REPORT by Narell C. Joyner

July 27, 2011

I. Overview.

I have been asked to investigate the services [redacted] is receiving from the Montgomery Public Schools (MPS), including the following questions:

A. Whether [redacted] can and should be served in a regular classroom in a neighborhood school.

B. Whether MPS has provided planning and services that would enable [redacted] to receive a free and appropriate public education (FAPE)?

C. What planning and services does [redacted] require to receive FAPE?

I have substantial professional experience administering children's mental health systems and consulting with schools on how to serve students with emotional disturbance. I reviewed [redacted]'s records, interviewed adults in [redacted]'s life, and observed [redacted] in his classroom. It is my strong opinion that [redacted] can and should be served in a regular classroom in a neighborhood school.

[redacted] has significant strengths and interests, including that he continues to try to meet academic expectations at school. [redacted] can succeed in school if (1) he receives an appropriate assessment, including of his strengths, interests, and needs; (2) MPS develops a plan for [redacted] that identifies appropriate interventions, including those that build on [redacted]'s strengths to meet his needs; and (3) MPS adjusts the plan when needed. Moreover, if such steps are taken, [redacted] can be educated in a regular classroom in a neighborhood school. Serving [redacted] in a regular classroom will not require extraordinary efforts on the part of MPS, but rather basic assessment, planning, and intervention that every school district should be able to do.

MPS has not served [redacted] appropriately. Instead of providing needed academic and mental health supports, it has responded by punishing behavior that is a product of his emotional disturbance, including by transferring him to an alternative school and by placing him on "homebound" status.

Because MPS has failed to serve [redacted] appropriately, [redacted] is far behind his grade level peers, and is at significant risk for continued involvement with juvenile justice and dropping out of school. [redacted] and other MPS students with emotional disturbance are capable of

progressing in school, graduating, and living successfully in their own homes and communities. MPS's systemic failure to properly serve students with emotional disturbance is depriving them of the opportunity to do so.

II. Background and Experience.

For the past 22 years I have worked in the area of children's mental health. This has included participating in, and supervising assessments, planning, and service delivery for children with emotional disturbance. I have participated in many system reviews, including reviews of services provided by and in schools. These reviews typically include record reviews; interviews with children, their families, and persons who provide professional or natural support to the family; service planning; and system organization. I have participated in such reviews in many states across the country, including North Carolina, Alabama, Florida, Illinois, California, Arizona, New Jersey, Massachusetts, Missouri, Arkansas, and the District of Columbia.

At the beginning of my career I worked as a special education teacher and supervised other teachers at the Murdoch Center, an institution for children and adults with developmental disabilities in North Carolina. At the Murdoch Center I taught students functional skills and developed their behavior plans. I also worked with "Project TEACCH," an organization supporting children with autism and their families. I assessed the strengths and needs of these children, and consulted with their teachers on developing IEPs and behavior plans, and structuring the classroom to better meet the students' needs.

For seven years I worked for the state of North Carolina as a regional coordinator for the "Willie M." program. This program, developed as a result of a lawsuit, served children with serious emotional disturbance and challenging behavior. The program offered, among other services, clinical services, in-home supports, and case management.

Almost all of the "Willie M." children were school-aged; always, if a child was struggling in school, I would go to the school to work with staff on service planning and implementation. I attended hundreds of IEP meetings.

While I was working in the "Willie M." program, I became a consultant to the child welfare system in Alabama as part of the "R.C." lawsuit. My job included helping particular counties, primarily Shelby and Jefferson counties, develop the "system of care" required by the "R.C." consent decree. My work included getting to know each community I worked in; reviewing records; meeting children and families; and helping to develop and implement service plans. I also trained case workers and their supervisors on assessment and service planning. I worked with hundreds of Alabama families during this time. I worked with schools, too: inviting school personnel to service planning meetings, observing children in school settings, and participating in IEP team meetings.

After working on "Willie M.," I became a regional mental health coordinator for the State of North Carolina. In that job I worked with the children's mental health system in western North Carolina. I consulted on treatment planning and, if need be, helped organize and facilitate team planning meetings. I served on service planning teams for hundreds of children before I retired from my position with the State in 2002. Many of these teams included school staff.

I have worked as a consultant to the Arizona Department of Behavioral Health, the Durham (NC) Mental Health Center, the Alexander Youth Network, the Annie Sullivan Foundation in Chicago, Project Friend in the Bronx, New York, and the District of Columbia public schools. This work has included identification, assessment, and service planning for children. I have also conducted numerous trainings on providing services to children, as well as on developing service systems. I currently consult with the Mecklenberg County Child and Adolescents Mental Health Program in Charlotte, North Carolina, where I live. I also consult with private providers in the County on how to serve clients who have the most significant issues. I helped develop and work with the "MeckCares" training institute. "MeckCares," in collaboration with Charlotte-Mecklenberg Schools, provides monthly consultation to the public schools in Mecklenberg County on how to serve challenging children. Together we create successful individualized service plans for students.

I have also worked on the "Rosie D." lawsuit in Massachusetts. My work included reviewing services for a sample of children with emotional disturbance.

My CV is attached as Exhibit A.

III. Work Performed.

I have reviewed the planning and services for [redacted] in much the same way as I reviewed planning and services for children in my other professional work.

Among the records I have reviewed are: his IEPs covering the period from May 31, 2009 to May 31, 2011; an IEP for [redacted] that was developed in May 2011 for the 2011-2012 school year; and school records including testing results, grades, classroom assessments, attendance reports, and disciplinary reports. I have also reviewed some of [redacted]'s medical records.

I also talked with people who know [redacted] well. I interviewed his mother, [redacted], and spoke with my colleague, Kimmberly Campbell, regarding her interview with [redacted]'s father, Mr. [redacted]. I spoke with Dr. [redacted], a behavior specialist at the [redacted] alternative school who has worked with [redacted], and spoke briefly with [redacted]'s aide, Mr. [redacted].

I observed [redacted] in his classroom at the [redacted] alternative school in April 2010.

IV. Background.

According to his mother, [redacted] met early childhood developmental milestones. He began to exhibit disruptive behavior at age three. At age four he attended a neighborhood Head Start program, where the staff knew his family and involved them in efforts to understand and manage his behavior.

Ms. [redacted] reports that [redacted] enrolled in kindergarten at [redacted] Elementary School in MPS. She states that in kindergarten [redacted] engaged in disruptive behavior and was expelled from kindergarten. [redacted]'s father stated that [redacted] was at home for nine months after leaving kindergarten and before starting first grade.

Ms. [redacted] reports that clinicians at the Montgomery Area Mental Health Authority (MAMHA) first saw [redacted] at age five. Mr. [redacted] stated that [redacted] was first administered psychiatric medication at about the same time, following his expulsion from kindergarten.

[redacted] returned to [redacted] for first grade. According to his mother, he was removed from first grade for nine weeks for his behavior. [redacted] attended three different schools in the second grade: [redacted] Elementary School, [redacted] Elementary School, and the [redacted] Learning Center. [redacted]'s mother reports that [redacted] Elementary School "put [redacted] out," after which he attended the [redacted] Learning Center.

At his parents' request, and while he was in second grade, MPS evaluated [redacted] for eligibility for special education. He was found eligible for special education as a student with emotional disturbance. His first IEP that I reviewed was developed during the 2005-2006 school year, during which he was in third grade, and was to be implemented during the 2006-2007 school year. He attended the [redacted] Learning Center, a segregated school for special education students in grades K-12, from 2005-2008.

I have not had access to [redacted]'s records from the [redacted] Learning Center. His mother reports that he continued to have disruptive behaviors while at [redacted], but that he was not suspended or expelled while he was there. While he was in fourth grade [redacted] was admitted to the [redacted] hospital for behaviors relating to his emotional disturbance, including fighting. Clinicians at [redacted] diagnosed him with Attention Deficit Hyperactivity Disorder (ADHD) and Conduct Disorder.

[redacted] began sixth grade at [redacted] Middle School in the fall of 2008. According to Ms. [redacted], school staff at [redacted] Learning Center planned [redacted]'s transition from [redacted] to [redacted], but [redacted] did not follow the transition plan, and [redacted] "crashed" almost immediately. He was suspended during the second week of sixth grade at [redacted]. After this, he was placed in a "Behavior Improvement Program" (BIP) classroom, a segregated class

for students with emotional disturbance, which included students from all grades at [redacted]. He remained in the BIP classroom for about three months, through January 2009. He was then placed on "homebound status" from February-May 2009. While on "homebound," he was supposed to receive four hours of special education at home each week, but his mother reports that the teacher only came to the home twice during this period. During this time he also received in-home mental health services from MAMHA.

[redacted] began seventh grade, in the fall of 2009, in the BIP classroom at [redacted] Middle School, but quickly was disciplined because of his behavior. MPS sent [redacted] to the [redacted] alternative school because of his behavior. At the alternative school, [redacted] was assigned to a segregated classroom for special education students. When MPS proposed returning him to the BIP classroom at [redacted] Middle School, his parents requested that he stay at the alternative school for the remainder of seventh grade, because [redacted] had not been successful at [redacted] and because his father was receiving extensive medical treatment at the time.

[redacted] spent his eighth grade school year (2010-2011) in the BIP classroom at [redacted]. He continued to have behavior problems, including fighting with other students and staff. During the school year, he was admitted to the [redacted] Childrens' Hospital and later [redacted] Hospital. In May 2011 [redacted]'s IEP team met to develop an IEP for the 2011-2012 school year, when [redacted] is to be enrolled in the ninth grade at [redacted] High School in Montgomery.

[redacted] currently lives with his mother and three siblings. His father lives in Montgomery but does not live with the family. [redacted] has a close relationship with his father.

V. MPS Has Not Served [redacted] Appropriately.

[redacted] can be successfully served in a regular classroom in a neighborhood public school. [redacted] has a strong interest in computers. He responds well when teachers speak with him in a calm manner, and when they praise him for meeting expectations. He attempts to complete assignments when they are communicated to him effectively. Both of [redacted]'s parents have high school diplomas, and they have participated in his education. Significantly, [redacted] is trying to stay in school and learn, even after all of the disruptions and struggles with academics and behavior.

[redacted] has not received the planning and services that he needs to make progress in school, to learn at grade level, or to be served in a regular classroom. As a result, he is behind academically, his behavior in school has improved little if at all, and he has spent most of his time in segregated settings.

Based on my experience in mental health and in working with schools to meet the needs of students with emotional disturbance, it is my opinion that MPS has failed [redacted] in a number of specific ways:

- **MPS did not timely identify [redacted] as eligible for special education.** According to his parents, [redacted] was expelled from kindergarten, first grade, and second grade for disruptive behavior. But he was not found eligible for special education services until, at the earliest, the end of the second grade year. By that time [redacted] had already lost months of instructional time, and was behind his peers socially and academically. MPS should have identified [redacted] much earlier as a student with emotional disturbance and provided him the related services he needed. MPS had ample evidence that he needed special education.

- **MPS has not adequately assessed [redacted]'s behavior, nor planned appropriate responses to his behavior.** I have reviewed several of [redacted]'s "Functional Behavioral Assessments" (FBAs) and "Behavior Improvement Plans" (BIPs). None of them contains an adequate assessment of [redacted]'s behavior, nor an appropriate plan for addressing those behaviors. Target behaviors are not specifically identified or described (e.g., fighting with peers or throwing objects in anger). Behavior triggers, or "antecedents," are also not specifically identified. Neither the FBAs, the BIPs, nor [redacted]'s IEPs reflect an effort to understand what specifically motivates [redacted] to behave in the ways that he does. Also, it appears that MPS has not engaged either [redacted] or his parents in trying to understand why [redacted] behaves as he does or how to address his behaviors. It is difficult if not impossible to develop adequate FBAs, BIPs, or IEPs to address behavior without meaningfully involving the parents and student. Also, the incentives for good behavior, and consequences for bad behavior, are not individualized or anchored in any understanding of what makes [redacted] tick. In many cases they are too remote to have any impact on [redacted]'s behavior. In some cases, they may actually reinforce the behavior rather than change it.

  Neither the BIP nor the IEP includes strategies for addressing crises that will likely occur. One result is that staff often call [redacted]'s parents to come pick him up from school when they find his behaviors unmanageable or misunderstand the reasons for his behavior.

  The IEP and BIP also do not address transitions between classrooms or other spaces within the school.

  [redacted]'s parents have not been coached to help implement interventions at home that reinforce what the school is doing.

I see no indication that the BIP ever changes, even when it does not work. [redacted]'s behavior plans look remarkably similar from year to year, and yet [redacted] is not making progress with his behavior at school. School staff just do the same thing over and over again.

As a result of MPS's failure to assess [redacted]'s behavior, [redacted]'s teachers and other school staff have not had adequate information for working with [redacted] on his behaviors.

- **MPS has not provided [redacted] adequate help with academics.** [redacted]'s behaviors are often triggered by frustration over his difficulty with reading and his embarrassment at being "called out" for academic failure in front of his peers. [redacted]'s records indicate that he is reading far below grade level, even though he is capable of doing grade level work. [redacted] has not been provided adequate instruction to help him with his reading or math, or adequate opportunities outside the classroom to work on academics, especially on reading comprehension skills.

- **MPS has not provided [redacted] adequate related services.** [redacted] has been assigned a "one-to-one" behavioral aide for many years, yet he continues to have disruptive behaviors and to struggle academically. [redacted]'s current aide, Mr. [redacted], appears to function as a "bodyguard" or a "bouncer" for [redacted] during times of social conflict, not as someone who helps teach and model behaviors for him.

  Many of [redacted]'s IEPs indicate that the special education teacher will provide him with "social skills" training in a "resource" room. The "social skills" training is not described and it is uncertain that [redacted] received such training. Moreover, such training, if delivered "one on one" and outside the setting in which the skills are supposed to be used, will not be effective for a child like [redacted] who has emotional disturbance. To be effective, such training must largely be conducted in the settings in which the skills are to be used.

  MPS has not planned for [redacted]'s upcoming transition to high school. MPS needs to plan for the transition of a student with emotional disturbance from one school to another. Such transitions can be difficult for students with emotional disturbance and trigger behaviors. Before the student attends the new school, he should have the chance to meet teachers and other staff at the school, and be oriented to the academic program there. My understanding is that MPS did not implement [redacted]'s transition from [redacted] Learning Center to [redacted] Middle School, with the result that he had behavior problems almost immediately. The same appears to be true for his transitions

from [redacted] Middle School to the alternative school and back, and for his upcoming transition to high school.

- **MPS has not adequately helped [redacted] and his family with medication.** MPS records reflect that staff believe it very important that [redacted] consistently take his medication. Although MPS may have on occasion assisted [redacted] with taking medication at school, MPS has not provided [redacted]'s family and [redacted] adequate help with maintaining [redacted] on his medication. In addition, MPS has not reached out to or collaborated with [redacted]'s doctors, including in developing his IEP, or ensuring that [redacted] takes prescribed medication regularly.

- **MPS has not adequately helped [redacted]'s parents understand how to work with [redacted].** [redacted]'s parents have consistently participated in meetings to discuss his special education program. Yet MPS has not actively involved them in developing or implementing a plan for [redacted]. When children have challenging conditions, as [redacted] does, it is essential that the school engage the child's family. Parents usually have unique knowledge about a child's strengths and behavior. The school should listen to what the parent has to say, and incorporate that information into the plan. The school must also coach and train the parents to support the plan for the child at school and at home. MPS has not taken these essential steps in [redacted]'s case. I see no evidence that MPS staff worked with [redacted]'s parents on how to work with him on behaviors or academics in order to support a plan for [redacted]. Instead, the parents have reported that they think school officials do not listen to them, and they feel that they have been blamed for [redacted]'s behavioral and academic difficulties.

- **MPS has not adequately mobilized available community resources.** I have investigated resources, including church-based and other private recreational, mentoring, and family support programs in the Montgomery community that may benefit students with emotional disturbance. MPS has not linked [redacted] and his family with such resources.

- **MPS has not adequately coordinated with non-school providers.** [redacted] and his family have been involved with the Department of Human Resources (DHR), the Montgomery Area Mental Health Authority (MAMHA), and the Department of Youth Services (DYS). [redacted] has also received mental health services during his hospitalizations. For a child like [redacted], it is essential that the school coordinate its services with non-school providers who are involved, including by seeking input from these providers in developing plans for [redacted] (IEP, FBA, BIP).

VI. The Basic Steps Required to Serve [redacted] Appropriately.

I understand that [redacted] is to attend [redacted] High School in Montgomery this fall. This will be a big change for [redacted] – a larger school, more students, and a different set of expectations for how students conduct themselves. [redacted] will not be successful at [redacted] unless MPS does a much better job of planning for [redacted] and providing him effective mental health services and academic interventions.

Planning: [redacted]'s IEP, including the FBA and behavior plan, needs to be revised so that it is individualized and appropriate for [redacted]. [redacted] and his parents need to be actively engaged in the process.

Regarding the behavior plan, target behaviors need to be specifically identified, and both positive rewards and consequences need to be individualized, proportional, and consistently implemented.

The IEP and behavior plan must identify strategies for when [redacted] has a crisis at school, so that school staff working with [redacted] can respond appropriately and productively, including by de-escalating the situation as feasible. The IEP, behavior plan, or crisis plan should address all of [redacted]'s behaviors: What happens, and what detailed steps need to be in place, when he becomes verbally aggressive, acts aggressively toward peers or adults, etc.

MPS needs to plan for [redacted]'s transition to high school, including the specific staff at [redacted] who will be working with [redacted] to smooth his transition. [redacted]'s family and [redacted] himself need to meet and engage in planning, and establishing relationships, with these staff.

His IEP or behavior plan needs to identify how the school will assist [redacted] and his family with the administration of [redacted]'s medication.

MPS needs to invite DHR and other agencies or providers that work with [redacted] to participate in planning for [redacted]. If these agencies or providers cannot be at planning meetings, MPS needs to solicit their input, including about [redacted]'s strengths and needs, the triggers for his behaviors, and what is going on outside of school that might affect how he behaves in school.

His IEP and behavior plan need to make use of extracurricular activities. Extracurricular activities can provide [redacted] a chance to build relationships with potential mentors within the school, such as a coach or club director. I understand that [redacted]'s father may be a veteran, so ROTC might be a good option for [redacted]. We know that [redacted] is interested in sports, so involvement with school athletics might be a good option as well.

Also, [redacted] needs to participate in the development of his plan. He needs to participate in identifying the rewards and consequences he will receive for his behavior. He needs to understand the plan, and his personal responsibility for implementing it.

Behavioral Interventions: [redacted] has had a personal aide at school for many years. Yet he continues to have disruptive behaviors and continues to struggle academically. His IEP indicates that he will continue to be served by the aide at [redacted] next year.

A one-on-one aide is probably not a good long-term intervention for [redacted]; the team planning for [redacted] needs to take a serious look at whether and for how long to use a one-on-one aide when [redacted] transitions to high school. An aide assigned to [redacted] solely is stigmatizing and, in [redacted]'s case, may aggravate his behavior. In [redacted]'s case, it makes more sense, in my opinion, to assign an additional staff person to [redacted]'s classroom, a co-teacher or a teacher's aide, who would work not only with [redacted] but with other students who might need extra attention. Even if [redacted] may need a one-on-one aide for a while, [redacted] should be able to be "weaned" from having a one-on-one aide, to be replaced by a co-teacher or teacher's aide with the skills to help both [redacted] and other students with academics and behavior. If [redacted] continues to need a one-on-one aide, his IEP or behavior plan should identify what happens if and when the aide isn't there, and should also identify how [redacted] will be "weaned" from the aide.

[redacted] also needs a person at school, independent of staff who may work in his classroom, to be a resource upon whom [redacted] can rely. [redacted] should check in with the person at the beginning of school and he and the person should discuss issues that may arise during the school day. In addition, [redacted] should be able to reach out to the person during the day, including when he feels the need to leave the classroom to prevent or gain control over his behaviors. The person could be anyone from the [redacted] staff, but needs to understand [redacted]'s behavioral and cognitive issues. Most important, it should be someone who can build a positive relationship with [redacted]. Teachers should keep data on when [redacted] signals a need to see his contact person. This will help staff to better understand his behavior and help staff, [redacted]'s family and [redacted] to refine his IEP and behavior plan.

[redacted]'s teachers need to be coached to communicate calmly and appropriately with [redacted] about his work, in ways that do not embarrass him. When teachers embarrass him ("call him out") for having difficulty with classwork, it triggers his behaviors. Also, his teachers need to respond appropriately with praise when he's doing well – for example, when he completes his assignments or is working appropriately. Praise for good behavior needs to be frequent, but not intrusive.

[redacted]'s teachers need to be keeping behavior logs that track all components of his behavior plan – his behavior, its antecedents (including [redacted]'s own reports about what triggered the behavior), what rewards or consequences were implemented, and whether they are working. If particular interventions do not work with [redacted], MPS shouldn't continue them. Different interventions need to be explored.

[redacted] also needs effective training and practice on social skills and anger management. [redacted] should not be pulled out of the classroom to work one on one with a staff person on social skills. [redacted] needs to be able to learn and practice these skills in a positive group setting where he can learn these skills in a functional way. In high school, this could happen in a required health class, where [redacted] and other peers who need social skills training could be engaged in learning and practicing skills. [redacted] would also benefit from practicing these skills in natural settings, such as in extracurricular activities like sports teams or ROTC, or with his family in the community. MPS special education staff should work with [redacted]'s teachers, parents, aide, contact person, and other adults at school on how to reinforce these skills with [redacted].

Finally, as his latest IEP indicates, planning needs to begin for [redacted] for his transition to adulthood. MPS needs to determine his career interests and, along with what it knows about his strengths, identify strategies for helping [redacted] become an employed adult. This may take the form of enrolling him in classes that build on his career interests. MPS should also help [redacted] gain work experiences away from school consistent with his vocational interests. Among other things, this will give [redacted] opportunities, and incentives, to practice the social skills he has been learning in school. MPS should track whether he has fewer disruptive behaviors in classes that reflect his vocational interests.

Academic Interventions: [redacted] is far behind in school. He needs effective academic interventions to close the gap, including to compensate for MPS's denying him FAPE in the past.

His IEP needs to identify instructional strategies that will be effective for [redacted]. For example, computer-based learning may be the right approach for some topics. He may need auditory learning tools for others. [redacted] needs to be able to signal to his teacher when he is frustrated and needs to try another approach to learning material, like going to the computer. His teachers should, as feasible, try to tailor assignments so that they interest him.

To catch up, [redacted] needs additional instructional time, time before or after school or during a period of his school day not already devoted to academic instruction. In this time, he should work with someone on learning basic math and reading concepts, either "one on one" or in a small group with others who also need additional help.

[redacted]'s school day should be scheduled to minimize, as feasible, the likelihood of frustration and resulting behaviors. For example, the school could schedule one of his favorite classes, or one of the classes in which he does best in, first thing in the morning, so that he starts off the day on a good foot. The school should try to avoid scheduling his hardest subjects one after the other.

MPS should avoid placing [redacted] in a classroom full of students with challenging behaviors. In MPS, such a classroom is unlikely to be a calm place and could trigger [redacted]'s behaviors.

Working with [redacted]'s Parents: The school needs to communicate frequently with [redacted]'s mother and, as appropriate, with his father, to help them be supportive of what the school is trying to do for [redacted]. MPS should coach [redacted]'s parents to reinforce at home the behavioral and academic interventions being used by the school.

Especially during the transition to [redacted] High School, MPS should schedule frequent meetings with [redacted]'s mother and, as appropriate, with his father. It would be appropriate for school staff to meet with her weekly, perhaps for the first six weeks to start. After the first six weeks, they can reassess the frequency of the meetings.

Mobilizing Community Resources: MPS needs to mobilize community resources that will support the school's work with [redacted]. MAMHA has worked with [redacted] and his family in the past. MAMHA may be open to working with [redacted]'s mother to help her support and complement the school's behavior plan. Community organizations may be able to offer mentors or other opportunities that support and complement the school's academic and behavioral strategies for [redacted].

Coordinating with non-school providers: Someone on the school staff should have responsibility for determining what services are being provided [redacted] and his family by non-school providers and trying to make sure they are consistent with the school's plan for [redacted]. This may require advocating for changes in what non-school providers are doing or as appropriate adjusting the school's plan for [redacted]. The school's guidance counselor or special education coordinator could play such a role.

Also, the school needs to pay attention to [redacted]'s medication and whether it is helping him manage his behaviors and stay focused on learning in school. The school needs to work with [redacted]'s prescribers by reporting about how [redacted] is behaving in school. It may be that [redacted] is not consistently taking medication. If it is determined that this may be occurring, the school needs to help. It is unclear whether MPS intends to do anything next year to help with administration of medication at high school.

VII. Conclusion.

The coming school year is a crossroads for [redacted]. If he gets adequate services, I believe he will make academic progress and learn to regulate his behavior. If he does not, he will be headed for failure and could be pushed out of or leave school.

The interventions [redacted] needs are basic interventions that every school system, especially a school system the size of MPS, should be able to provide and should provide, as needed, to students with emotional disturbance.

I have investigated the services MPS has available and provides to children with emotional disturbance. MPS has limited capacity to, and it routinely fails to, provide effective services to students with emotional disturbance. [redacted]'s case is but one example of a larger and systemic problem.

Serving [redacted] adequately will require a "culture change" and a new way of doing things in MPS. The same is true for other students with emotional disturbance in MPS. To serve them adequately will require MPS to engage families and students in planning; to individualize services; to provide services of sufficient intensity; to craft competent behavior plans; to mobilize and coordinate with non-school providers; and to change plans when they are not working.

Signed: Date:

_____ _____