skills⁵ one time daily for forty minutes; individual counseling consultation twice monthly for thirty minutes; and group aide⁶ four times daily for forty minutes. (R-7.) The October 10, 2024, IEP reflects the classroom and State testing accommodations.

A.W. was tardy on October 10, 2024, and absent on October 11, 2024. (R-15.) On October 11, 2024, Mom emailed Venezia, stating that A.W. was having a hard time and did not want to go to school, and that she was trying to get A.W. to go to school because of a group math project. Venezia replied and asked if Mom wanted to speak by telephone, and Mom replied that Dad was with A.W. in the car and that Venezia could call them at the number she provided. Mom further advised that she kept setting iPad time limits, but Dad kept extending the limits and allowing A.W. to have the iPad because A.W. said that the iPad helps A.W. relax, and Dad agrees. (R-41.) Venezia was unable to reach Dad but emailed Mom and advised that she should speak with the PerformCare counselor about the iPad issue because consistency with setting limits and determining what tools to use to help regulate A.W.'s anxiety would be important in getting A.W. to school on a regular basis. (R-41.) Mom replied that she and A.W. were starting family therapy the next week.

On October 14, 2024, Mom emailed the District a letter from Dr. Chapman, dated October 9, 2024, which states: A.W. was in treatment for ADHD, Generalized Anxiety Disorder, Circadian Rhythm Sleep Disorder, Insomnia, and Depression; because of the medical diagnoses, A.W. struggles with sleep and often finds it extremely difficult to wake up in the morning for school, which has led to tardiness and absences; and that lateness on September 9, September 10, September 11, September 12, September 16, September 17, September 18, September 19, September 20, September 23 and October 9, and absences on September 6, September 13, September 30, October 2, October 7, October 8, and October 9 should be excused for medical reasons. (R-17.) A.W.'s attendance records reflect tardies for all but the October 9, 2024,⁷ date and reflect

⁵ Date range is September 30, 2024, to May 7, 2025.

⁶ Date range is September 30, 2024, to May 7, 2025.

⁷ October 9, 2024, is listed by the doctor as both late and absence.

absences for all the dates but include the notation “Dr. Note” for October 2, October 7, and October 9. (R-15.)

Montclair launched a school-based counseling program—Montclair Counseling Services (MCS)—which provides on-site counseling services and support for students whose needs extend beyond the scope of the school counselor, and offers individual, group, and family/caregiver sessions as well as structured content-specific psychoeducation groups facilitated by MCS clinicians and community mental health partners. (P-16.) The MCS Consent Form, dated October 15, 2024, reflects that Mom wished for A.W. to participate in MCS. (P-16.)

Venezia and Mom continued to communicate via email regarding A.W. A.W. was tardy on October 15, 2024, October 16, 2024, and October 17, 2024, and absent on October 18, 2024, and October 21, 2024. On October 21, 2024, Venezia provided Mom with contact numbers for High Focus and for GenPsych so that she could inquire about the mental health programs. (R-41.) A.W. was tardy on October 22, 2024, October 23, 2024, October 24, 2024, October 25, 2024, October 28, 2024, October 29, 2024, October 30, 2024, and was absent on October 31, 2024. (R-15.)

Mom emailed the District on various dates in November explaining A.W.’s status and reasons for absences. Concerned about A.W.’s attendance, including that A.W. had been absent seven-consecutive days, Venezia emailed Mom on November 19, 2024, and advised that if A.W. is unable to attend school due to either a sleep disturbance and/or anxiety, “a note from a doctor (i.e. psychiatrist) with diagnoses, reason for treatment, and a request for home instruction until his sleep/wake cycle and/or anxiety levels are stabilized” was needed or the absences would be considered truant. (R-41.) Mom continued to email the District on various dates in November explaining A.W.’s status and reasons for absences. On November 11, 2024, Venezia spoke with Mom regarding the attendance and truancy concerns and discussed the possibility of home instruction and the need for a higher level of care if A.W. could not attend school regularly. Mom inquired about a transfer to another middle school or out-of-district placement, but Venezia advised that an out-of-District placement without A.W. being stabilized through treatment would be unlikely. Venezia provided Mom again with contact information for High Focus

and GenPsych so that she could inquire about their higher-level intensive outpatient or partial hospitalization programs. (R-41.) Venezia suggested options for A.W. to continue to attend Glenfield and leave early to be bused to an intensive outpatient program in the afternoon or for A.W. to go on sixty days of home instruction with a doctor's note requesting treatment until sleep and anxiety symptoms are addressed and A.W. receives partial hospitalization program—noting that options would be dependent upon treatment program recommendation. Venezia contacted A.W.'s teachers and provided Mom with updates on work that A.W. needed to complete. (R-41.)

In December 2024, Mom continued to email the District about A.W.'s status and attendance. The District sent a five-day letter notifying the parents that A.W. had five school days to return to regular attendance or the District would escalate the response. On December 12, 2024, a meeting was held with Mom about attendance and possible retention and the need for a higher level of care due to concerns about sleep, anxiety, and psychosomatic complaints. (R-41.)

On December 16, 2024, Mom advised Venezia that she had taken A.W. to West Bergen Mental Healthcare for an evaluation and was referred to High Focus. Mom scheduled an appointment at High Focus on December 18, 2024.

On January 2, 2025, Venezia spoke with A.W.'s High Focus clinician, Erin Lacey, about A.W.'s therapeutic process. Lacey advised that A.W. started the intensive outpatient program on December 19, 2024, but had missed some days since the beginning of the program, and Venezia advised her of A.W.'s school attendance issues. (R-41.) The District was not aware at that time that A.W.'s High Focus program was during school hours. On January 6, 2025, Venezia emailed Mom to get an update on A.W.'s status because A.W. had missed six consecutive school days. On January 8, 2025, Venezia left a voicemail for Dad about A.W.'s absences, but Dad did not contact Venezia.

A letter from High Focus Treatment Centers, dated January 10, 2025, to school psychologist RC Venezia, states, in pertinent part:

Please be advised that on December 18, 2024, [A.W.] was assessed at High Focus Centers (HFC), a state-licensed and CARF-credited Mental Health and Co-Occurring Substance Use Program. Based on the information gathered during the evaluation, it was our recommendation that [A.W.] attend treatment in our Morning Intensive Outpatient Program (MIOP). [A.W.] and his family agreed with our recommendations, and he began treatment on December 19, 2024. [A.W.] is required to attend at least 3 days per week, but is strongly encouraged to attend all 5 days per week, at the hours of 9:30am-2:30pm. During this time, [A.W.] receives, and will continue to receive, four therapeutic groups, biweekly individual sessions with his clinician and psychiatrist, family support groups offered to parents, and two hours of educational programming.

Currently, the treatment team at HFC deem it clinically appropriate for [A.W.] to continue at this level of care, while also receiving educational programming from Learn Well, a third-party educational company, or via home instruction services via the Montclair School District. Additionally, the clinical team would prefer to see consistent attendance from [A.W.] before assessing an appropriate timeline for his step down to Afternoon IOP and returning to Glenfield.

[R-18.]

On January 10, 2025, Venezia contacted Mom because A.W. had missed ten consecutive school days and left a voicemail. Mom did not contact Venezia. After receiving the January 9, 2025, High Focus letter, Venezia notified the Glenfield secretary to change the status of the absences from January 2, 2025, to January 9, 2025, because the High Focus program was during the day and not after school.

The January 13, 2025, IEP (amended without a meeting) reflects A.W.'s program for January 13, 2025, to May 7, 2025, as follows: Home Instruction English, Math, Science, Social Studies, and Physical Education once weekly for 120 minutes each. (R-8.)

An email from Erin Lacey, LSW at High Focus Treatment Centers, dated January 23, 2025, to the parents and Venezia, states, in pertinent part:

I hope everyone is doing well. I'm reaching out check in on the process of home instruction being approved for [A.W.].

RC - where are we in that process / is there anything else that needs to be done?

[E.S.] and [J.W.] - are you both still interested in taking that route for [A.W.'s] schooling?

The reason I ask is that we are looking at next steps in [A.W.'s] treatment at HFC. Namely, we are considering a step down to our Afternoon IOP. This would mean a decrease in his treatment hours and regularly attending AIOP, which takes place 3 days per week (Monday, Tuesday, and Thursday) 2:30-5:30.

This next phase of treatment in HFC is meant for kids who have stabilized high-risk symptoms and shown progress in their moods and behaviors, both of which [A.W.] has done. In AIOP, [A.W.] would continue learning about effective coping skills, but also work to apply them to his daily life in order to maintain the progress he has made thus far.

Please reach out with updates, questions, and concerns. I have cc'ed our program coordinator, Allison, so she may be of help as well. We can also be available to set up a phone call/meeting with all of us, if we feel that is necessary. I look forward to hearing from you. Thank you all!

[P-18.]

On January 26, 2025, Mom emailed High Focus and Venezia in response to a request for her availability for a meeting to discuss A.W.'s transition from intensive outpatient morning to intensive outpatient afternoon programming, and Mom replied that she was "struggling to trust Montclair and their intentions with [A.W.'s] return to school," and noting various issues and concerns. (R-41.)

On January 28, 2025, Venezia virtually attended a meeting with High Focus, and Lacey explained that A.W.'s attendance was inconsistent at first but had improved in January 2025, after High Focus was firm with the family about attendance. (R-41.) A.W. attended five days per week for the majority of January, and A.W.'s mood and engagement in group sessions and participation had improved and A.W. was recommended for step-down from morning to afternoon outpatient during after school hours. Venezia explained to Mom that an IEP meeting would be required as part of the

transition back to school to determine programming, and Mom advised that she wanted A.W. transferred to Buzz Aldrin Middle School (Buzz Aldrin). Mom also advised that A.W. would undergo reevaluation testing to assess for autism and that a physical sleep study would be conducted on February 20, 2025.

An IEP Meeting was held on February 7, 2025, to address A.W.'s transition from High Focus to Glenfield. The February 7, 2025 Annual Review IEP reflects A.W.'s program for February 18, 2025 to June 25, 2025 as follows: In-class Resource Math one time alternate days for forty minutes; In-class Resource Science one time alternate days for forty minutes; In-class Resource Social Studies one time alternate days for forty minutes; Pull-out Resource Replacement English Language Arts once daily for sixty minutes; Pull-out Resource Support Study Skills once daily for forty minutes; individual counseling services once weekly for thirty minutes; and group aide five times daily for forty minutes. (R-9.) The February 7, 2025, IEP changed English Language Arts from one time alternate days for forty minutes to once daily for sixty minutes and changed the twice monthly individual counseling consultation to once weekly individual counseling services. The February 7, 2025, IEP also reflects the following:

2/7/2025: [A.W.'s] IEP was reviewed, and it was determined that they will transition back to Glenfield on February 18th. They will follow an abbreviated day for the first week. This will include attending school for the first four periods from 7:50 a.m. to 10:40 a.m. before adding one class per day the following week until [A.W.] is attending on a full day basis. Also, the MCS counselor, Ms. Simms will assist [A.W.] as needed with entering the school building if there are difficulties in getting out of the car in the mornings for the first two weeks of their transition back to Glenfield. In addition, Ms. Simms will check in with [A.W.] during first period to assess their anxiety level and emotional readiness to begin class in the morning. Finally, [A.W.'s] program in language arts will change from in-class support to pullout replacement resource room instruction to build their writing skills.

[R-9.]

The parent request for a transfer to Buzz Aldrin was rejected by the District, because "the goal is to transition [A.W.] back into Glenfield following treatment at High

Focus, and Glenfield has academic programming that can meet their individual needs.”

The “Concerns of the Parent” were as follows:

- Teacher compliance in following the IEP with modifying class assignments and carrying out classroom accommodations
- Providing [A.W.] with opportunities to use dictation software on writing assignments as opposed to an overreliance on paper and pencil work
- [A.W.] getting pulled out of class to complete unfinished work at a separate location
- Teacher flexibility in allowing [A.W.] to get their thoughts down as opposed to communicating to them that they must complete the topic sentence or a certain step first before moving on to other aspects of a written assignment.
- [A.W.’s] continued placement at Glenfield Middle School
- Concerns about [A.W.’s] panic attacks, insomnia, and constipation issues resurfacing if they continue with the same class placements at Glenfield Middle School. Experience at Glenfield was described by [E.S.] as traumatizing.
- Parental Request for [A.W.] to transfer to Buzz Aldrin given the school's science magnet theme and [A.W.’s] expressed desire to attend this school.

On February 18, 2025, Mom advised Venezia that A.W. was not ready to come to school and did not go to sleep until 5:00 a.m. the prior two days from nerves and anxiety about returning to school, and that she was going to follow up with High Focus in the afternoon. On February 19, 2025, Mom advised that A.W. would not be at school because of neuropsychological testing at Mindful Assessments. (R-41.) Mom later advised that A.W. would be in school on February 20, 2025, and February 21, 2025. A.W. was absent on February 20, 2025, and February 21, 2025. On February 21, 2025, Mom emailed Venezia and she had received a lot of information from the sleep specialist and would make a plan with Venezia because it looked like it might take a little longer to switch A.W. to waking up in the morning on time for school. Mom also advised that she should have doctor notes by the end of the day. (R-41.)

On February 24, 2025, Venezia left Mom a message to contact him about planning based on the sleep study information she received. Venezia also contacted Lacey at

High Focus and expressed concerns about A.W. being absent five consecutive days and explained that the District may have to pursue truancy because A.W. had stepped down from the High Focus intensive outpatient program. A.W. was tardy on February 24, 2025, and stayed only one hour due to high anxiety levels. Mom explained that due to A.W.'s circadian rhythm sleep disorder, there is significant difficulty in A.W.'s body understanding the appropriate sleep/wake cycle and it may take up to six weeks to remediate. Venezia explained that a doctor's note would be required to reinstate home instruction if A.W.'s medical condition prevents A.W. from attending school, or that a partial day schedule could be attempted so that A.W. could come in later in the day and attend some classes. A.W. had a pediatrician appointment the next day and Mom advised that she would provide Venezia with the appropriate documentation.

A.W. continued to be absent, and Mom did not provide the District with any medical documentation. On February 25, 2025, Venezia spoke with Mom. Mom advised that the pediatrician agreed with A.W.'s psychiatrist's recommendations and medication prescribed. She further advised that the issue with home instruction was that the instructor was not available until after 3:30 p.m., and A.W. attends High Focus from 2:30 to 5:30 p.m. Venezia advised that the District would have to obtain another home instructor and that Mom would have to provide medical documentation that A.W. was unable to attend school due to A.W.'s medical diagnosis or it would be deemed truancy.

A letter ostensibly from Jason Bronstein, MD, of Icahn School of Medicine at Mount Sinai, dated March 4, 2025, states, in pertinent part, the following:

[A.W.] has a medical sleep condition which makes it very difficult for him to wake up in the morning, and results in him being very late to school. He saw me for consultation, and based on his history of delayed sleep onset, difficulty awakening in the morning, and multiple functional consequences including school lateness/absences, I diagnosed him with **circadian rhythm sleep disorder, delayed sleep phase type (diagnosis code G47. 21)**.

Treatment is multifactorial and is made more challenging by mental and physical health conditions, however it involves manipulating lifestyle factors that influence the circadian rhythm. For example, he needs to be helped to:

Do not use electronics (TV, phone, computer) within 1-2 hours of bedtime. Definitely do not use electronics in bed at all, or in the middle of the night. The light from electronics affects your circadian rhythm and makes your sleep less restful. Read a book instead (or color or do arts and crafts).

Keep his bedtime *and* wake time consistent (including on weekends and non-work/non-school days).

Shift his bedtime *and* wake time slightly earlier, a little bit at a time.

Ensure his bedtime routine is slightly earlier, and place hard limits on stimulating activity or activities that would keep him up later.

Get plenty of light in the morning, as soon as he wakes up (but not more than 2 hours prior to his usual wake time) and avoid light at least 2 hours before going to sleep.

Consider low dose melatonin, 0.5 mg or less *5* hours before bedtime - if he takes this consistently, it will help him get to sleep earlier. (Take at around 5 pm)

(We do NOT recommend routinely taking melatonin more than 0.5 mg - this usually worsens delayed sleep phase syndrome, making it difficult to wake up in the morning.)

While this may seem like a simple treatment, it may take time and support from his educational team and behavioral team to implement effectively.

[R-19.]

Home instruction was recommended to allow A.W. time to get back on a sleep schedule based on a treatment plan prescribed by A.W.'s doctor so that A.W. could eventually attend school during the regular scheduled hours because A.W. had received a clinical diagnosis of Delayed Sleep Phase Syndrome also known as Circadian Rhythm Sleep Disorder, which significantly impacts A.W.'s ability to wake up in the morning to attend school. (R-19.)

On March 10, 2025, the school physician approved the March 4, 2025, request for medical home instruction. (R-19.) The March 10, 2025, IEP⁸ (amended without a meeting) reflects A.W.'s program for March 10, 2025, to June 25, 2025, as follows: Home

⁸ Several IEPs are dated February 7, 2025—but reflect different start dates. For clarity and to avoid confusion, those IEPs are referred to by start date rather than IEP date.

Instruction for Math, Science, Social Studies, and English Language Arts, once weekly for 120 minutes each.⁹ (R-10.) A.W.'s sleep/wake cycle would have to be regulated in order to transition back to Glenfield.

A March 14, 2025, Troubleshooter Form reflects that home instructor Marie Elmera reported the following problem:

Week 3/3/25, I had virtual home instruction with students for two days. Week 3/10/25, I had virtual home instruction with student for one day. For the missing days, I sent the link, called the parent, they did not respond or sometimes at 11 a.m., parent stated that student still sleeping.

[R-27.]

An April 25, 2025, Troubleshooter Form reflects that home instructor Marie Elmera reported the following problem:

I have been [A.W.'s] home instructor for more than two months. I only saw him twice. There are always issues when it comes the time for virtual home instruction. Parents say that the student is sick, they are at the doctor's office, he is sleeping, "we can't wake him up", "we can't get the link", and it takes parents several days to respond to messages. I am very sorry, I will no longer be providing home instruction services for this student.

[R-28.]

Elmera started teaching a class and would only be available in the afternoon, so Venezia contacted Debra Sessoms to locate another home instructor for A.W.

A letter from Dr. Chapman, dated May 16, 2025, states: A.W. was in treatment for ADHD, Generalized Anxiety Disorder, Circadian Rhythm Sleep Disorder, Insomnia, and

⁹ The March 10, 2025, IEP also reflects individual counseling services once weekly for thirty minutes and group aide five times daily for forty minutes—but the date range is still February 18, 2025 to June 25, 2025 and it is not clear from the IEP if these were being provided during home instruction, as it would not appear that a group aide would be applicable.

Depression; because of A.W.'s sleep disorder, A.W. was not able to attend school during school hours on a regular basis; A.W.'s treatment plan was addressing this issue through a gradual adjustment of circadian rhythms; and since school attendance could not be guaranteed due to health issues, A.W. should be given home instruction through the end of the school year. (R-20.)

The May 16, 2025, IEP reflects A.W.'s program for May 16, 2025, to June 25, 2025, as follows: Home Instruction for Math, Science, Social Studies, English Language Arts once weekly for 120 minutes each. (R-11.) The May 16, 2025, IEP reflects A.W.'s program for September 4, 2025, to February 6, 2026 as follows: In-class Resource Math once daily for sixty minutes; In-class Resource Science once daily for forty minutes; In-class Resource Social Studies once daily for forty minutes; Pull-out Resource Replacement English Language Arts once daily for sixty minutes; Pull-out Resource Support Study Skills once daily for forty minutes; individual counseling services once weekly for thirty minutes; and group aide five times daily for forty minutes. (R-11.) On May 19, 2025, the school physician approved A.W.'s medical home instruction. (R-21.)

A new home instructor was assigned. A June 25, 2025, Troubleshooter Form reflects that home instructor Douglas Hamway reported the following problem:

After several attempts to get in touch with parent for scheduling of sessions, sign timesheet and/or getting student to log on, case ended in early June. Attached is an unsigned time sheet. Please accept this instead at [sic] parent signature because I can not get in touch with parent[.]

[R-29.]

A letter from High Focus Treatment Centers, dated September 15, 2025, to Stevana Sims, Montclair Counseling Services Clinician, states, in pertinent part:

Please be advised that on August 28, 2025, [A.W.] was assessed at High Focus Centers (HFC), a state-licensed and CARP-credited Mental Health and Co-Occurring Substance Use Program. Based on the information gathered during the evaluation, it was our recommendation that [A.W.] attend

treatment in our Intensive Outpatient Program (IOP). [A.W.] and his family agreed with our recommendations, and he began treatment on September 2, 2025. Currently, the treatment team at HFC deem it clinically appropriate for [A.W.] to continue at this level of care where he will continue to receive the following services: three therapeutic groups, biweekly individual sessions with his clinician and psychiatrist, and family support groups offered to parents. [A.W.] attends IOP on Mondays, Tuesdays, and Thursdays from 2:30-5:30pm.

[P-22.]

On August 13, 2025, Mom emailed the District as follows:

I am writing to formally and urgently request an Immediate IEP meeting for my son, [A.W.], to be scheduled and held prior to the start of the upcoming school year. The purpose of this meeting is twofold: to address the district's failures to provide a Free Appropriate Public Education (FAPE) and to develop a comprehensive transition plan for my son.

As you know, [A.W.] was on home instruction for the majority of the previous school year due to significant emotional challenges, including diagnoses of anxiety, depression, a written expression disorder, circadian rhythm disorder, and elements of ASD. Despite repeated requests for a program that would address these needs, the district failed to meet its obligations under FAPE. The district's denial of FAPE was evident in several ways. Specifically, the district failed to provide the required home instruction during the time my son was in an Intensive Outpatient Program (IOP). Furthermore, I was explicitly told that the district would consider no further program until my son was able to consistently get to school. This statement demonstrates a fundamental misunderstanding of the district's obligation to provide a program that supports my son's ability to attend school, rather than making attendance a precondition for receiving services. This position is a clear denial of FAPE.

It is imperative that we hold an IEP meeting immediately to rectify these errors and to collaboratively develop a transition plan that will ensure my son's successful re-entry into the school environment, whether this be in Montclair or an out-of-district placement. The district's past failures have exacerbated his challenges, and a successful school year is dependent upon a proactive and supportive plan.

Please contact me immediately to schedule this meeting. I will be bringing an Advocate with me to the meeting and the meeting will be recorded.

[P-21.]

Sade Wiley is a school psychologist and case manager on the Glenfield child study team (CST). (R-49.) She holds a master's degree in therapeutic interventions with a specialization in school psychology. Among her responsibilities are case management, assessment and testing, behavioral intervention and supports, crisis intervention and support, and individual and group counseling. (R-49.) Wiley became A.W.'s case manager in September 2025. She received an email from Mom on September 3, 2025, stating as follows:

This letter follows my repeated attempts to schedule an Individualized Education Program (IEP) meeting for my child, [A.W.], beginning with my initial correspondence on August 13, 2025. As of today, I have not received a response with proposed meeting dates.

The purpose of this urgent request is to address the fact that [A.W.'s] current IEP is deficient and fails to provide him with the Free Appropriate Public Education (FAPE) to which he is entitled. Per N.J.A.C. 6A:14, an appropriate program and placement must be in place for him to attend school. Because the District has not yet convened a meeting to finalize these necessary supports, I am unable to send [A.W.] to a program that is not appropriate for [A.W.'s] needs. Therefore, [A.W.] will not be in attendance starting today, September 2, 2025.

I expect to receive a response today with several proposed dates and times for an immediate IEP meeting. Pursuant to N.J.A.C. 6A:14-2.3(I), parents are to be active participants in these decisions. My availability is

- Anytime on Friday, September 5 after 12 pm

Please be advised that I will be accompanied by a special education advocate at this meeting and the meeting will be recorded.

I look forward to your prompt reply and collaborating with the Child Study Team to develop an appropriate IEP for [A.W.].

[R-42.¹⁰]

A meeting was held on September 12, 2025. (R-42.) On September 16, 2025, Wiley received an email from Mom as follows:

We are writing to follow up on our recent discussion regarding [A.W.], and the team's decision to place them on home instruction once confirmation from High Focus was received. Could you please provide an update on when we can expect to receive the amended IEP reflecting this change? To ensure the document fully captures the team's plan and best serves [A.W.'s] needs, we also want to reiterate our request to include language specifying that home instruction is an interim placement. **Specifically, we request the IEP state that the student will remain on home instruction pending an appropriate out-of-district placement.** Including this clarification is crucial for ensuring a seamless and timely transition for [A.W.] once a long-term placement is secured. Thank you for your partnership and dedication to [A.W.'s] success. I look forward to working with you to finalize this important step.

[R-42.]

The parents did not submit medical documentation to support the request for home instruction. The District contacted High Focus and Lacey advised that neither home instruction nor continued placement at the High Focus daytime program was necessary.

Wiley replied to Mom's email on September 17, 2025, as follows:

Thank you for your email. We have received confirmation on 9/16/2025 indicating that [A.W.] is currently receiving treatment from High Focus, an Intensive Outpatient Program Monday, Tuesday and Thursday from 2:30 to 5:30 pm.

¹⁰ R-42 quotes herein are taken from Wiley's timeline, not the original emails.

As per our meeting, he can not be coded for Home Instruction as we still do not have appropriate documentation for his absence from school. Therefore, he will be reported as truant.

At this time, I would like to propose another meeting to discuss additional concerns and identify next steps as it pertains to what is best for [A.W.]. Please provide some available days and times where we may be able to meet virtually.

[R-42.]

Wiley requested several times that Mom provide documentation to support the request for home instruction. On September 23, 2025, Wiley received an email from Mom with an attached letter from Dr. Chapman regarding absences and home instruction. On September 24, 2025, Wiley forwarded the email and Dr. Chapman's letter to the school nurse. On September 25, 2025, Wiley emailed Mom and advised, inter alia, as follows:

In addition, I've received communication from our school and district nurse requesting additional information before Home Instruction approval can be granted such as:

- When was the last time [A.W.] was seen in person by Dr. Chapman?
- What treatments are taking place that prevents [A.W.] from attending school?
- What steps are being taken to bring [A.W.] back to school? Does the physician have a plan in place? (especially because this has been going on for over a year)
- Has [A.W.] been evaluated by a specialist such as a child psychiatrist?

As much of this process is time-sensitive I would like to hold a meeting sooner than later to clarify the above mentioned questions, have the appropriate documentation on file as well as discuss next steps to ensure [A.W.'s] educational success.

[R-42.]

Mom replied with available dates but stated that Wiley's questions had been answered in the last meeting and in the letter from High Focus. Wiley replied to Mom, in pertinent part, as follows:

Thank you for providing the dates and time below. I will discuss with the team and follow up with a meeting confirmation form to solidify our meeting on the calendar.

Again, thank you for providing the paperwork from High Focus. I was able to speak with Ms. Erin Lacey about [A.W.'s] participation in the program. She confirmed the information stating [A.W.] attends the program 3 days a week from 2:30-5:30 pm. She further shared that he is not eligible for the Partial Hospital Program (which has an educational component) as they do not present with intense anxiety or depression and/or suicidal ideation. She mentioned that you discussed with her looking into online schooling, can you share more information on that?

Also, prior to confirming Home Instruction, the district doctor is seeking further information from [A.W.'s] primary care physician. While the document you shared does highlight [A.W.'s] diagnoses it does not specify the following questions:

- When was the last time [A.W.] was seen in person by Dr. Chapman?
- What treatments are taking place that prevents [A.W.] from attending school during the school day?
- What steps are being taken to bring [A.W.] back to school? (please note High Focus did not have suggestions)
 - Does the physician (Dr. Chapman) have a plan in place? (especially because this has been going on for over a year)
- Has [A.W.] been evaluated by a specialist such as a child psychiatrist?

[R-42.]

On September 30, 2025, Mom emailed Wiley as follows:

Attached please find an updated letter from [A.W.'s] primary care physician. Below please find the responses to the questions you asked:

- **When was the last time [A.W.] was seen in person by Dr. Chapman?**
 - [A.W.] was recently seen by Dr. Chapman on 7/26/25, virtually on 8/17, and today 9/29/25. At the July 26th visit, Dr. Chapman increased his medication in hopes that it would decrease the level of depression and anxiety that [A.W.] experiences in regard to school related issues that he experienced during his 6th grade year in Montclair.

Dr. Chapman is also working with [A.W.] in regard to medications that will help his insomnia so that he can fall asleep at night and be able to function in the morning.

● **What treatments are taking place that prevents [A.W.] from attending school?**

- As you are aware, [A.W.] is currently receiving treatment at High Focus. He is in a group that specifically focuses on anxiety and school avoidance. Their goal is to get the students back into an educational setting where they feel safe and supported.
- [A.W.] also sees Leslie Brown, LCSW once a week. Leslie is part of the Family Partnership of Essex County. Leslie will also provide wrap-around services after [A.W.] completes the High Focus Program. She is working in partnership with the treating therapists at High Focus. She has been working with [A.W.] on the roots of his school disassociation, visualizing the future, and going back to school. She has also recommended Trauma Therapy focused on school.
- [A.W.] is also followed by the psychiatrist at High Focus every 2 weeks, who will now be taking over management of his current medications.
- [A.W.] sees Dr. Jason Bronstein, MD at Mt. Sinai Hospital. Dr. Bronstein, MD, is the Medical Director of the Mount Sinai Pediatric Sleep Medicine Program and Director of the Mount Sinai Children's Integrative Sleep Center. He diagnoses [A.W.] with a rare Circadian Rhythm Disorder that impacts 3% of the population. Stress and anxiety exacerbate this condition.

● **What steps are being taken to bring [A.W.] back to school? Does the physician have a plan in place?**

- Much of this has been covered above:
- Dr. Chapman is working with [A.W.] on his sleep disorder, anxiety and depression. She was managing his medication every 6 weeks. Zoom check-ins every week
- High Focus is working with a focus on Anxiety and School Avoidance. They will be able to provide input as to a plan to return to an academic setting closer to the end of treatment
- Psychiatrist at High Focus sees [A.W.] every 2 weeks to assess medication and treatment
- Eric Kenny, Partnership for Children of Essex, will continue to be [A.W.'s] case manager and coordinate services. Leslie Brown is partnering with High Focus as they will provide wrap-around services once [A.W.] is well enough to be discharged from High Focus

- Dr. Jason Bronstein, MD is treating [A.W.'s] Circadian Rhythm Sleep Disorder which is only present in 3% of the population
- Currently, Noelle Dean, LCSW, [A.W.'s] Generalist, who recommended High Focus, does not think [A.W.] is stable enough to have trauma-based therapy such as EMDR. She would provide that therapy when appropriate.

● **Has [A.W.] been evaluated by a specialist such as a child psychiatrist?**

- Yes. He is seen and followed every 2 weeks by the psychiatrist at High Focus.

Please let me know when [A.W.] is approved for Home Instruction and the Home Instruction IEP can be put in place. It should be noted that [A.W.] experiences no difficulty in attending High Focus, as it is a safe place in which support is offered and provided. [A.W.'s] documented trauma serves as a significant psychological barrier, making a return to the Glenfield school environment emotionally and academically detrimental. This is complicated by [A.W.'s] learning profile. Due to a processing disorder, [A.W.] is unable to consistently access the curriculum in a general education setting with the consistent use of supports and trained personnel to provide those supports. This is evidenced by significant challenges with pacing and regulation; [A.W.] requires 50-60% more time than peers to manage transitions and experiences sensory overwhelm that results in a temporary loss of verbal communication. To achieve meaningful progress, [A.W.] requires a highly structured environment with educators who are specifically trained in evidence-based methodologies for ADHD and processing disorders. The current environment at Glenfield does not provide this necessary level of support.

[R-42.]

The attached letter from Dr. Chapman, dated September 29, 2025, states:

This letter follows my earlier letter from 9/22/25 requesting home instruction for [A.W.].

[A.W.] had an office visit today. Their parent reports that home instruction has not been provided as of today. As [A.W.'s] primary care provider, this concerns me since federal law requires that every child be provided education that meets their needs. As of now, it is my understanding that [A.W.] is not being offered the support they need to learn.

Because of their severe circadian rhythm sleep disorder, [A.W.] is not getting enough sleep to attend school and learn. This condition takes time to treat and, until [A.W.] is able to get up and function through the school day, they must be provided with education support either at home or in a therapeutic school setting. I reiterate that in my professional opinion as a pediatrician with more than 30 years' experience, [A.W.] is not medically cleared to attend his regular school as of today.

With every missed day of school, [A.W.] falls further behind. As you can imagine, this compounds [A.W.'s] depression and anxiety. [A.W.'s] parents are working closely with myself, [A.W.'s] therapist, and a sleep medicine specialist to help them correct their sleep disorder. [A.W.'s] parents have followed up with all scheduled appointments and are appropriately very concerned about [A.W.'s] physical, emotional, and mental health, as well as with their education. My understanding is that additional support services have not been forthcoming from the school/school district to date. If this is the case, it represents a dereliction of the duty of the public schools and must be addressed as soon as possible.

[R-22.]

A second letter from Dr. Chapman, also dated September 29, 2025, states:

This letter follows my earlier letter from 9/29/25 requesting home instruction for [A.W.].

[A.W.] had a telemedicine visit today. Their parent reports that home instruction has been extremely beneficial for [A.W.] while they are in treatment for circadian rhythm sleep disorder. [A.W.] is actively participating in instruction sessions and doing their homework.

Because of their severe circadian rhythm sleep disorder, [A.W.] is not yet medically cleared to attend school. Thus home instruction should be continued until further notice. This condition takes time to treat and, until [A.W.] is able to get up and function through the school day, they must be provided with education support either at home or in a therapeutic school setting.

[A.W.'s] parents continue to work closely with myself, [A.W.'s] therapist, and a sleep medicine specialist to help them

correct their sleep disorder. [A.W.'s] parents have followed up with all scheduled appointments and are appropriately very concerned about [A.W.'s] physical, emotional, and mental health, as well as with their education.

Please feel free to reach out to me if you wish to discuss [A.W.'s] case further. Thank you.

[P-23.]

A.W.'s October 8, 2025 Interim Report reflects a total of twenty-five absences and that A.W.'s interim grades were either excused or incomplete for all subjects. (P-1.)

An IEP meeting was scheduled for October 14, 2025, to discuss home instruction and the supports necessary for A.W. to return to school. Mom emailed Wiley on October 10, 2025, requesting that the meeting be canceled, stating that A.W. was not yet at a point in treatment to develop a return-to-school plan and further requesting that the CST prepare an IEP amendment without a meeting to place A.W. on home instruction until A.W. was able to return to school. (R-42.)

The October 15, 2025, IEP reflects home instruction from October 14, 2025, to December 12, 2025, for Math, Science, Social Studies and English Language Arts, once weekly for 120 minutes each. (R-1; R-2.) The "Concerns of the Parent" were as follows:

Parental concerns as per the previous IEP:

- Teacher compliance in following the IEP with modifying class assignments and carrying out classroom accommodations
- Providing [A.W.] with opportunities to use dictation software on writing assignments as opposed to an overreliance on paper and pencil work
- [A.W.] getting pulled out of class to complete unfinished work at a separate [sic] location
- Teacher flexibility in allowing [A.W.] to get their thoughts down as opposed to communicating to them that they must complete the topic sentence or a certain step first before moving on [sic] to other aspects of a written assignment
- [A.W.'s] continued placement at Glenfield Middle School

- Concerns about [A.W.'s] panic attacks, insomnia, and constipation issues resurfacing if they continue with the same class placements at Glenfield Middle School.
- Parental request for [A.W.] to transfer to BUzz [sic] Aldrin given the schools science magnet theme and [A.W.'s] expressed desire to attend this school

[R-2.]

By letter dated October 16, 2025, the District notified the parents that home instruction was approved from October 14, 2025, to December 12, 2025, and that A.W.'s Genesis attendance was adjusted to "Home Instruction" during those dates. (R-24.) Home instruction was to begin as soon as possible, and the instructors were to contact the parents regarding home instruction arrangements. (R-24.) The parents were further notified, in pertinent part, that: home instruction sessions may take place virtually or in-person as set up between the parents and home instructor; a responsible adult, other than the home instructor, must be present during the time of home instruction; A.W. would receive two (2) hours per subject/per week, as dictated by the IEP or School Counseling Department; home instruction with Montclair school teachers is not permitted on days when district schools are closed, such as weekends or holidays, and must take place after the school day has ended; home instruction sessions with Essex County Education Services Commission (ECESC) instructors may take place any time the student is available to include weekends and holidays; if home instruction is to continue past the original end date, a new doctor's note requesting that home instruction continue would need to be obtained and given to the student's School Counselor or Case Manager; a formal re-admission conference must take place prior to A.W.'s return to class; and the parents would need to provide the appropriate documentation indicating A.W.'s readiness to return. (R-24.)

A.W.'s home instruction attendance was not consistent. A.W.'s November 17, 2025, Interim Report reflects a total of twenty-five absences and that A.W.'s interim grades were "A" for English and Science, "B" for Social Studies, and incomplete for Algebra, and excused for all subjects, but also that A.W.'s final grades were incomplete for Algebra and "F" for 3D Design and Digital Media. (P-2.)

By email dated November 24, 2025, the parents advised the District that they were “on the precipice of filing for Due Process to obtain the therapeutic environment that professionals have assured us that [A.W.] requires,” and requested a meeting “to see if we can reach an agreement” for A.W. (P-26.)

The December 10, 2025, IEP reflects A.W.’s program for January 5, 2026, to June 26, 2026, as follows: Pull-out Resource Replacement English Language Arts once daily for forty-five minutes; Pull-out Resource Support Study Skills once daily for forty-five minutes; In-class Resource Social Studies once daily for forty-five minutes; In-class Resource Math once daily for forty-five minutes; In-class Resource Science once daily for forty-five minutes; and individual counseling services once weekly for thirty minutes. (R-12.) The “Concerns of the Parent” were as follows:

[E.S.] attended the virtual assess progress and review/revise IEP meeting alongside her advocate and noted the following information:

Ms. Webb, the parent advocate, indicated in the meeting that the parents were not in agreement with the district's proposed plan to reevaluate and gradual transition [A.W.] back into the school building.

[R-12.]

The Transition Monitoring Form reflects the District’s proposed plan for A.W. to transition back into school as six stages: Stage 1, Controlled Entry Exposure; Stage 2, Short Building Visit; Stage 3, Brief Academic Exposure; Stage 4, Increased IEP Participation; Stage 5, Partial Day Attendance; and Stage 6, Full Day Attendance—for April through June. (R-31.) The attendance goals were 2-3 days per week for stage one and two during weeks one and two, 3 days per week for stage 2-3 during weeks three and four, 4 days per week for stages 3-4 during weeks five and six, and to be attending consistently 4 days per week aiming toward full day attendance. (R-31.)

A.W.’s December 12, 2025, Interim Report for the second marking period reflects zero absences and that A.W.’s interim grades were either excused or incomplete for all subjects. (P-3.)

On December 19, 2025, petitioners' attorney filed the Petition via email.

By letter dated January 23, 2026, the District informed the parents that as a result of the December 10, 2025, IEP meeting, the CST was recommending additional information in the form of a reevaluation because A.W. had not been in a school building for more than six months, so A.W.'s current level of functioning needed to be updated to ensure that the team has accurate, comprehensive, and current data. (R-44.) The proposed evaluations were (1) educational—to assess A.W.'s present academic skills, identify any areas of regression, and determine the level of support required for a successful return to school; (2) psychological—to provide updated information on A.W.'s cognitive functioning, processing abilities, and learning profile, all of which are essential for appropriate instructional planning; (3) social history—to better understand A.W.'s social-emotional functioning and daily living skills, and the impact of A.W.'s prolonged absence from the school environment; and (4) psychiatric—to clarify the effects of A.W.'s diagnosed Delayed Sleep Phase Syndrome, obtain guidance regarding school attendance and functioning, and determine how A.W.'s medical and mental health needs may influence A.W.'s educational program. (R-44.) On January 28, 2026, consent for reevaluation was received. (R-1.)

A.W.'s February 3, 2026, Interim Report for the second marking period reflects no grade for all subjects and four absences. (P-4.)

Tiffany Buffa is a learning disabilities teacher-consultant (LDT-C) who holds supervisor, LDT-C, teacher of students with disabilities K-12, and elementary education K-8 standard teaching certificates. (R-50.) She was a special education teacher at the middle school for grades 6, 7, and 8 from February 2007 to June 2018, and has been the K-5 LDT-C since September 2018. (R-50.) Buffa evaluated A.W., and she prepared an Educational Evaluation, dated March 3, 2026. (R-45.) The Educational Evaluation reflects, in pertinent part, the following:

[A.W.] is a twelve-year, eleven-month-old student in seventh grade at Glenfield Middle School in Montclair, NJ. This

educational evaluation is in partial fulfillment of [A.W.'s] triennial Child Study Team evaluation. He is currently eligible for Special Education and Related Services under the category of Other Health Impairment, due to a diagnosis of ADHD (Chapman, 9/2023). [A.W.] is currently receiving his academic instruction via Home Instruction.

[A.W.] was assessed during one extended testing session. The testing session took place in a neutral location to support [A.W.'s] struggles around returning [A.W.] was brought to the testing room by his mother. He separated easily from his mother and engaged in age-appropriate conversation with the examiner. Throughout the testing session, [A.W.] displayed good attention, asking for repeats or clarifications when needed. [A.W.] attempted all tasks presented to him and persisted through difficult and non-preferred tasks, such as writing. During the writing task, [A.W.] requested a break and was given one at the conclusion of the class. No modifications were made to the standardized presentation off this assessment. Overall, this testing session is thought to represent a fair sample of [A.W.'s] current academic abilities.

[A.W.'s] scores ranged from the extremely low range to the very high range. Academic strengths were noted in mathematics and oral language. In contrast, weaknesses were noted in written expression. Specifically, [A.W.'s] highest overall cluster score was Mathematics, which fell within the high average range (90th percentile, SS=119). Within this cluster was [A.W.'s] highest overall cluster score on *Math Problem Solving*, which fell within the very high range (93rd percentile, SS=122). [A.W.] also scored with the high average range on the Oral Language cluster (84th percentile, SS=115), with his *Listening Comprehension* subtest score also falling within the high average range (90th percentile, SS=119). Conversely, [A.W.'s] lowest overall cluster score was Written Expression, which fell within the low average range (10th percentile, SS=81), representing a weakness in his academic profile.

[R-45.]

On March 3, 2026, school social worker Soukaina Barnes, LSW, interviewed Mom and prepared a Social History, dated March 23, 2026, which includes the following summary:

[A.W.] (he/they) is a 12-year, 10-month-old 7th-grader at Glenfield Middle School. This social history interview is being conducted during [A.W.'s] 2026 comprehensive triennial evaluation period.

[A.W.] has not attended school in person since October 2024. In December 2024, he began intensive outpatient care at High Focus in Parsippany, New Jersey. There, he received support for anxiety, depression, and sleep disturbance. After discharge in March 2025, he participated in home instruction and a mix of virtual and in-person sessions.

[E.S.], [A.W.'s] mother, provided background information to District Social Worker Soukaina Y. Barnes, LSW, on March 3, 2026. [A.W.] is affectionately called [A.W.] by his family and friends.

Additionally, [E.S.] shared background information and medical impressions:

Dr. Christina M. Young, PhD (June 5, 2023).
Neuropsychological Assessment Report:
Attention Deficit/Hyperactivity, Combined presentation,
Specific Learning Disorder with written expression
impairment.
Major depressive disorder, Recurrent episode, Mild.

- Dr. Peggy Chapman's ADHD diagnosis for [A.W.] was made in October 2024.
- Dr. Alexis Ferguson, PsyD. Mindful Assessments & Psychological Services, Fairfield, NJ, December 11, 2025. Neuropsychological Assessment Report:

Generalized Anxiety Disorder (F41.1)
Specific Learning Disorder, with impairment in written
expression (F81.81)
ADHD Combined Type, by history (F90.2)
Autism spectrum Disorder, mild, Level 1.

[E.S.] shared that before transferring to Hillside School for 5th grade in Montclair, [A.W.] attended The New School - San Francisco, a project-based school in San Francisco, California, from kindergarten through the end of 4th grade.

The record review reveals that [A.W.] initially received special education services under the disabling category Other Health Impaired (ADHD).

[A.W.] is up to date with his wellness check-ups. At his 13-year wellness check-up this winter, his medication and supplements were reviewed. He will continue taking over-the-counter iron supplements, MiraLAX, vitamin E, and chewable magnesium. He is prescribed Adderall AM/PM (20 mg extended release), Prozac (30 mg at night), Gabapentin, and hydrocodone.

He has no known food sensitivities or environmental allergies. His vision is reportedly good. He sees his pediatrician for healthy and sick visits.

[A.W.] has been under the care of Peggy Chapman, MD, MS, FAAP, since October 9, 2024. [A.W.] currently has the following diagnoses: ADHD (F90.9), Generalized Anxiety Disorder (F41.1), Circadian Rhythm Sleep Disorder (G47.20), Insomnia (G47.0), and Depression (F39).

[A.W.] has chronic difficulty falling and staying asleep. A sleep study at Mount Sinai, NY, ruled out sleep apnea but found TMJ and Restless Leg Syndrome.

[A.W.] attended the New School in San Francisco, California, from kindergarten through 4th grade. [E.S.] shares that The New School was a non-traditional, diverse-by-design school that intentionally practices equity at all levels.

[E.S.] describes [A.W.] as empathetic toward others. He is caring and enjoys social interactions with his peers. [A.W.] identifies as nonbinary and reportedly is not offended when others are confused about terminology when referring to him. While he has not connected with his Montclair peers, he is interactive with his Dungeons and Dragons (D&D) friends. He also meets with the spectrum group. [A.W.] enjoys being tutored by older students, helping tutor younger students, and volunteering with the local food pantry. In California, [A.W.] enjoyed many activities, including team sports such as soccer and baseball. [A.W.] participated in drums and explored other musical instruments.

Since arriving in Montclair, his social experiences have not been ideal and have been filled with conflict, as described by [E.S.]. [E.S.] attributes many negative experiences to [A.W.'s] decline. Mainly surrounding conflicts with peers and environmental transitions to systems that [A.W.] was unable to adapt to. [A.W.] was accustomed to being exposed to social and cultural consciousness at a young age. Adjusting to Montclair was a culture shock for [A.W.].

[R-46.]

Wiley evaluated A.W. on March 5, 2026, and prepared a Confidential Psychological Report, dated March 10, 2026. (R-47.) The Confidential Psychological Report contains the following summary:

[A.W.] is a 12-year, 11-month-old, Seventh grade student. He is currently being reevaluated to determine his continued eligibility for special education and related services, assess his current level of cognitive functioning, and ensure that his educational program continues to meet his needs.

In order to assess his cognitive functioning, the Wechsler Intelligence Scale for Children – Fifth Edition (WISC-V). [A.W.] completed testing in one session and demonstrated age appropriate attention, cooperation, and effort. On the WISC-V, [A.W.] yielded a Full Scale IQ (FSIQ) of 119 (High Average range, 90th percentile), reflecting overall cognitive ability above that of approximately 90% of same-age peers.

On this assessment, [A.W.] demonstrates generally well-developed thinking and reasoning abilities. His performance was particularly strong in areas involving abstract reasoning, pattern recognition, and novel problem solving, where he performed in the Very High range. These results suggest that [A.W.] is able to identify patterns, understand relationships among concepts, and apply logical thinking when solving unfamiliar problems.

[A.W.] also demonstrated strong verbal reasoning and language abilities, performing in the High Average range on tasks that measured vocabulary knowledge and the ability to reason with verbal concepts. These skills support his ability to understand language, express ideas clearly, and engage in discussion-based learning. His working memory abilities fell within the Average to High Average range, suggesting that he is generally able to hold and manipulate information in mind

for short periods of time, particularly when working with visual information. [A.W.'s] processing speed was in the Average range, indicating that his ability to quickly scan, process, and respond to visual information is similar to that of other children his age.

The BASC-3 was administered to [A.W.], including both the Self-Report of Personality (SRP) and the Parent Rating Scales (PRS), to assess his behavioral and emotional functioning across settings. Findings from both self-report and parent report indicate generally age-appropriate behavioral and emotional functioning, with a consistent area of relative concern related to Montclair Public Schools Confidential Psychological Report attention and task management. These difficulties may impact [A.W.'s] ability to sustain focus, remain organized, and complete tasks efficiently, particularly in academic settings.

Overall, [A.W.'s] profile reflects strong reasoning and language skills, with particular strengths in abstract and visual problem solving, alongside age-appropriate attention, working memory, and processing speed. These abilities suggest that he has the cognitive skills necessary to engage with grade-level academic material and benefit from learning experiences that encourage reasoning, problem solving, and discussion of ideas.

[R-47.]

A.W.'s March 9, 2026, Interim Report for the third marking period reflects no grade for all subjects, except algebra, which was excused, and thirty-two absences. (P-5.)

On March 9, 2026, Mom emailed the District a neurological evaluation and two addenda. The undated Neurological Evaluation reflects that psychologist Alexis Ferguson, PsyD, evaluated A.W. on February 3, 2025, February 10, 2025, February 19, 2025, and March 2, 2025. (R-54.) The Neurological Evaluation reflects, in pertinent part, the following:

Summary and Conclusions: [A.W.] was referred for neuropsychological testing by his parents to determine [A.W.'s] patterns of strengths and needs for intervention. Specifically, they were concerned about the possibility of a learning disorder as well as autism spectrum disorder. They

requested assistance with determining an appropriate placement for school.

[A.W.] is a bright and thoughtful young boy who presents with a complex profile of cognitive strengths alongside emotional vulnerabilities that have impacted his educational access and social-emotional functioning. His cognitive testing revealed very high intellectual functioning, with particular strengths in fluid reasoning, visual-spatial processing, working memory, and verbal comprehension, reflecting strong abilities in abstract reasoning, visual problem-solving, verbal concept formation, and mental manipulation of information. His only relative cognitive vulnerability emerged in processing speed, which was lower than his other cognitive abilities and may impact his efficiency with routine or timed tasks.

Academically, [A.W.] is performing at or above grade level in most areas. His math problem-solving and numerical operations skills were a notable strength, falling in the high average to very high range, while his reading skills were solidly average and aligned with expectations. [A.W.] meets criteria for a Specific Learning Disorder with impairment in written expression. Despite his very high cognitive abilities and strong reasoning and verbal comprehension skills, his performance on multiple writing tasks fell in the low average range, including sentence composition and spelling, which were significantly below expectations given his intellectual potential. These difficulties reflect challenges with the mechanical and organizational aspects of writing, such as sentence structure, grammar, and written fluency. His spelling skills were similarly below expected levels, suggesting weaknesses in phonological encoding and orthographic processing. These deficits have interfered with his ability to express ideas in writing efficiently and accurately and are not better accounted for by emotional or attentional factors alone.

Emotionally, [A.W.] presents with elevated symptoms of anxiety, withdrawal, and depressed mood, along with attention regulation difficulties. These concerns were observed across self-report and parent-report measures, as well as through interview. Both of his parents endorsed concerns about attention and hyperactivity, and [A.W.] himself expressed disconnection from the school environment. Although [A.W.] demonstrated some mild social communication differences, including occasional awkwardness, selective conversational engagement, and sensory-seeking behaviors, he does not meet full diagnostic criteria for autism spectrum disorder (ASD) or Social (Pragmatic) Communication Disorder. He was observed to

use complex language, appropriate gestures, and reciprocal conversation when interested, and he demonstrated social awareness and insight into interpersonal relationships. No evidence of stereotyped speech, restricted interests, or behavioral rigidity was noted, and his parents reported that he engages fluidly in conversation at home, manages transitions well, and does not exhibit significant impairments in functioning due to social challenges. While his ADOS-2 score fell within the autism classification range, the broader clinical picture, including findings from the CARS-2, parent interview, and behavioral observations, indicate that his profile is better explained by anxiety, attentional difficulties, and emotional regulation challenges, rather than a neurodevelopmental disorder such as ASD.

Due to significant school avoidance, [A.W.] has had minimal educational access over the past several months, receiving only brief home instruction and limited academic engagement. His anxiety around returning to school, as well as negative attitudes toward school and teachers, appear to be contributing to a cycle of disengagement. His emotional distress, coupled with executive functioning weaknesses (particularly in sustained effort and self-monitoring), have impacted his ability to benefit fully from instruction despite his considerable cognitive potential. Additionally, [A.W.] meets diagnostic criteria for Generalized Anxiety Disorder, reflected in persistent, excessive worry; school avoidance; somatic symptoms; difficulty tolerating uncertainty; and emotional distress that spans across home, school, and evaluative settings. His anxiety appears to impact his daily functioning, social interactions, and access to instruction.

Taken together, [A.W.] is a highly capable student whose strengths in reasoning, memory, and comprehension position him well for academic success. However, his progress is currently being undermined by emotional dysregulation, school-related anxiety, and emerging social and attentional difficulties. He would benefit from targeted support to reengage him in the learning process, strengthen his emotional regulation skills, and address underlying anxiety. With coordinated interventions across therapy, school, and home, [A.W.] has strong potential to thrive academically, socially, and emotionally.

Diagnostic Impressions:

Generalized Anxiety Disorder (F41.1)

Specific Learning Disorder, with impairment in written expression (F81.81)

Attention Deficit Hyperactivity Disorder, combined type, by history (F90.2)

Provisional: Autism Spectrum Disorder (as stimming behaviors were reported during one evaluation, however, have not been seen in any other context)

Recommendations:

Based on these findings the following recommendations are suggested:

Recommendations for School

1. Given his intellectual and language functioning as well as his current emotion regulation skills, [A.W.] should continue to be provided an Individualized Education Plan containing special education accommodations and related services based on the classification of Multiply Disabled given the impact of his mood and writing disability on his academic success.

2. To promote academic success and readiness, he would benefit from the following IEP accommodations and modifications across classes:

- a. Modification of writing assignments based on his functional abilities
- b. Use of speech to text or keyboard for note taking as needed
- c. Preferential seating
- d. Check-ins for understanding
- e. Pairing oral information with visual/written information
- f. Writing support, pull out as needed
- g. Providing information in small chunks
- h. Use of visual tracking strategies
- i. Use of graphic organizers or story maps
- j. Repetition of instruction
- k. Provide instructions in a short, concise manner
- l. Leniency in corrections for spelling and punctuation
- m. Additional time on class assignments, quizzes, and tests
- n. Additional time (2x) on standardized testing
- o. Positive reinforcement and encouragement when he becomes nervous about his performance
- p. Notes or take-away points about class lectures should be provided as needed
- q. Modeling of social skills from teacher and designated peers
- r. Identification of at least two individuals in the school building who [A.W.] can talk to when he is feeling distressed at school
- s. Weekly school counseling sessions
- t. Weekly occupational therapy sessions to address handwriting and fine motor skills

3. Offer accommodations to reduce the impact of written expression challenges, such as:

- a. Access to a word processor or typing assignments
 - b. Use of speech-to-text software
 - c. Reduced written output when appropriate (e.g., allow oral responses or multiple-choice instead of essays)
 - d. Extra time on writing assignments and tests
 - e. Scaffolded writing prompts and checklists to support planning and organization
4. Address anxiety through structured emotional and behavioral supports, including:
- a. Access to a school counselor or psychologist for check-ins, especially during transitions or after school absences
 - b. A designated "cool-down space" or calming corner [A.W.] can use as needed when emotionally overwhelmed
 - c. A plan for gradual re-entry or re-acclimation if he has extended absences due to school refusal or emotional distress
5. Use a strengths-based approach to support engagement, leveraging [A.W.'s] strong reasoning and verbal skills by providing enrichment opportunities in areas like reading comprehension, science, or inquiry-based learning.
6. Establish consistent routines, clear expectations, and predictable transitions to support emotional regulation and reduce anxiety, especially during unstructured times or when introducing new tasks.
7. Teach and reinforce executive functioning strategies across settings. This may include:
- a. Organizational aids (e.g., color-coded folders, visual planners)
 - b. Time management tools (e.g., timers, checklists)
 - c. Explicit instruction in breaking down tasks and monitoring progress
8. Potential recommendations for addressing school avoidance/anxiety. Develop a gradual re-entry plan tailored to [A.W.'s] emotional readiness. This should include:
- a. Shortened school days or partial attendance at first (e.g., mornings only or selected classes)
 - b. Scheduled breaks during the day in a designated support space (e.g., counselor's office, learning center) as needed
 - c. Clear, predictable routines and a visual schedule for re-acclimation
 - d. Assign a trusted adult at school as a point of contact (e.g., school counselor or case manager) who can check in with [A.W.] daily and serve as a supportive anchor when anxiety arises.

- e. Create a daily check-in/check-out system, where [A.W.] can express concerns, set small goals for the day, and reflect on his success. This structure can also reinforce his sense of safety and progress.
- f. Use collaborative problem-solving with [A.W.] to identify triggers for school avoidance (e.g., unstructured time, social discomfort, performance anxiety) and involve him in brainstorming accommodations or coping strategies.
- g. Provide clear, non-punitive responses to absences, emphasizing support and reconnection over discipline. Avoid framing absences as “misbehavior” and instead reinforce each attempt to engage.
- h. Coordinate with outside providers (e.g., therapist, behaviorist) to ensure consistency in strategies used at home and school. If [A.W.] is not currently in therapy, school should encourage caregiver follow-through with community-based mental health resources.
- i. Offer flexible academic supports during reentry, such as reduced written output, or alternate assignments, to reduce stress and increase success during transitions.
- j. Celebrate small wins and reinforce school attendance, even partial. Use a reward system or privileges tied to consistent participation, with input from [A.W.] about what is motivating and appropriate.

Recommendations for Home

...

Recommendations for Treatment

...

- 12. Coordinate with school staff if possible. With proper consent, the therapist should maintain contact with school personnel to align coping strategies, reinforce reentry plans, and support consistent messaging between therapy and school.

[R-54.]

Dr. Ferguson had issued an addendum to the Neuropsychological Evaluation on December 11, 2025 (Addendum 1), and Dr. Ferguson had issued a second addendum to the Neuropsychological Evaluation on December 19, 2025 (Neuropsychological Addendum 2), which was largely identical to Addendum 1 except as otherwise noted below. Addendum 1 states:

I am writing to provide an addendum to [A.W.'s] February-March 2025 neuropsychological evaluation. At the time of the initial assessment, [A.W.] was assigned a *provisional* diagnosis of Autism Spectrum Disorder (ASD). This provisional diagnosis reflected the limited collateral information then available regarding restrictive or repetitive behaviors, sensory-seeking or sensory-underresponsive¹¹ patterns, and behavioral rigidity. While [A.W.] was observed to demonstrate some social weaknesses, he did not meet full DSM-5 criteria for ASD based on collateral information and direct observation at that time.

Since the evaluation, I have engaged in further consultation with [A.W.'s] treatment provider and obtained additional detailed reporting from his mother.¹² This new information provides significant clarification regarding the longstanding nature and functional impact of behaviors that were not sufficiently documented during the initial assessment window.

Specifically, [A.W.] has been described as:

1. Requiring extensive preparation prior to engaging with peers or unfamiliar adults, including advanced scripting or verbal rehearsal to reduce anxiety and support successful social participation.
2. Using transitional objects to manage distress, regulate emotional states, and support smooth transitions across environments or tasks.
3. Demonstrating a history of stimming or repetitive behaviors, most notably repetitive opening and closing of his hands or pacing around the room, which have been present since early childhood.
4. Exhibiting additional patterns of rigidity and difficulty shifting between tasks or expectations, particularly when routines change or when demands are unpredictable.

Taken together with the cognitive, social-communication, and developmental findings from the original neuropsychological evaluation, this additional collateral information confirms that [A.W.] meets full DSM-5 criteria for Autism Spectrum Disorder. **Therefore, this addendum serves as a formal update to the earlier report: [A.W.'s] diagnosis should be changed from provisional to include Autism Spectrum Disorder, mild, Level I (requiring support).**

¹¹ Changed in Addendum 2 to: "sensory-under responsive".

¹² Changed in Addendum 3 to: "Since the evaluation, I have further consulted with [A.W.'s] previous treatment provider and obtained additional detailed reporting from his mother."

It is imperative to note that identifying and implementing the appropriate educational supports for [A.W.] is both critical and time sensitive. Given his developmental trajectory and his previous school history delays in providing appropriate services may result in widening gaps between his potential and his day-to-day functioning in the classroom.¹³

Educational Implications and Recommended IEP Considerations

[A.W.] is a very bright student with strong reasoning skills and a clear capacity for high academic achievement. This updated diagnostic clarity should be reflected in his Individualized Education Plan (IEP) so that he receives the appropriate social-communication, sensory, regulatory, and executive-function supports while also ensuring his exceptional cognitive strengths are fully recognized and enriched.

1. As previously recommended, [A.W.'s] IEP classification should reflect his complex cognitive profile, which includes strength in his problem-solving skills, yet weaknesses in his social, communication, attention, and writing skills. As such, the classification of Multiply Disabled¹⁴ would best capture the impact of these weaknesses on [A.W.'s] academic performance. He is recommended to receive his core classes in a regular education setting with the following supports.¹⁵
2. To support his social and communication weaknesses, [A.W.] continues to be recommended to regularly meet with the school's psychologist and behaviorist. Sessions should engage in:
 - a. Direct instruction in pragmatic language skills
 - b. Participation in a social skills group
 - c. Pre-teaching and role playing before socially demanding tasks or group activities
 - d. Continued collaboration with his outside provider
3. To support [A.W.'s] difficulty with transitions and flexibility, he would benefit from:

¹³ Paragraph changed in Addendum 2 to: "It is imperative to note that identifying and implementing the appropriate educational supports for [A.W.] is both critical and time sensitive. With the appropriate, timely, and consistent supports in place, [A.W.'s] prognosis is good, and he is expected to continue to make strong academic progress while developing the social, emotional, and self-regulatory skills needed for long-term success. Conversely, delays in implementing these supports are likely to negatively impact not only his academic access and performance, but also his self-esteem and social development, as an ongoing mismatch between his abilities and available accommodations may reinforce frustration, isolation, and diminished confidence over time."

¹⁴ Addendum 2 reflects "classification of Multiply Disabled" in boldface.

¹⁵ This sentence was removed from Addendum 2.

- a. Visual schedules, previewing of changes, and advanced notice for transitions
 - b. Step-by-step task breakdowns during non-routine activities
 - c. Access to appropriate transitional objects or coping materials to support self-regulation, as needed
4. Relevant executive functioning supports may include:
- a. Support with task initiation and shifting between tasks
 - b. Use of checklists, timers, and structured organizational strategies
 - c. Scaffolded support during multi-step or open-ended assignments

[R-55.]

In addition to the footnoted changes from Addendum 1 to Addendum 2 above, after deleting the sentence “He is recommended to receive his core classes in a regular education setting with the following supports” from the preceding paragraph, Dr. Ferguson added the following under Educational Implications and Recommended IEP Considerations, and then renumbered the subsequent paragraphs:

2. [A.W.] demonstrates significant cognitive strengths and advanced reasoning abilities, as his thinking and reasoning abilities are in the High Average to Very High range (approximately the 88th to 96th percentile), and it is essential that he receive instruction aligned with his chronological grade level and his bright intellectual capacity. Therefore, he should be taught at least at his appropriate grade level with social-emotional and behavioral supports in place, rather than through a reduced or remedial curriculum. Placing [A.W.] in coursework that is below his level of intellectual functioning would be clinically contraindicated, as it would not appropriately challenge his high-level reasoning abilities and may contribute to disengagement, frustration, and reduced academic motivation.

[R-56.]

The undated Neuropsychological Evaluation and subsequent addenda were never provided to the District before March 9, 2026.

On March 10, 2026, Cecilia Belardinelli, MD, completed a psychiatric evaluation and prepared a Psychiatric Evaluation report. (R-48.) The Psychiatric Evaluation states, in pertinent part, the following:

Diagnostic Impression:

Autism Spectrum Disorder without intellectual and without language impairment
Attention-Deficit/Hyperactivity Disorder combined presentation
Generalized Anxiety Disorder/School Avoidance
Specific Learning Disorder with impairment in Written Expression by history
Sleep-Wake Disorder by history

Recommendations based on the information that is available at the time that this evaluation was conducted:

This assessment represents a one-time psychiatric consultation.

Any further assessment, treatment, or service coordination should be managed by the child's treating clinician.

[A.W.] is a bright child with awareness of difficulties navigating social situations and understanding nuances of social interactions getting more pronounced as getting older and social demands increase. Cognitive rigidity and adherence to sameness, as inherent features of autism spectrum, could also contribute as a source of stress when confronted with unpredictable environments or unplanned changes.

In addition, [A.W.'s] ability in masking own difficulties increases the likelihood of impact on child's mood.

Considering above hypothetical formulation, recommend the parents to continue having [A.W.] engaged in therapy including Modified Cognitive Behavioral Therapy to address anxiety and provide the skills to manage progressive and planned exposure to the school environment. It is also recommended social skills training to empower the child to navigate peers' interaction with confidence. In this regard, ADOS (Autism Diagnostic Observational Schedule) testing is recommended not only to confirm autism spectrum diagnosis but also to identify specific social deficits and plan interventions accordingly.

Consider family-center interventions to identify family accommodations that unintentionally could perpetuate anxiety and school non-attendance.

Follow-up with a child psychiatrist should be considered to monitor progress and adjust medications if needed.

Sustain regular lifestyle and sleep schedule, consider input from a sleep disorders specialist if sleep does not normalize with current treatment.

Engagement in extracurricular activities according to [A.W.'s] interest is beneficial! as it provides social opportunities to develop social solving problems skills.

Breaking the cycle of school avoidance could be challenging, and require coordination between school staff, the parents and the child's therapist.

The following are the therapeutic steps as part of the SPACE program (Supportive Parenting for Anxious Childhood Emotions) by Eli R. Lebowitz:

- Set specific expectations: the level of school attendance expected for the child will vary from case to case and will change as the process continues. The level should be set by the therapist and parents with the child's input when possible and depending on length of time since the child attended school regularly, severity of the anxiety amongst others [sic] factors.
- Stop unhelpful talk
- Maintain connections with peers and teachers and make sure that the child knows what schoolwork is being done and homework assignments given.
- Invite classmates to accompany the child to school in the morning counting with teacher's collaboration
- Ask for help from friends, family and primary care practitioners to emphasize the child the need to go to school
- Minimize the pleasurable aspects of staying at home. Consider addressing [A.W.'s] worries about their mom's health.

School-based interventions are necessary to support [A.W.'s] socioemotional and learning needs and successful return to school.

The school/class placement and services are to be determined by the Child Study Team throughout a comprehensive review of child's evaluations. Based on [A.W.'s] diagnosis, the school should prioritize a supportive, flexible and predictable environment. Consider the following accommodations implementation but not limited to:

- Development of a gradual re-entry plan, offering a reduced or flexible schedule when needed, and providing access to a quiet or sensory-friendly space to help regulate emotions. An “anxiety ladder” of anxiety provoking school situations to reduce avoidance and build confidence, could be helpful. In these regards, communication and coordination with the child’s therapist is important to gain consistency and progress.
- Allow the use of noise-cancellation headphones during independent work.
- Provide consistent routines, clear expectations, and visual support can improve predictability, while access to counseling or a trusted staff member can help the child manage anxiety during the school day.
- Instructional support such as movement breaks, chunked assignments, extra time for tasks and quizzes, minimizing distractions, preferential seating and positive reinforcement of well-adapted behaviors and effort can be helpful to assist with attention. In addition, promote executive functions development including assistance with organization, planification and time management.
- Provide services to improve writing skills and accommodations to facilitate task completion.
- Allow regular access to the school psychologist to support emotional regulation and interpersonal solving problems skills.
- Include academic challenges that are appropriate to the child’s cognitive level to increase motivation and engagement with schoolwork.
- Have in consideration as well, [A.W.’s] soccer skills and interest as a potential effective hook to pull the child effectively toward school.
- Promote participation in social skills group and/or creation of supervised social opportunities to model and practice social skills.

Collaboration between the school team, caregivers and the treating clinicians is essential to monitor progress and adjust support so the child can feel safe, successful, and increasingly able to participate in school.

[R-48.]

On April 7, 2026, a reevaluation eligibility determination with annual review meeting was held. (R-1; R-13.) The April 7, 2026, IEP reflects A.W.’s program for April

7, 2026 to June 26, 2026 as follows: In-class Resource English Language Arts once daily for forty-five minutes; Pull-out Resource Support Study Skills once daily for forty-five minutes; In-class Resource Social Studies once daily for forty-five minutes; In-class Resource Math once daily for forty-five minutes; In-class Resource Science once daily for forty-five minutes; and individual counseling services once weekly for thirty minutes. (R-13.) The April 7, 2026, IEP reflects A.W.'s program for September 4, 2026, to April 6, 2027, as follows: In-class Resource Social Studies once daily for forty-five minutes; In-class Resource English Language Arts once daily for forty-five minutes; In-class Resource Science once daily for forty-five minutes; individual counseling consultation once weekly for twenty minutes. (R-13.) The "Concerns of the Parent" were as follows:

[E.S.] attended the virtual assess progress and review/revise IEP meeting alongside her advocate and noted the following information:

Ms. Webb, the parent advocate, indicated in the meeting that the parents were not in agreement with the district's proposed plan to reevaluate and gradual transition [A.W.] back into the school building.

On 4/7/2026, [E.S.] attended the reevaluation eligibility meeting with annual review in person and [J.W.] attended virtually and noted the following information:

[R-13.]

The April 7, 2026, IEP notes that regarding writing, the "ERESC Home Instructor indicated that [A.W.] is capable of writing a paragraph, he needs to build on his writing stamina." (R-13.) The April 7, 2026, IEP also noted that "Although [A.W.] demonstrates high academic potential, placement in a supported inclusion setting at this time will allow him to access additional targeted supports while rebuilding stamina, engagement, and comfort in the school setting." Counseling services were recommended once weekly to support [A.W.'s] social-emotional functioning, school re-entry, and ability to access the educational environment. (R-13.) Additionally, the April 7, 2026, IEP reflects the following:

Describe the proposed action and explain why the district has taken such action:

- As a result of the reevaluation eligibility meeting held on 4/7/2026, the district proposes that [A.W.] remains eligible for special education and related services under the disability category of Other Health Impaired under the disability category of ADHD and circadian sleep rhythm disorder. The district proposes the following programming:

For the remainder of the 2025–26 school year, a gradual transition plan will be implemented to support [A.W.'s] re-entry into the school building. Full transition will be determined based on [A.W.'s] observed readiness, engagement, and progress, as measured through ongoing data collection using the Transition Monitoring Form and collaboration with his family. Although [A.W.] demonstrates high academic potential, placement in a supported inclusion setting at this time will allow him to access additional targeted supports while rebuilding stamina, engagement, and comfort in the school setting.

Counseling services are recommended, 1x/ weekly to support [A.W.'s] social-emotional functioning, school re-entry, and ability to access the educational environment.

[A.W.] has been out of the school building for over 300+ days due to extended absence, affecting attendance and engagement. Although he demonstrates high academic potential, the prolonged absence has impacted his stamina, classroom participation, and comfort in the school environment. The proposed actions including full inclusion in all classes, a behavior support plan, and a gradual reintegration plan are intended to provide him with access to general education instruction while also offering supports to increase engagement, task completion, and independent self-regulation. These supports will allow [A.W.] to gradually re-enter the school environment. Counseling will provide targeted support in developing coping strategies, improving self-regulation, increasing school participation, and facilitating a successful transition back to a structured academic setting.

Describe any options considered and the reasons those options were rejected:

- A change in school building within the district was previously mentioned by the parent; however, this option was rejected. Glenfield currently has the appropriate programming and services necessary to meet [A.W.'s] needs as identified in this plan, and a building change is not required to provide him with an appropriate educational program.

-The team considered the option of retaining [A.W.]; however, this approach was rejected. Although [A.W.] has been absent from the Glenfield School System for approximately 342 school days, excluding Summer 2025, resulting in gaps in both academic progress and social-emotional development, the team determined that retention at this time is not warranted. Current data indicates that with targeted interventions, a modified schedule, and gradual re-entry supports, [A.W.] can continue to make progress in the current grade. Grade placement will be revisited following implementation of the structured re-entry plan and ongoing monitoring of academic and social-emotional growth[.]

Describe the procedures, tests, records or reports and factors used in determining the proposed action:

- Factors considered in developing this proposed action include:
- A comprehensive review of [A.W.'s] educational records, which provided important context regarding his academic history, prior interventions, and documented needs
- Input from the parent and parent advocate was also carefully reviewed and incorporated, ensuring that the family's perspective, concerns, and observations were fully represented in the decision-making process.

If applicable, describe any other factors that are relevant to the proposed action:

- [A.W.'s] extension for Home Instruction was denied by the district on 12/9/2025. Due process was filed by the parent on 12/19/2025, resulting in [A.W.'s] IEP going into "stay put" status. Since 12/22/2025, [A.W.] has been receiving Home Instruction services. [A.W.] has not attended in-person school for over 200 days, which has impacted his stamina, engagement, and comfort with the school environment. Parent has reported prior trauma related to interactions with school staff.
- Scheduled school time may include partial-day attendance as outlined in the student's reintegration plan. Right now, the focus is on building consistency, not full days right away. Even attending part of the day counts, as long as [A.W.] is gradually increasing his time in school each week.

- Due to [A.W.'s] extended absence from school, early transition steps (Stage 1–2) toward attendance goals will be counted towards attendance. This allows him to gradually build comfort, confidence, and stamina, with the ultimate goal of attending at least 4 days per week by June 2026.

[R-13.]

Testimony

Tiffany Buffa

Buffa reviewed all A.W.'s records. An IEP was developed within thirty days of A.W.'s transfer into the District. The September 27, 2023, IEP was appropriate for A.W. because it provided for in-class resource—the general education classroom with the support of a special education teacher—for language arts, math, science, and social studies, and provided for study skills to support executive functioning and writing weaknesses. Absences and tardies can impact a student's progress, but A.W. received meaningful educational benefit during the 2023-2024 school year, and the inclusion classroom was the least restrictive environment for A.W. End-of-the-year teacher-comments do not indicate that A.W. required a more restrictive placement. Her 2026 evaluation does not reflect that A.W. should be placed in a more restrictive environment. A.W. has very strong academic skills and would benefit most from learning alongside general education peers. The CST would decide whether to utilize the classification category "specific learning disability," but would nevertheless plan specially designed instruction, goals, objectives, and modifications for the specific learning disability.

RC Venezia

Prior to the start of A.W.'s sixth grade year, he read A.W.'s evaluations and IEP. The 2023–2025 IEPs offered A.W. the opportunity to receive meaningful educational benefit. With a regulated sleep/wake cycle and the strategies taught at High Focus, A.W. could analyze and synthesize information, solve novel problems, and make connections with concepts being taught in school. A.W. can learn at a rate commensurate with peers and A.W. has strengths in math and science. Weaknesses in writing can be met with the

support of a special education teacher and through classroom accommodations and modifications. A.W. has been involved with youth sports in the past. A.W. is in a Dungeons and Dragons club. A.W. was able to participate in group sessions socially at High Focus. There is no reason that a public-school setting is not appropriate. The mix of inclusion and pull-out resource programming in the February 7, 2025, IEP was the least restrictive environment appropriate for A.W. because A.W. cognitively, academically, and socially can do grade-level work and pull-out replacement had been recommended due to struggles in writing. He requested that Mom provide documentation related to issues with home instruction, but Mom either did not provide it or the information provided by Mom and the instructor did not align. A.W. was pulled out of class once by a paraprofessional to help A.W. focus and get a writing assignment done, but the parents reported that it upset A.W., and Venezia advised the teachers not to do that again.

Sade Wiley

Wiley first became aware of A.W. after receiving an email from Mom on September 3, 2025. She reviewed A.W.'s evaluations in the document repository and documentation from the prior case manager. She kept a log of her communications with A.W.'s parents from September 2025 to January 2026. The December 10, 2025, IEP offered A.W. meaningful educational benefit. A.W. was cognitively high-average to superior, with average to high-average academic skills. In-class resource and study skills would be helpful for A.W.'s weaknesses in processing speed and written expression, and study skills also would be helpful for organization and planning after not being in school for so long. During her evaluation, A.W. exhibited some sensory needs, such as standing up or sitting down, but they did not affect A.W.'s ability to engage and do what was expected. A.W.'s scores were high-average to average, with a relative weakness in processing speed, but still solidly in the average range. Based upon the evaluations, including parent scores, inclusion was the least restrictive environment appropriate for A.W. Given A.W.'s cognitive ability, a small setting was not appropriate. There was nothing in her evaluation or interview with A.W., her assessments, or Mom's ratings, that suggested an out-of-district placement is appropriate for A.W. Inclusion was recommended, school-based counseling was recommended, and a behavior plan was included to address school avoidance, and there was a reentry plan. The December 2025, IEP had recommended

pull-out English Language Arts, but after the March 2026 evaluations, it was determined that A.W. was capable, albeit slowly, with the appropriate supports, to fully do what is expected in English Language Arts. The ASD diagnosis did not impact programming recommendations because programming was based upon how A.W. presents.

J.W.

A.W. was diagnosed with ADHD and a specific learning disability in written expression in 2023. A.W.'s California school created an IEP and had very good resources, including a teacher and full-time aides in the classroom, and small class sizes. A.W. had a high IQ and clear strengths in just about everything but written expression. A.W. received enough attention to be able to perform well through fourth grade. A.W.'s performance in school has gone down significantly, as has A.W.'s health and emotional state. Treatment includes two therapists—a psychiatrist and a clinical social worker, who is a trauma and PTSD specialist—two hours per week. Accommodations (noise canceling device, up front seating, sensory breaks, fidgets, adaptive seating, body sock and speech-to-text assistive technology) and services (occupational therapy for writing) in A.W.'s second grade IEP that would continue to benefit A.W. were either not included in A.W.'s fourth grade IEP or were dropped after fourth grade. The District did not add specific learning disability, written expression, to A.W.'s IEP and did not conduct a speech language evaluation or provide speech-to-text. The District left out the original social-emotional goals. A.W. was denied a FAPE because the District did not provide the accommodations and assistive technology that A.W. depended on. Glenfield did not have the IEP from Hillside. A.W. sometimes has a severe reaction to noise and is overwhelmed by the sensory input so the lack of noise canceling headphones made it difficult for A.W. to maintain a comfortable emotional state and feel safe in a classroom setting. A.W. received a lot more personal attention and step-by-step guidance in initiating tasks at Hillside. Glenfield did not provide that for the first month and it was very disruptive to A.W.'s emotional state, and A.W. started having nightmares or night terrors, which A.W. had suffered from when younger and without access to a quiet area. Glenfield did not have the space, and teachers were not aware to look for stimming behavior or A.W. shutting down. A.W.'s signs of stress were not recognized by teachers and were instead interpreted as A.W. not being cooperative or not putting in effort. Without a specific

learning disability diagnosis, the teachers were not aware of the attention A.W. required to initiate written tasks or to prompt A.W. to use speech-to-text. A.W. needed noise-canceling headphones and speech-to-text. There were a number of incidents where A.W. was writing a paragraph for class and someone thought it was not sufficient, and A.W. was removed from class in front of classmates without knowing why and taken to the library and seated between two adults and made to rewrite a paragraph by hand again and again because it was not good enough. The first couple weeks of school A.W. felt like nobody knew what was going on and that A.W. was expected to be neurotypical. A.W. felt unguided and did not get what was needed. That is when school avoidance started getting worse. It could take forty-five minutes to an hour or more to get A.W. out of the car in front of the school. Requests to change eligibility to specific learning disability were denied. Requests for assistive technology were denied. The District did not offer supports for anxiety or absences. Requests to transfer to Buzz Aldrin were denied. A.W. did quite well at High Focus. A.W. was social, made friends, was more animated, slept better, and did more physical activity. It was a huge improvement being in an environment where A.W. was understood and could therefore feel safe and make any needs known. Stress makes A.W. panic and immobilize. Circadian rhythm sleep disorder was not added to A.W.'s IEP until March 2025. Eight hours a week of home instruction was inadequate. The home instruction provided no step-by-step guidance. Elmera did not show up for every session, which caused an inability to log in. When Elmera did show up, she had difficulty with the technology and was unable to admit A.W. from the waiting room. There were days she did not send a link. A.W. cannot perform without an in-person teacher. There was difficulty with Hamway. They told the home instructors that E.S. could not get voicemail on her phone, and that text or email would get through better, or to try to call again. They do not have a home line and cellular service in their neighborhood is occasionally difficult. Elmera never tried to get in touch with them. In conversation with Elmera, they discovered there were times that A.W. was not online, so by the time they got A.W. online 10, 15, or 20 minutes late, she was not there and they had no communication from her as to whether she had been online and missed them. From A.W.'s perspective, A.W. was ready to go and the adults were not showing up. A.W. had no access to other students and no peer group. A.W. was always very enthusiastic about school activities and it helped A.W. to get to school sometimes, but Montclair's policy is that a student on home instruction cannot participate in any activities. A.W. would spend

the whole day sitting at home four blocks from school, having been refused a stand-up desk, a kick band chair, extra time on homework, with teachers not following accommodations, and not being able to get in movement after school, despondent about the home instructor not showing up or not available for questions because she was teaching a class. The District put A.W. into seventh grade without having had sixth grade. They attempted to provide the District with Dr. Ferguson's Neuropsychological Evaluation, but it was refused. The transition plan prepared by the District was ridiculous, bordering on abusive.

E.S.

At the beginning of fifth grade, A.W.'s attendance started out very strong and then as the school year progressed and the academics became more involved, A.W. had a harder time and attendance got worse. She was working very hard with Venezia and Sims to do everything possible to get A.W. into school and work with Glenfield's framework. In October, she was talking to Venezia and Sims about alternate placements, including alternate day schools and home instruction, because A.W. was having such a hard time adjusting to the teachers at Glenfield and because the teachers were not following the modifications in the IEP. The reason there were so many IEPs in the first semester is that modifications were simply not being followed. Venezia was meeting with the teachers every two weeks, asking them to follow the modifications. A.W.'s assignments were not being shortened. A.W. was not allowed to use speech-to-text or noise-canceling headphones. A.W. had to raise a hand and ask permission to use a fidget spinner, then go downstairs to the social worker's office, wait to be let in, get something out of the box, and then return upstairs to the classroom. A.W.'s IEPs reflect that A.W. was crying and getting frustrated or overwhelmed or staring into space. A.W. was looked at in a negative light while using the adaptive tools given. A.W. was not offered space to move around or adaptive seating. A.W. was placed in the front row, center, and if A.W. wanted to stand up and move and not use a seat, the only option was to bend in front of the entire class to write assignments. It was humiliating and physically taxing. Assignments in social studies and science were not being adjusted. A.W. was still enrolled full-time at High Focus as part of the six-hour day, and two hours were supposed to be in the Learn Well educational setting. A.W. was not receiving any

academic instruction at Learn Well. The District was not providing any academic structure. The District was not paying for Learn Well to provide A.W. any instruction during the two hours. There was no curriculum or support from teachers. She did not know if A.W. would have to repeat sixth grade. Elmera was not giving A.W. one-on-one instruction. A.W. was part of her larger class. Daily updates were provided to Venezia as to when Elmera was and was not available. A.W. was affected by adults not showing up. Hamway was upset that he did not have a curriculum from the District. There were days when A.W. worked with Hamway on IXL and days Hamway did not show up and A.W. still worked on IXL. They had a psychological assessment done right after A.W. left High Focus because A.W. was a mess. She was told that A.W. was avoiding school and did not want to learn and was depressed and anxious, and she wanted to know what was going on. The school submitted documents to Dr. Ferguson to be considered for the report, but the District said they did not need Dr. Ferguson's report because there was no new diagnosis at that time and the original report had a provisional autism diagnosis. The District's doctor said to just put A.W. in a different building. Glenfield does not have any ABA services or cool-down corners or extracurricular activities that A.W. likes. Glenfield does not have what A.W. needs. The District has over seventy-five students in out-of-district placements, but an aggressive no-transfer policy for special education. When A.W. entered sixth grade, A.W. was a goalie on a competitive soccer team but by December was off the team and a complete mess. Dr. Ferguson very specifically wrote out educational recommendations for IEPs, and she stated that A.W. needs to be in a classroom of peers, and by peers she meant, twice exceptional—people of very high, above-average, ninety-fifth to ninety-ninth percentile academically, but fortieth to fiftieth percentile for processing speed and thirtieth for spelling, and sometimes fifth for word recognition. A.W. wants to go to school and be with friends and do other activities. They want to follow the recommendations of the doctors and get A.W. into a day school so that A.W. can get up to speed and be in an academic environment that best supports A.W. Montclair's report states, "The increase this year reflects the district has been more aggressive in pursuing what it believes is the right placement of the child including saying no more often to parental placement requests and unilateral placements as well as declassifying children." Declassification is an issue because the District is classifying A.W. as having ADHD, not a specific learning disability. Reviewing IEPs and progress reports, A.W. has made no progress in any grades. When adults and educators show up

consistently, A.W. gets very good grades. A.W. received all Bs from Essex and a 94 on the math mid-term. She told Venezia that A.W. was evaluated by Dr. Bronstein and that it may take up to six weeks to remediate the sleep condition. The condition was not remediated by mid-April. The parents followed the recommendation not to use electronics within one to two hours of bedtime but did not follow the recommendation to keep A.W.'s bedtime and wake time consistent. With A.W.'s sleep and wake cycle, they placed limits on stimulating activities or activities that would keep A.W. up later. She and J.W. have had a difference of opinion in setting limits for electronic devices.

LEGAL ANALYSIS AND CONCLUSIONS

The Individuals with Disabilities Education Act (IDEA), 20 U.S.C. §§ 1400–1482, ensures that all children with disabilities have available to them a free, appropriate public education (FAPE) that emphasizes special education and related services designed to meet their unique needs and prepare them for further education, employment, and independent living, and ensures that the rights of children with disabilities and parents of such children are protected. 20 U.S.C. § 1400(d)(1)(A), (B); N.J.A.C. 6A:14-1.1. Under the IDEA, a “child with a disability” means a child with intellectual disabilities, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), serious emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific learning disabilities, and who, by reason thereof, needs special education and related services. 20 U.S.C. § 1401(3)(A).

States qualifying for federal funds under the IDEA must assure all children with disabilities the right to a free “appropriate public education.” 20 U.S.C. § 1412(a)(1); Hendrick Hudson Cent. Sch. Dist. Bd. of Educ. v. Rowley, 458 U.S. 176 (1982). Each district board of education is responsible for providing a system of FAPE. N.J.A.C. 6A:14-1.1(d). A FAPE means special education and related services that (A) have been provided at public expense, under public supervision and direction, and without charge; (B) meet the standards of the state educational agency; (C) include an appropriate preschool, elementary-school, or secondary-school education in the state involved; and (D) are provided in conformity with the individualized education program required under 20 U.S.C. § 1414(d). 20 U.S.C. § 1401(9); Rowley, 458 U.S. 176 (1982).

An IEP is a written statement for each child with a disability that is developed, reviewed, and revised in accordance with 20 U.S.C. § 1414(d), 20 U.S.C. § 1401(14), and 20 U.S.C. § 1412(a)(4). When a student is determined to be eligible for special education, an IEP must be developed to establish the rationale for the student's educational placement and to serve as a basis for program implementation. N.J.A.C. 6A:14-1.3, -3.7. FAPE requires that the education offered to the child must be sufficient to "confer some educational benefit upon the handicapped child," but it does not require that the school district maximize the potential of disabled students commensurate with the opportunity provided to non-disabled students. Rowley, 458 U.S. at 200. Hence, a satisfactory IEP must provide "significant learning" and confer "meaningful benefit." T.R. v. Kingwood Twp. Bd. of Educ., 205 F.3d 572, 577–78 (3d Cir. 2000) (citation omitted).

The Supreme Court discussed Rowley in Endrew F. v. Douglas County School District RE-1, 580 U.S. 386 (2017), noting that Rowley did not "establish any one test for determining the adequacy of educational benefits," and concluding that the "adequacy of a given IEP turns on the unique circumstances of the child for whom it was created." Id. at 394, 404. Endrew F. warns against courts substituting their own notions of sound education policy for those of school authorities, and notes that deference is based upon application of expertise and the exercise of judgment by those authorities. Id. at 404. However, the school authorities are expected to offer "a cogent and responsive explanation for their decisions that shows the IEP is reasonably calculated to enable the child to make progress appropriate in light of his circumstances." Ibid.

Additionally, in accordance with the IDEA, children with disabilities are to be educated in the least restrictive environment (LRE). 20 U.S.C. § 1412(a)(5); N.J.A.C. 6A:14-1.1(b)(5). To that end, to the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities, are to be educated with children who are not disabled, and special classes, separate schooling, or other removal of children with disabilities from the regular educational environment should occur only when the nature or severity of the disability of a child is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily. 20 U.S.C. § 1412(a)(5)(A); N.J.A.C. 6A:14-4.2. The Third Circuit

has interpreted this to require that a disabled child be placed in the LRE that will provide the child with a “meaningful educational benefit.” T.R., 205 F.3d at 578.

Compensatory education is an equitable remedy that compensates the child for rights denied by the LEA. D.F. v. Collingswood Borough Bd. of Educ., 694 F.3d 488, 497 (3d Cir. 2012). The Third Circuit discussed compensatory education at length in G.L. v. Ligonier Valley Sch. Dist. Auth., 802 F.3d 601 (3d Cir. 2015):

Under the IDEA, a “district court is authorized to grant ‘such relief as the court determines is appropriate,’ including attorneys’ fees, reimbursement for a private educational placement, and compensatory education.” A.W., 486 F.3d at 802 (quoting 20 U.S.C. § 1415(i)(2)(C)(iii)). Compensatory education “aim[s] to place disabled children in the same position they would have occupied but for the school district’s violations of IDEA,” by providing the educational services children should have received in the first instance. Reid v. District of Columbia, 401 F.3d 516, 518, 365 U.S. App. D.C. 234 (D.C. Cir. 2005). This “judicially-created remedy . . . has received the imprimatur of this Court,” D.F. v. Collingswood Borough Bd. of Educ., 694 F.3d 488, 496 (3d Cir. 2012), and reflects the “broad discretion,” Bucks Cnty. Dep’t of Mental Health/Mental Retardation v. Pennsylvania, 379 F.3d 61, 67 (3d Cir. 2004), that Congress has granted to the courts “to remedy the deprivation of the right to a free appropriate education,” Carlisle Area Sch. v. Scott P., 62 F.3d 520, 536 (3d Cir. 1995).

[Id. at 608.]

“A child’s right to compensatory education ‘accrue[s] from the point that the school district knows or should know’ of the injury to the child, and the child ‘is entitled to compensatory education for a period equal to the period of deprivation, but excluding the time reasonably required for the school district to rectify the problem.’” Id. at 618–19 (citing, inter alia, M.C. ex rel. J.C. v. Cent. Reg’l Sch. Dist., 81 F.3d 389, 396–97 (3d Cir. 1996)). Further, “a child’s entitlement to special education should not depend upon the vigilance of the parents (who may not be sufficiently sophisticated to comprehend the problem) nor be abridged because the district’s behavior did not rise to the level of slothfulness or bad faith.” Ibid. In order to effectuate the IDEA’s broad remedial goals, a

finding of a deprivation of a FAPE should return a child to the educational path he or she would have traveled had the district provided that child with a FAPE in the first place. Id. at 620.

The law requires that A.W. be educated in the least restrictive environment that will provide A.W. with a “meaningful educational benefit,” and where A.W. will make appropriate progress in light of A.W.’s circumstances. The various IEPs all reflect in-District programming—either in-school or on home instruction. A district board of education shall provide instructional services to an enrolled student, whether a general education student in kindergarten through grade 12 or special education student age three to 21, when the student is confined to the home or another out-of-school setting due to a temporary or chronic health condition or a need for treatment that precludes participation in their usual education setting, whether general education or special education. N.J.A.C. 6A:16-10.1(a). To request home instruction due to a temporary or chronic health condition, the parent shall submit to the school district a request that includes a written determination from the student’s physician documenting the projected need for confinement at the student’s residence or other treatment setting for more than 10 consecutive school days or 20 cumulative school days during the school year. N.J.A.C. 6A:16-10.1(a)(1). The school district shall forward the written determination to the school physician, who shall verify the need for home instruction. N.J.A.C. 6A:16-10.1(a)(1)(i). The school physician may contact the student’s physician to secure additional information concerning the student’s diagnosis or need for treatment, and shall either verify the need for home instruction or shall provide to the district board of education reasons for denial. Ibid. The school district shall provide instructional services within five school days after receipt of the school physician’s verification or, if verification is made prior to the student’s confinement, during the first week of the student’s confinement to the home or out-of-school setting. N.J.A.C. 6A:16-10.1(a)(3). The school district shall establish a written plan for delivery of instruction to continue the student’s academic progress and to maintain a record of delivery of instructional services and student progress. N.J.A.C. 6A:16-10.1(c)(1). For a student with disabilities, the home instruction shall be consistent with the student’s IEP to the extent appropriate and shall meet the New Jersey Student Learning Standards. When the provision of home instruction will exceed 30 consecutive school days in a school year, the IEP team shall convene a

meeting to review and, if appropriate, revise the student's IEP. N.J.A.C. 6A:16-10.1(c)(4). During all periods of instruction delivered in a student's home, the student's parent or other adult who has been designated by the parent shall be present. N.J.A.C. 6A:16-10.1(d). Here, requests for home instruction were made—and approved—and it is noted that the requests and approvals were based upon A.W.'s sleep disorder.

Petitioners allege that A.W. was denied a FAPE for the 2023-2024, 2024-2025, and 2025-2026 school years, and they seek compensatory education and a therapeutic out-of-district placement¹⁶. Petitioners argue that the home instruction provided by the District was not compliant with N.J.A.C. 6A:14-4.8(a)(4), because it requires that instruction shall be provided for at least ten hours per week. Pursuant to N.J.A.C. 6A:14-4.8(a), student with a disability shall have his or her IEP implemented through one-to-one instruction at home or in another appropriate setting when it can be documented that all other less restrictive program options have been considered and have been determined inappropriate. However, consistent with N.J.A.C. 6A:16-10.1, A.W. was on temporary home instruction for a health condition—his usual education setting was in-school, at Glenfield. It is noted that archived versions of N.J.A.C. 6A:16-10.1 reflect that N.J.A.C. 6A:16-10.1(c)(3) had stated: “The teacher shall provide one-on-one instruction for no fewer than five hours per week on three separate days of the week and, if the student is physically able, no fewer than five hours per week of additional guided learning experiences that may include the use of technology to provide audio and visual connections to the student's classroom.” However, N.J.A.C. 6A:16-10.1(c)(3) presently requires that the home instruction be consistent with the student's IEP “to the extent appropriate” and meet the New Jersey Student Learning Standards. The District's witnesses credibly testified that the IEPs were appropriate for A.W. to make meaningful educational progress. Further, although the parents dispute the home instructor records, whether those records are entirely accurate or not in terms of availability or reasons for unavailability, the record nevertheless reflects considerable tardiness or absences from even the eight hours of home instruction reflected in some of the IEPs.

¹⁶ Petitioners no longer seek the evaluations referenced in the Petition because evaluations were conducted in March 2026.

The parents argue that, since February of 2025, “5 separate professionals” have said that A.W. needs to be in a therapeutic day school. Neither Dr. Chapman nor Dr. Ferguson testified. However, as late as December 11, 2025, Dr. Ferguson had recommended that A.W. receive his core classes in a regulation education setting with supports—not in a therapeutic out-of-district placement. Of concern, the parents did not provide Dr. Ferguson’s 2025 Neuropsychological Evaluation or the addenda to the District until March 9, 2026. The parents’ testimony that the District advised that it did not want and/or refused Dr. Ferguson’s reports is implausible given that Mom had previously emailed various medical records, and a neuropsychological evaluation provides data and valuable information regarding a student’s present levels of academic achievement and functional performance and also affects the District’s ability to conduct future evaluations, as some may not be repeated within one year. Also of concern is that Dr. Ferguson’s addenda reflect that in a time span of only eight days, Dr. Ferguson removed the regular education setting with supports recommendation without explanation. The December 11, 2025 Addendum 1 states: “Since the evaluation, I have engaged in further consultation with [A.W.’s] treatment provider and obtained additional detailed reporting from his mother,” but similarly Addendum 2 states, “Since the evaluation, I have further consulted with [A.W.’s] previous treatment provider and obtained additional detailed reporting from his mother.” Both the date of the removal of the recommendation—the same date the Petition was filed—and that only a week had passed since the prior letter raises questions, especially since it is not clear what further information was available to Dr. Ferguson that had not been available the week prior. However, even with the removal of the regular education with supports recommendation, Dr. Ferguson’s Addendum 2 still does not state that A.W. requires an out-of-district therapeutic placement. Rather, she states that it is essential that A.W. receive instruction aligned with A.W.’s chronological grade level and bright intellectual capacity with social-emotional and behavioral supports in place, rather than through a reduced or remedial curriculum. There is no evidence that A.W.’s IEPs would place A.W. below A.W.’s level of intellectual functioning or that A.W. would not be appropriately challenged by the proposed in-District placements.

There is no medical document in the record that recommends a “therapeutic” placement until Dr. Chapman’s September 29, 2025, letters. Noting that Mom reported that home instruction had not been provided, Dr. Chapman’s first September 29, 2025,

letter states that A.W. “must be provided with education support either at home or in a therapeutic school setting.” However, contradicting her prior letter, Dr. Chapman’s second September 29, 2025, letter states that “parent reports that home instruction has been extremely beneficial for [A.W.] while they are in treatment for circadian rhythm sleep disorder,” and that “[A.W.] is actively participating in instruction sessions and doing their homework.” It is noted that A.W. had not been approved for home instruction at the start of the 2025-2026 school year because there had been no medical request or support for home instruction at that time. Further, Dr. Chapman’s second letter is not consistent with the parents’ testimony about lack of, or issues with, home instruction, or with the District’s testimony about difficulties with home instruction attendance. Nevertheless, both of Dr. Chapman’s letters stated that because of A.W.’s severe sleep disorder, A.W. was not yet medically cleared to attend school, and that until A.W. was able to get up and function through the school day, A.W. “must be provided with education support either at home or in a therapeutic school setting.” Accordingly, Dr. Chapman requested the home instruction due to the sleep disorder, and she did not require only a therapeutic out-of-district placement.

It is unclear at what point A.W. was initially diagnosed with circadian rhythm sleep disorder, or by whom. It was not something Dr. Chapman was treating A.W. for in September 2023, and it was not referenced in the medical documentation prior to Dr. Chapman’s October 9, 2024, letter, which states that A.W. was in treatment for, among other things, circadian rhythm sleep disorder. While Dr. Chapman requested in October 2024 that A.W.’s already-incurred absences be excused, she did not specify or estimate any duration that the sleep disorder was expected to continue to impact A.W.’s school attendance. Later, Dr. Chapman’s May 16, 2025, letter stated that A.W.’s treatment plan was addressing the sleep issue through a gradual adjustment of circadian rhythms and requested home instruction through the end of the school year, and it did not reference the following school year. Thereafter, Dr. Chapman’s September 29, 2025, letter stated that it takes time to treat the sleep disorder, but she still did not specify the treatment or an expected duration. Based upon the medical documentation, A.W. was in treatment for circadian rhythm sleep disorder, and in February 2025, Mom had told Venezia that it would take approximately six weeks to address the sleep disorder. More than six months later, Dr. Chapman’s September 29, 2025, letter noted that the parents were working

closely with her, A.W.'s therapist, and a sleep medicine specialist to help correct the sleep disorder. However, with the exception of Dr. Bronstein's March 4, 2025, letter, there is no medical documentation from a sleep specialist or therapist regarding treatment of the sleep disorder, and no explanation for why it was still preventing A.W. from attending school, and although other diagnoses were referenced, no other medical diagnosis was specified as the basis for medical home instruction.

Removal of children with disabilities from the regular educational environment should occur only when the nature or severity of the disability of a child is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily. The District's witnesses consistently and credibly testified that A.W.'s IEPs would provide A.W. with meaningful educational benefit in the least restrictive environment, and there is no compelling evidence in the record that A.W. requires an out-of-district therapeutic placement. The IEPs were routinely and timely amended in response to any information provided by the parents or obtained by the District to address A.W.'s disabilities, including several temporary home instruction IEPs. That A.W. may have a specific learning disability, but A.W.'s classification is listed as "Other Health Impairment," rather than "Specific Learning Disability" or "Multiply Disabled" does not in itself render the IEPs inappropriate or deny a FAPE. Review of the IEPs reflects that they identified A.W.'s deficits, including writing and processing speed, and included accommodations and modifications, as well as study-skills programming to address the deficits. The later IEPs also reflect a transition plan for gradual reentry into school after long-term absence.

Based upon the testimony and documentary evidence, I **CONCLUDE** that the District's IEPs were appropriate to meet A.W.'s educational needs and provided A.W. with a FAPE in the least restrictive environment.

ORDER

It is hereby **ORDERED** that the relief sought by petitioners is **DENIED**, and the Verified Request for Mediation (Petition) is **DISMISSED**.

This decision is final pursuant to 20 U.S.C. § 1415(i)(1)(A) and 34 C.F.R. § 300.514 (2026) 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 (2026). 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.



August 10, 2026
DATE

KELLY J. KIRK, ALJ

Date Received at Agency

Date Mailed to Parties:

db

APPENDIX

Witnesses

For Petitioners:

E.S.

J.W.

For Respondent:

Tiffany Buffa

RC Venezia

Sade Wiley

Exhibits

For Petitioners:

- P-1 Interim Report, dated October 8, 2025
- P-2 Interim Report, dated November 17, 2025
- P-3 Interim Report, dated December 12, 2025
- P-4 Interim Report, dated February 3, 2026
- P-5 Interim Report, dated March 9, 2026
- P-6 Krone Letter, dated December 19, 2025
- P-7 (Not in Evidence)
- P-8 (Not in Evidence)
- P-9 California IEP, dated January 29, 2021
- P-10 (Not in Evidence)
- P-11 One Medical Letter, dated September 29, 2023
- P-12 (Not in Evidence)
- P-13 (Not in Evidence)
- P-14 (Not in Evidence)
- P-15 (Not in Evidence)
- P-16 Invitation and Consent, dated October 15, 2024

- P-17 Emails, dated January 2025
- P-18 Emails, dated January 2025
- P-19 (Not in Evidence)
- P-20 (Not in Evidence)
- P-21 Emails, dated August 2025
- P-22 High Focus Letter, dated September 15, 2025
- P-23 Amazon One Medical Letter, dated September 29, 2025
- P-24 (Not in Evidence)
- P-25 (Not in Evidence)
- P-26 Email, dated November 24, 2025
- P-27 (Not in Evidence)
- P-28 (Not in Evidence)
- P-29 (Not in Evidence)
- P-30 (Not in Evidence)
- P-31 (Not in Evidence)
- P-32 (Not in Evidence)
- P-33 (Not in Evidence)
- P-34 (Not in Evidence)
- P-35 (Not in Evidence)
- P-36 (Not in Evidence)
- P-37 (Not in Evidence)
- P-38 Committee Reports, dated June 4, 2025
- P-39 Special Education Committee Minutes, dated September 13, 2023

For Respondent:

- R-1 Process Tracking
- R-2 IEP Amendment Agreement Without Meeting, dated October 15, 2025
- R-3 IEP Annual Review, dated September 27, 2023
- R-4 IEP Amendment Agreement Without Meeting, dated November 3, 2023
- R-5 IEP Annual Review, dated May 8, 2024
- R-6 IEP May 8, 2024—Projected Start Date: September 30, 2024
- R-7 IEP May 8, 2024—Projected Start Date: October 10, 2024
- R-8 IEP May 8, 2024—Projected Start Date: January 13, 2025

- R-9 IEP Annual Review, dated February 7, 2025
- R-10 IEP February 7, 2025—Projected Start Dated: March 10, 2025
- R-11 IEP February 7, 2025—Projected Start Date: May 16, 2025
- R-12 IEP Assess Progress, dated December 10, 2025
- R-13 IEP Reevaluation Eligibility Determination with Annual Review, dated April 7, 2026
- R-14 Student Daily Attendance Report 2023-2024
- R-15 Student Daily Attendance Report 2023-2025
- R-16 Student Daily Attendance Report 2025-2026
- R-17 Amazon One Medical Letter, dated October 9, 2024
- R-18 High Focus Treatment Center Letter, dated January 10, 2025
- R-19 Home Instruction Documents
- R-20 Amazon One Medical Letter, dated May 16, 2025
- R-21 Home Instruction Approval, dated May 19, 2025
- R-22 Amazon One Medical Letter, dated September 29, 2025
- R-23 (Not in Evidence)
- R-24 MPS Home Instruction Letter, dated October 16, 2025
- R-25 (Not in Evidence)
- R-26 (Not in Evidence)
- R-27 Troubleshooter Form, dated March 14, 2025
- R-28 Troubleshooter Form, dated April 25, 2025
- R-29 Troubleshooter Form, dated June 25, 2025
- R-30 (Not in Evidence)
- R-31 Transition Monitoring Form
- R-32 Report Card 2023-2024
- R-33 (Not in Evidence)
- R-34 (Not in Evidence)
- R-35 (Not in Evidence)
- R-36 (Not in Evidence)
- R-37 (Not in Evidence)
- R-38 Acadience Learning Online Parent Report, dated July 21, 2025
- R-39 Progress Report for IEP Goals and Objectives 2023-2024, dated February 26, 2026
- R-40 (Not in Evidence)
- R-41 Venezia Timeline

- R-42 Case Manager Communications (since September 2025)
- R-43 Neuropsychological Evaluation Report, dated June 5, 2023
- R-44 Reevaluation Planning, dated January 23, 2026
- R-45 Educational Evaluation, dated March 3, 2026
- R-46 Social History, dated March 3, 2026
- R-47 Confidential Psychological Report, dated March 10, 2026
- R-48 Psychiatric Evaluation, dated March 10, 2026
- R-49 Wiley Resume
- R-50 Buffa Resume
- R-51 Venezia Resume
- R-52 (Not in Evidence)
- R-53 (Not in Evidence)
- R-54 Mindful Assessments Neuropsychological Evaluation, February/March 2025
- R-55 Mindful Assessments Addendum, dated December 11, 2025
- R-56 Mindful Assessments Addendum, dated December 19, 2025