

KANSAS STATE DEPARTMENT OF EDUCATION
SPECIAL EDUCATION AND TITLE SERVICES

REPORT OF COMPLAINT
FILED AGAINST
UNIFIED SCHOOL DISTRICT #500
ON APRIL 16, 2025

DATE OF REPORT: MAY 23, 2025

This report is in response to a complaint filed with our office on behalf of a student, _____, by their parent, _____. In the remainder of the report, the student will be referred to as “the Student” and the parent as “the Parent.”

The Complaint is against USD #500, Kansas City Public Schools. In the remainder of the report, the “School,” the “District,” and the “local education agency (LEA)” shall refer to USD #500.

The Kansas State Department of Education (KSDE) allows for a 30-day timeline to investigate a child complaint. A complaint is considered to be filed on the date it is delivered to both the KSDE and the school district. In this case, the KSDE initially received the complaint on April 16, 2025, and the 30-day timeline ended on May 16, 2025.

Allegations

The following issue will be investigated:

ISSUE ONE: Whether USD #500, in accordance with state and federal regulations implementing the Individuals with Disabilities Education Act (IDEA), developed an IEP for the Student within 30 days of the Student’s initial eligibility for special education. K.A.R. 91-40-8(h); 34 CFR §300.323(c).

Investigation of Complaint

The Complaint Investigator, interviewed the Parent by telephone on May 14, 2025. The following District staff were interviewed on May 9, 2025:

In completing this investigation, the Complaint Investigator reviewed documentation provided by the Parent and the District. Although additional documentation was provided and reviewed, the following materials were used as the basis of the findings and conclusions of the investigation:

1. Complaint Response, 04/19/25
2. Individualized Education Program (IEP), Draft 03/31/25
3. Assistive Technology Checklist, no date
4. Evaluation/Eligibility Report, 04/02/25

5. Vision Report Initial Evaluation, 04/02/25
6. Early Childhood Evaluation Summary Report, 04/01/25
7. IEP Meeting Notes and Summary, 04/02/25
8. Prior Written Notice (PWN), 04/02/25
9. Kansas Transition Document, 07/2023
10. Infant Toddler Services Report, 03/01-03/31/25
11. Infant Toddler Services Report, 04/01-04/30/25
12. Individualized Family Support Plan, 12/17/24
13. IEP, Spanish, 04/02/25
14. Email, re: [the Student] paperwork signature request-need English copy, 04/21-04/22/25
15. Email, re: meeting to discuss homebound services..., 05/06/25

Background Information

This investigation involved a preschool-aged student awaiting enrollment in the District. The Student was previously identified as eligible for Part C early intervention services for infants and toddlers with disabilities, which the Kansas Department of Health and Environment (KDHE) oversees. Part B of IDEA defines the preschool program for children with disabilities ages three through five, which the Kansas State Department of Education (KSDE) oversees.

The Student was evaluated to prepare for their transition out of Part C services and to determine eligibility for Part B services. On April 2, 2025, a virtual eligibility and

IEP meeting was held, and it was determined that the Student was eligible for Part B services as a student with multiple disabilities and a secondary disability of visual impairment. An IEP was also drafted. The Student's third birthday was on April 3, 2025.

Findings of the Investigation

The following findings are based on a review of documentation and interviews with the Parent and staff in the District.

1. The Student is eligible for Part B (school-based) special education services as a student with multiple disabilities and visual impairment.
2. According to an Individualized Family Service Plan (IFSP) dated September 9, 2024:
 - a. The Student's initial eligibility and IFSP date were October 18, 2022.
 - b. The Student was referred to the Kansas Part C (infant and toddlers) program on May 1, 2024 by a doctor and was determined to be automatically eligible for services due to an established risk for developmental delay (physical abuse, traumatic brain injury, cortical visual impairment, seizures, G-tube, and hearing impairments).

- c. The Student received early intervention services in the areas of occupational therapy, vision services, physical therapy, social work, and family service coordination.
 - d. A transition conference to discuss the Student's transition from Part C (infant and toddler) services to Part B (school-based) services occurred on December 17, 2024. It was noted that evaluation would occur to determine eligibility for Part B, and if eligible, an IEP would be developed, and all of this needed to be completed by the Student's third birthday.
3. Between March 31, 2025 and April 22, 2025, Service Log Notes from the Infant/Toddler (Part C) Family Service Coordination (FSC) staff indicated the following:
- a. March 31, 2025: "FSC received email invitation today for eligibility meeting scheduled virtually for [the Student] on April 2, 2025."
 - b. April 1, 2025: "Family acknowledged [the Student's] upcoming exit from Part C services due to 3rd birthday and no further questions at this time."
 - c. April 3, 2025: FSC completed the exit summary for the Student. FSC corresponded with the Parent regarding the IEP meeting the day before. The Parent reported that many services were recommended, but they did not receive any information about transportation or start date for the Student to receive services.
 - d. April 10, 2025: FSC checked in with the Parent, who stated the Student still had not started preschool, and they had not heard anything regarding the reason for the delay. FSC explored options with the Parent to access support.
 - e. April 15, 2025: FSC checked in with the Parent again, who stated they still had not received any information about the Student's ability to start services. The Parent asked for assistance with filing a formal complaint.
 - f. April 15, 2025: FSC contacted the Visual Impairment Teacher and the School for the Blind Teacher, who attended the IEP meeting. They reported that the IEP meeting was "never concluded and that no IEP was signed due to the team feeling like they needed additional information to make a placement decision." They also reported that language interpretation for the Parent was "poor" during the meeting.
 - g. April 22, 2025: FSC facilitated a meeting within the Parent's home with the Parent, the home nurse, an interpreter, the District Nurse, and the District Special Education Coordinator. The District Nurse requested the Parent's signature on a release of information to obtain medical records. The Special Education Coordinator read the Parent the PWN with proposed services and asked for the Parent's signature, which the Parent provided. The Special Education Coordinator told the Parent they would send them copies of all documents in Spanish following this meeting, but no explanation was reportedly provided for the delay in obtaining the Parent's signature or

providing them copies of the IEP for three weeks since the meeting.

The Parent asked what the District plan was for providing the Student with compensatory services. The Special Education Coordinator reported that the District did not believe they were responsible for that since they were not provided with adequate medical information necessary for the Student to attend school. When asked about efforts to obtain needed medical information, the District Nurse stated the Parent declined to sign a release of information for a hospital on March 26, 2025. However, the Parent had signed a different release of information for another medical provider on the same date and said they would have signed anything if they understood what was being asked. The District Nurse reportedly acknowledged miscommunication and apologized to the Parent.

Allegedly, the Parent had been given forms in English to take to the doctor to have completed, which the Parent did. However, the doctor had asked what specific information the school needed and what time of day the Student would be attending school, which was information the Parent did not have, and no one from the District reportedly assisted the Parent in getting the information until this home visit on April 22, 2025.

4. An evaluation and eligibility report completed to determine eligibility for Part B services dated April 2, 2025, indicated the following:
 - a. This was an initial evaluation.
 - b. “[The Student] was referred for a comprehensive evaluation to determine continued eligibility as [the Student] transitions from Infant-Toddler Services (Part C) to school-based services (Part B). [Their] parent reported that their primary concerns include learning and language delays.”
 - c. The Student had a comprehensive developmental evaluation on March 26, 2025, that assessed the five key areas of development in young children:
 - i. Cognitive/pre-academics (thinking skills);
 - ii. Communication (speech/language skills);
 - iii. Fine and good motor skills;
 - iv. Adaptive (self-help skills); and
 - v. Social-emotional (self and social relating and self-management skills).
 - d. Parent interview: Spanish is the primary language spoken in the home, and the family is currently participating in an Intensive Family Services (IFS) program. This Student has been diagnosed with a developmental delay and has complex medical needs. The Parent expressed concerns about how well the Student will adapt to a school setting, particularly noting their difficulty with self-soothing. Although the Student does not currently use words in any language, they appear to understand both Spanish and English.

- e. Historical information/IFSP review: Prior to state custody, this Student had no known birth or medical history. They were taken into Department for Children and Families (DCF) custody in late June 2022 due to physical abuse, initially hospitalized for lethargy, seizures, and feeding difficulties, and found to have signs of prolonged abuse. Following neonatal intensive care, they were placed with their adoptive family in early August 2022. The Student has multiple medical diagnoses, including dysphagia, cortical visual impairment, and hearing difficulties, and traumatic brain injury. Recently, they began experiencing seizures and are on various medications. The Student also receives nutrition through a G-tube, although they have been approved to trial purees.
 - f. Separate specialist evaluation reports were included for vision and physical therapy.
 - g. Based on the results of the evaluation, the Student demonstrated educationally significant delays in the following areas:
 - i. Receptive and expressive language skills;
 - ii. Fine and visual motor skills;
 - iii. Social-emotional development; and
 - iv. Adaptive behavior.
 - h. The IEP Team determined that the Student met the eligibility criteria for Multiple Disabilities (coexisting impairments that do not include deaf-blindness) and Visual Impairment.
5. A draft IEP dated April 2, 2025 outlined the following for the Student:
- a. The Student turned three years old on April 3, 2025.
 - b. Meeting attendees:
 - i. The Parent, in person;
 - ii. The Speech-Language Pathologist (SLP), in person;
 - iii. The Special Education Teacher, virtual;
 - iv. The District Nurse, in person;
 - v. The Physical Therapist (PT), in person;
 - vi. The Occupational Therapist (OT), in person;
 - vii. The Special Education Coordinator, virtual;
 - viii. The Vision Teacher, in person;
 - ix. The Infant/Toddler Worker, in person; and
 - x. The Psychologist, virtual.
 - c. The Student's strengths: "[The Student] enjoys being tickled and loves the rumble ball. If it is not too hot outside, [the Student] enjoys swinging and being spun in the swing."
 - d. Impact of disability: The Student's delay in their fine motor skills may impede their ability to participate in fine motor and play activities in the classroom.

This Student's delay in their gross motor skills impacts their ability to access their educational environment and participate in movement-based learning with their peers.

- e. Goals, accommodations, or modifications were determined to be needed in the areas of motor skills, communication, social-emotional, pre-academics, and adaptive skills.
- f. The parental concerns section of the IEP was blank.
- g. Special considerations:
 - i. The Student requires assistive technology.
 - ii. The Student is blind or visually impaired.
 - iii. The Student has communication needs.
 - iv. The Student requires an Individual Nursing Care Plan.
 - v. The Student has limited English proficiency.
- h. Goals:
 - i. Goal 1.1: "By 3/31/2026, [the Student] will use [their] preferred method of communication to express two functional messages (i.e., go, like, no) with 70% accuracy given prompting (including but not limited to verbal, tactile, hand under hand, partial physical, etc.)."
 - ii. Goal 2.1: "By April 1, 2026, to increase [their] ability to participate in fine motor and play activities, [the Student] will grasp and hold up to 5 small objects or toys for up to 5 seconds on 3 out of 4 trials using either hand and with adult support."
 - iii. Goal 3.1: "By April 1, 2026, [the Student] will demonstrate an improvement in gross motor skills by prop sitting for 2 minutes while wearing [their] Benik vest and bearing weight through upper extremities (hands and forearms) in [a] prone position for 30 seconds to improve [their] ability to complete transitions independently."
 - iv. Goal 4.1: "When in proximity of peers, [the Student] will participate in play by showing interest in toys or activities that they are engaged in using a variety of methods such as holding the toy or object, making eye contact, observing and/or focusing on the peer's play in 3 out of 4 opportunities."
- i. Special education services:
 - i. Special education services in the early childhood special education program classroom from April 3, 2025 through April 1, 2026 for:
 - 1. 210 minutes, one day per week;
 - 2. 180 minutes, one day per week; and
 - 3. 190 minutes, two days per week.

- j. Related services:
 - i. Special education services (speech/language) for 30 minutes weekly in the early childhood special education program classroom from April 3, 2025 through April 1, 2026.
 - ii. Occupational therapy (fine motor) for 20 minutes, one day per week via special education direct services outside the regular education classroom.
 - iii. Physical therapy (gross motor) for 20 minutes, one day per week via special education direct services outside the regular education classroom.
- k. Support for school personnel:
 - i. Teacher consultation: The PT will train the classroom team on the use of adaptive seating, mobility equipment, and transfers at the beginning of the school year, as new staff arrive, and as requested.
- l. Transportation services: "The [S]tudent does not require transportation as a related service."
- m. Placements considered:
 - i. Early childhood setting;
 - ii. Early childhood special education classroom; and
 - iii. Integrated special education setting.
- n. Placement selected: Integrated special education setting.
- o. Program modifications, accommodations, and supplementary aids and services from April 3, 2025 through April 1, 2026:
 - i. "Adaptive equipment for seating and mobility (examples could include, but are not limited to, a tomato chair or Rifton Activity chair)" in all areas, daily, for the length of the school day.
 - ii. "Adaptive or simplified text or materials to correspond to [the Student's] educational level" in the early childhood classroom, daily, throughout the school day.
 - iii. "Close adult proximity -- across to or next to facilitate safety at all times as well as to aid in adaptive skills including dressing, toileting, washing hands, feeding and cleaning up self" in the early childhood classroom, daily, throughout the school day.
 - iv. "Recasting/modeling of language productions, aided language support, trialing of AAC devices" in the early childhood classroom and therapy room during targeted language-based activities throughout the activity.
 - v. "Switch-activated toys" in the special education and general education setting for whole/small groups, centers, and therapies throughout the activity, as appropriate.
 - vi. "Teacher support to hold/interact with items/toys" in the early childhood classroom, daily as needed, throughout the school day.

- vii. "Teacher support with turning toward teacher/speaker" in the early childhood classroom, daily as needed, throughout the school day.
 - viii. "Visual and tactile communication supports (e.g., communication board, visual schedule, objects, etc.) will be provided in the learning environment to increase access to communication" in the early childhood classroom, daily, throughout the school day.
- p. A Parent Consent for Release of Information and Medicaid Reimbursement had the Student's name and birthdate, but was unsigned.
- q. An assistive technology checklist had the following items checked:
 - i. Communication board;
 - ii. Tactile symbols;
 - iii. A variety of augmentative and alternative communication devices to be trialed with the Student;
 - iv. Manual wheelchair (Student's personal wheelchair);
 - v. Tomato chair;
 - vi. Student's personal wheelchair; and
 - vii. Adapted/alternate chair (could include tomato chair, Rifton chair, etc.).
- 6. Meeting notes dated April 2, 2025 documented a discussion of things listed in the evaluation report and the draft IEP. They also noted:
 - a. The Parent stated they had received a copy of their parental rights, understood them, and had no questions.
 - b. The District had not been able to review the medical records. The Parent stated that their main concern was the Student's transition to a school setting.
 - c. The District Nurse stated that the Student would need one-to-one nursing while the Student was in school and when the Student was being transported to and from school. The District Nurse also explained that doctor's orders were required in this situation for the Student to attend school with appropriate care, per state and federal law, as well as the requirements for nursing care at school.
 - d. The team moved forward with the IEP. The Parent confirmed that they had received the draft IEP that had been translated into Spanish. The Parent stated their concerns were that the Student would be in a new environment and questioned if staff would be able to help the Student when they needed it, and also communicate with the Parent.
 - e. The Parent was interested in looking at the School for the Blind as a possible placement, and the staff from the Infant/Toddler Program had taken the Parent for a tour of the facility and invited the School for the Blind staff to the IEP meeting without the knowledge of the Early Childhood Program team. Because the School for the Blind would be a more restrictive

environment, the team decided to revisit the discussion at a later date after data had been gathered and an informed decision could be made.

- f. The District Nurse would follow up with the Parent on April 14, 2025 regarding the doctor's orders and information.
7. A Prior Written Notice (PWN) for Identification, Initial Services, Placement, Change in Services, Change of Placement, and Request for Consent dated April 2, 2025 indicated the following:
- a. A meeting was held on April 2, 2025 to determine:
 - i. Whether the Student was eligible for special education;
 - ii. Special education and related services needed by the Student; and
 - iii. The appropriate educational placement to provide special education and related services identified in the Student's IEP.
 - b. The Student was found eligible for special education.
 - c. The team proposed that the Student receive special education services in the following manner:
 - i. 20 minutes weekly of physical therapy services outside the special education classroom;
 - ii. 20 minutes weekly of occupational services outside the special education classroom;
 - iii. 30 minutes weekly of speech and language therapy inside the special education classroom;
 - iv. 30 minutes, 4 days weekly of specialized transportation services;
 - v. 30 minutes weekly of indirect vision services;
 - vi. 210 minutes, 1 day weekly of special education services inside the special education classroom;
 - vii. 180 minutes, 1 day weekly of special education services inside the special education classroom;
 - viii. 190 minutes, 2 days weekly of special education services inside the special education classroom; and
 - ix. 20 minutes, 1 day weekly of vision services outside the special education classroom.
 - d. A placement at the School for the Blind on Wednesday, when the Early Childhood Program was not in session, was rejected because the District had not had time to gather data to determine if that was an appropriate placement.
 - e. The Student would require a 5-point harness, a one-to-one nurse to travel with them to and from school, and trunk space to accommodate their wheelchair. The Student would also need one-to-one nursing throughout each school day from the start of travel to school through drop off from transportation at the end of the day.

- f. Other factors: "The medical notes for the 1:1 nurse were not able to be provided to the district on the day of eligibility determination and IEP programming development. The parent stated in the meeting that [they] would be seeing the doctor with [the Student] on April 10, 2025, and hoped to have the necessary medical documentation for the 1:1 nurse to the district as soon as possible after that appointment. At this time, we are not able to implement the IEP until medical documentation is provided for the 1:1 nurse. The school nurse has followed up with the parent, and the parent has indicated [they have] not been able to obtain the information from the doctor. The school nurse offered to support the parent in obtaining appropriate documentation, but the parent has not responded to the nurse for that assistance, nor has [the Parent] turned in the necessary medical orders or information from the doctor. As of this 4/18/2025, attempts have been made to contact Parent, but we haven't heard back regarding any status of the orders or any requests for assistance."
 - g. It was indicated that the PWN was delivered to the Parent via email by the Case Manager on April 18, 2025.
 - h. A Request for Consent For Special Education Action that was included as part of the PWN asked for consent to carry out the special education action as indicated. It noted that the proposed actions would begin within 10 school days upon receipt of written consent. It did not indicate whether consent was given or not and did not include an actual signature. The Parent's typed name and date of April 18, 2025 were filled in.
 - i. It should be noted that only section one of the PWN, indicating identification/eligibility, was checked, which indicates parental consent is not required. None of the other sections were checked, including section two for initial services and placement, for which parental consent is required.
- 8. On April 16, 2025, the Parent filed a formal complaint.
 - 9. In an email on April 22, 2025 to the Special Education Coordinator, the Infant and Toddler Family Services Coordinator/OT stated that as of April 16, 2025, the Parent reported they did not receive any documents following the IEP meeting and were not aware of any contact from the District Nurse for follow-up. The Parent also did not know when the Student would start school and that it was "very hard" to understand what was going on in the last half of the IEP meeting due to poor connection and poor interpretation."

Special Education Coordinator Interview

- 10. During an interview with the Complaint Investigator, the Special Education Coordinator confirmed they had attended the April 2, 2025 meeting and explained the agreed-upon next steps. They explained that the expectation was for the Parent to supply the District with the necessary medical documentation to allow the Student to enroll in school. They stated that the Parent received a proposed IEP outlining the Student's

- program once they could attend. The reason school attendance was contingent on this, they clarified, was the Parent's failure to provide medical authorization for essential health-related tools, equipment, medical devices, and medication for the District. The Special Education Coordinator further noted that the Student had a G-tube, and there was no prescription or doctor's orders available to enable the School to provide feeding, water, or other critical support in an emergency.
11. Regarding the missing medical information, the Special Education Coordinator initially did not know the reason for the delay until later. It was discovered that the Parent initially believed the information was unnecessary and then did not have it available even when convinced of its importance. The Special Education Coordinator later learned that the Infant/Toddler Worker had possessed the records but had allegedly not advised the Parent to share them, nor explained that the School needed them to serve the Student. The Special Education Coordinator also noted that at the IEP meeting, the Parent promised to obtain the information but failed to do so by a subsequent May 10, 2025 meeting. It wasn't until a meeting with the Infant/Toddler Worker that their possession of the medical records was revealed. Following this, with the District Nurse present, the Parent agreed to sign a release, allowing the District to begin obtaining the necessary information and initiate services for the Student.
 12. The Special Education Coordinator stated they were unsure how the need for medical records was communicated to the Parent from the Infant/Toddler Worker. However, the Special Education Coordinator explained that they personally communicated to the Parent that services could not be provided without those records. The Special Education Coordinator emphasized the District's readiness to provide services for all students, regardless of medical conditions, as long as it was deemed acceptable by a doctor. However, without essential information for procedures like G-tube feeding and managing seizures (including prescribed medical equipment and medication), the School could not provide those services. The Special Education Coordinator also confirmed that the IEP paperwork and PWN were provided to the Parent in Spanish, and it was explained that their signature was needed to initiate services with an interpreter present. However, the Special Education Coordinator could only verify the copy they gave to the Parent in person on April 18, 2025, following the Parent's signing of the document.
 13. Regarding the PWN for the Student's identification and eligibility, which appeared to indicate that parental consent was not required, the Special Education Coordinator expressed uncertainty about why it was written that way. The Coordinator emphasized that this was an initial IEP and that services could not be initiated without parental consent, something they stated they had made very clear to the Parent during their meetings. The Special Education Coordinator also explained the discrepancy between the draft IEP and the PWN regarding transportation as an error and said the PWN "stands as the legal document that the school district has to

- follow." They also explained the details of the specialized transportation needed by the Student, which aligned with what was written in the PWN dated April 2, 2025.
14. Regarding the draft IEP, which included a service start date of April 3rd, 2025, the Special Education Coordinator explained that the District had proposed homebound services, and the Parent had signed the agreement for these services on May 7, 2025. The Special Education Coordinator stated that a special education early childhood teacher and an occupational therapist had been assigned to the Student's case to provide services until the end of the school year. The Special Education Coordinator clarified that during the home visit in April, the Parent had signed some paperwork allowing the District to obtain some, but not all, of the necessary medical records. This allowed the District to gain a better understanding of the situation. The Special Education Coordinator added that the District Nurse assigned to the case had been following up on all the required medical records as they were received from the doctor's office.
 15. The Special Education Coordinator also thought it was important to note that the Parent "seemed very confused" throughout the process and seemed to have received "mixed information." The Special Education Coordinator reportedly attempted to understand why the Parent believed the medical information was unnecessary, but the Parent became unresponsive. The Parent had been more cooperative in signing releases following direct meetings and follow-ups with the Special Education Coordinator, who stressed that the District never intended to deny services due to the Student's medical needs. They simply required the information to provide appropriate support. A concern was raised regarding the lack of medical equipment or medication verification in the home, which was crucial in case the Student needed immediate assistance.
 16. Finally, the Special Education Coordinator expressed confusion about the Infant/Toddler Worker's continued presence at meetings with the Parent, because allegedly, after the Student became eligible for Part B services, the regulatory responsibility shifted to the school setting. The Special Education Coordinator recounted a home visit where, after assuring the Parent that programming wasn't being withheld, the Infant/Toddler Worker revealed that the Parent had provided them with the necessary medical records. The Special Education Coordinator expressed being "floored" that the Infant/Toddler (Part C) team had never indicated they had this information, neither to the Parent about Part B's need for it (especially for feeding and water) nor to the Part B team. The Special Education Coordinator was reportedly further surprised at a later meeting when the Parent expressed disappointment that services had not started immediately after signing the IEP, evaluation, and PWN for eligibility, despite the Special Education Coordinator repeatedly explaining the need for medical documents to provide both sustaining and lifesaving care legally. The Special Education Coordinator also mentioned setting up homebound services quickly, but initially requiring a parent to be present during services due to concerns about the necessary medical equipment and

medication not being available in the home. Occupational Therapist and Family Service Coordinator (OT), Part C Interview

17. During an interview with the Complaint Investigator on May 13, 2025 the OT indicated that the Part C Team conducted their first meeting with the Part B Team on December 17, 2024. The upcoming transition was discussed, and the Part C Team received a copy of the IFSP. The OT stated, "There's a health history section on the IFSP and I would like to note that on that health history, [the Student's] significant medical needs were all noted. It was noted that [the Student] did currently receive 40 hours of home health nursing care." The OT continued, "That was discussed with the Part B Coordinator and a representative, and we did also cover [their] vasovagal nerve stimulator that was also in the health history, and it was noted in the health history that [the Student] does see a neurologist."
18. The OT from the Part C Program shared that after the transition conference was held, it was the Part B Program's responsibility to gather all records and needed information so that the Student can start before their third birthday. It was noted that the transition conference "should be scheduled no later than March 13th." According to the OT, the Parent had not heard from the Part B team as of March 11, 2025, so the Parent reached out to the Part B Team. The OT stated, "So I sent an email to the Part B team to inquire about the scheduling, see if there had been any crossed wires. The team reported that they had received consent for evaluation from [the Parent] and would schedule with [the Parent] that day." The OT shared that the evaluation was scheduled for March 26, 2025, which was only one week before the Student's third birthday.

The Vision Teacher was unable to attend the evaluation meeting because they "did not receive sufficient notice." The OT thought there was some confusion regarding the Parent understanding of exactly what was needed from the Release of Information (ROI) from the health care provider. At that time, no ROI was requested for the neurologist who oversaw the vagal nerve stimulator. That ROI was not requested until April 8, 2025, "despite the fact that it is clearly stated in the health section of [the Student's] IFSP, which was released in December." The OT shared that the eligibility IEP meeting was not scheduled at the evaluation. According to the OT, an invitation was sent out to the eligibility IEP team on March 31, 2025.

19. According to the OT, the Parent had not received any follow-up information or support from the Part B Team. The Parent was unsure of the next steps and the Student had not started any services on their third birthday which was "required with C to B transitions." When asked if the Part C Team had the records requested by the Part B Team for the outside medical provider, the OT indicated, "We did not have the script for the vagal nerve stimulator. I did share the medical records we did have ... Those records were not requested by Part B from us until April 22 at the meeting at the Parent's house."
20. The OT shared that after the Complaint was made, there was a meeting at the Parent's house with the OT, the Head Nurse, Part B, and the Home Health Nurse. At

that meeting, the Parent signed the ROI for the Children's Hospital. "The Nurse reported that was the reason that [the Student] had not received any services yet. Mom reports that [they] thought that the team was going to gather all needed information, and [the Parent] did not understand the earlier request for an ROI on May 6th. ... On April 22, the Parent signed a PWN for services."

Parent Interview

21. During an interview with the Complaint Investigator, the Parent shared they believed the Student would start school one to two weeks after the Student turned three years old on April 3, 2025. The Parent indicated the Part B Team didn't give the Parent a specific date that the Student would start school. The date given was a tentative date. The Parent stated, "No, they haven't confirmed the date yet. They told me that in August it will be the date, but they have not given that date yet." The Parent indicated the B Team told the Parent the reason the Student hadn't started school was because of the paperwork. The Parent shared that "there were some papers that the doctor had to sign." The Parent thought they had signed those papers on April 14, 2025. The Parent shared that they did not receive copies of the paper that the Parent signed, either in hard copies or by email.

The Parent indicated that they had signed an ROI for medical records. The Parent shared they signed via tablet. The Parent shared that the Student had not started school, but the Student was eligible to receive 30 minutes of classes at home. The Parent indicated that the Student should get speech therapy, therapy for the Student's vision, and therapy for mobility. The Parent shared that a teacher had come to their home three times to work with the Student as of May 14, 2025.

Positions of the Parties, Applicable Regulations, and Conclusions

Issue One

Whether USD #500, in accordance with state and federal regulations implementing the IDEA, developed an IEP for the Student within 30 days of the Student's initial eligibility for special education. K.A.R. 91-40-8(h); 34 CFR §300.323(c).

According to K.A.R. 91-40-8(h) and 34 CFR §300.323(c), each agency shall ensure that an IEP is developed for each exceptional child within 30 days from the date on which the child is determined to need special education and related services. Additionally, as soon as possible following the development of the IEP, special education and related services must be made available to the child in accordance with the child's IEP.

The Parent alleged that a virtual evaluation and IEP meeting were held on April 2, 2025 and the Student was found eligible for special education services as a student with multiple disabilities and a visual impairment, but the IEP was not completed but was in draft form. The Parent

further claimed that as of April 16, 2025, the Student's IEP was not complete, they had not been placed yet, and were not receiving special education services.

During an interview with the Complaint Investigator, the Parent reported believing the Student would begin services approximately one to two weeks after the Student's third birthday on April 3, 2025. Kansas regulations state that "Each school district must make FAPE available to all eligible children beginning on their third birthday." The Parent indicated the Part B Team did not provide a specific date indicating sometime in August when the Student would receive services. The Parent stated that the delay in services was due to paperwork, specifically papers that the physician needed to sign before the Student could receive services. The Parent indicated the Student was eligible for 30 minutes of at-home class a week until the necessary ROI was received by the B team and the Student had received those services at home three times as of May 14, 2025.

According to the District, the Parent attended the meeting on April 2, 2025, accompanied by outside guests, and did not provide consent to initiate the IEP, which remained in draft form. The Student has significant medical needs, and the Parent had not provided the District with the necessary doctor's orders to address these nursing requirements, despite multiple requests. The District also needed this medical documentation to determine if nursing support was required for special transportation. The District reported having a nurse and placement ready to begin services as soon as the medical documents were provided and the Parent signed the IEP. The District maintained that the delay in services was solely due to the lack of medical records and Parental consent to initiate the IEP.

The District indicated the delay in services was due to not having a prescription from the Student's neurologist in order for the School to properly administer the G-tube, which provided the Student the ability to eat and drink at school. The Special Education Coordinator explained that at the April 2, 2025 evaluation and eligibility meeting, the understanding was for the Parent to provide the District with the required medical documentation for the Student's enrollment. The Special Education Coordinator stated that the Parent received a proposed IEP that would be implemented once the Student could attend school. The Coordinator clarified that the contingency for school attendance was the Parent's lack of ROI for medical authorization for necessary health-related tools, equipment, medical devices, and medication, further noting the Student's G-tube and the absence of a prescription or doctor's orders to allow the School to provide feeding, water, or other essential care. Without essential information for procedures like G-tube feeding and managing seizures (including prescribed medical equipment and medication), the School could not provide those services safely.

The Special Education Coordinator reported that the Infant/Toddler (Part C) team had never indicated they had the medical information, neither to the Parent about Part B's need for it (especially for feeding and water) nor to the Part B team. The Part C team's OT indicated that

the Part B team had the medical information noted on the IFSP that the Part B team had access to but did not have a prescription for the G-Tube.

Regarding the draft IEP, which included a service start date of April 3, 2025, the Special Education Coordinator explained that the District had proposed homebound services, and the Parent had signed the agreement for these services on May 7, 2025. The Parent inquired about the District's plan for compensatory services. The Special Education Coordinator stated that the District did not believe they were responsible for providing these services, citing the lack of necessary medical information for the Student to attend school. Regarding efforts to obtain this information, the District Nurse reported that the Parent had declined to sign an ROI for a hospital on March 26, 2025. However, the Parent had signed a release for a different medical provider on the same date and indicated they would have signed any release if they had understood the request. The District Nurse reportedly acknowledged the miscommunication and apologized to the Parent.

On April 15, 2025, FSC contacted the Visual Impairment Teacher and the School for the Blind Teacher who had attended the IEP meeting. These teachers reported that the IEP meeting "never concluded" and that an IEP was not signed because the team felt they needed more information to determine placement. They also indicated that the language interpretation for the Parent during the meeting was "poor."

Once a child is found eligible for special education in Kansas, there does not need to be a redetermination of that which applies to the Student's transition from the Part C Program to the Part B Program.¹ The Student received home services for 30 minutes a week for three weeks while waiting for the ROI to be signed and returned by the medical establishment and the Parent.

Based on the foregoing, according to IDEA and Kansas special education regulations, *it was not substantiated* that the District did not develop an IEP for the Student within 30 days from the date on which the child was determined to need special education and related services. Additionally, following the development of the draft IEP, special education at home for 30 minutes once a week was made available to the Student in accordance with the child's IEP.

Tania Tong, Licensed Complaint Investigator

Right to Appeal

Either party may appeal the findings or conclusions in this report by filing a written notice of appeal with the State Commissioner of Education, ATTN: Special Education and Title Services, Landon State Office Building, 900 SW Jackson Street, Suite 620, Topeka, KS 66612-1212. The notice of appeal may also be filed by email to formalcomplaints@ksde.gov. The notice of appeal must be delivered within 10 calendar days from the date of this report.

For further description of the appeals process, see Kansas Administrative Regulations 91-40-51(f).

K.A.R. 91-40-51(f) Appeals.

(1) Any agency or complainant may appeal any of the findings or conclusions of a compliance report prepared by the special education section of the department by filing a written notice of appeal with the state commissioner of education. Each notice shall be filed within 10 days from the date of the report. Each notice shall provide a detailed statement of the basis for alleging that the report is incorrect.

Upon receiving an appeal, an appeal committee of at least three department of education members shall be appointed by the commissioner to review the report and to consider the information provided by the local education agency, the complainant, or others. The appeal process, including any hearing conducted by the appeal committee, shall be completed within 15 days from the date of receipt of the notice of appeal, and a decision shall be rendered within five days after the appeal process is completed unless the appeal committee determines that exceptional circumstances exist with respect to the particular complaint. In this event, the decision shall be rendered as soon as possible by the appeal committee.

(2) If an appeal committee affirms a compliance report that requires corrective action by an agency, that agency shall initiate the required corrective action immediately. If, after five days, no required corrective action has been initiated, the agency shall be notified of the action that will be taken to assure compliance as determined by the department. This action may include any of the following:

- (A) The issuance of an accreditation deficiency advisement;
- (B) the withholding of state or federal funds otherwise available to the agency;
- (C) the award of monetary reimbursement to the complainant; or
- (D) any combination of the actions specified in paragraph (f)(2)