



State of New Jersey
OFFICE OF ADMINISTRATIVE LAW

FINAL DECISION

OAL DKT. NO. EDS 21500-25

AGENCY DKT NO. 2026-40168

F.M. AND D.C. ON BEHALF OF E.C.,

Petitioners,

v.

NEWARK CITY BOARD OF

EDUCATION,

Respondent.

Michelle A. Newton, Esq., for petitioner (Legal Services of New Jersey,
attorneys)

Eric L. Harrison, Esq., for respondent (Methfessel & Werbel, P.C., attorneys)

Record Closed: March 24, 2026

Decided: April 7, 2026

BEFORE **PATRICE E. HOBBS**, ALJ:

STATEMENT OF THE CASE

E.C., a nonverbal, non-ambulatory student with multiple disabilities, has a one-to-one nurse at the Newark City Board of Education (the District.) F.M. and D.C. allege that E.C.'s related services are inadequate, medication is administered too frequently and they have improperly administered his nutrition. Must E.C. be placed in

an out-of-district school? No, the District is providing E.C. with a free appropriate public education (FAPE) and related services in the least restrictive environment (LRE) under 20 U.S.C. § 1412(a)(5).

PROCEDURAL HISTORY

On December 16, 2025, petitioner filed a petition for due process with the Office of Special Education Programs (OSEP) under the Individuals with Disabilities Education Act (IDEA), 20 U.S.C. §§1400 et seq., §504 of the Rehabilitation Act (§504), 42 U.S.C. §12131 et seq. (the ADA) and the New Jersey Law Against Discrimination (NJLAD). On January 15, 2026, the case was transmitted to the Office of Administrative Law (OAL) under N.J.S.A. 52:14B-1 to -15, and the act establishing the OAL, N.J.S.A. 52:14F-1 to -23, for a hearing under the Uniform Administrative Procedure Rules, N.J.A.C. 1:1-1.1 to -21.6, and the Special Education Program, N.J.A.C. 1:6A-1.1 to -18.5. On January 22, 2026, respondents filed their answer.

On January 23, 2026, I held an initial prehearing conference and scheduled the case for hearing. On February 19th, I held the first hearing date. The second hearing date was canceled due to the blizzard. On March 17, 2026, the parents had personal issues and were unable to attend the hearing. On March 24, 2026, I concluded the hearing, and, on that date, I closed the record.

FINDINGS OF FACT

Based upon the testimony the parties provided and my assessment of their credibility, together with the documents the parties submitted and my assessment of their sufficiency, I **FIND** the following **FACTS**:

Education History from 2016 to 2024

E.C. is a twelve-year-old child who lives with his parents, F.M. and D.C., and four siblings. He is described as an overall happy, pleasant young boy. E.C. is eligible for special education and related services under the category of multiple disabilities. E.C. is

nonverbal, non-ambulatory, and has more than twenty medical diagnoses, including hypotonia, central hypothyroidism, Pelizaeus-Merzbacher disease, scoliosis, asthma, and severe disability. E.C. has a tracheostomy and a gastro-jejunal feeding tube (G-J tube). The G-tube is for venting or medication, and the J-tube is for his meals. Both tubes are clearly labeled. When his nutrition is administered through the G-tube, E.C. will vomit, be lethargic, and have general malaise. As he is nonverbal, he cannot express his discomfort verbally, only through facial expressions. F.M. and D.C. are accustomed to E.C.'s facial expressions and can easily interpret them. F.M. stated that interpreting his expressions becomes easier with greater familiarity.

On May 4, 2016, E.C. had an individualized education program (IEP), which was effective from July 11, 2016, through May 3, 2017. (R-3.) This IEP provided special education in language arts literacy, math, science, social studies and history. It also provided related services that included occupational therapy, physical therapy, speech therapy, language therapy and specialized transportation to and from school. E.C. was enrolled at Belmont Runyon Elementary School, Newark, in the full-day preschool. On February 6, 2017, the IEP was amended (R-4) with no change in the related services. E.C. attended school for one month. His parents removed him from school because E.C. was frequently sick, and they believed his medical care was best handled at home. His parents were also unhappy with the care he was receiving at school and described occasions when E.C. was sent home with wet clothes, was without a coat in school, and the bus driver smoked on the bus.

On May 4, 2017, the family moved to East Orange, New Jersey. (R-5.) E.C. did not attend school in East Orange because he was frequently sick. Since the 2018 school year through 2024, E.C. has not received any special education or related services¹ because the family was more focused on E.C.'s health. In 2024, E.C. was referred for evaluations by the Child Study Team (CST) in the East Orange School District, and they

¹ The 2024 IEP states that E.C. had been on home instruction until they moved to East Orange in 2018 and that E.C. received no special education or related services since 2018. (R-5; P.3.) The social history in this IEP also states that E.C. was unable to attend school from 2016 to 2021, and as of July 18, 2023, E.C. was enrolled in the fourth grade at Langston Hughes Elementary School in East Orange. (R-5; P-9.) However, F.M. testified that E.C. attended one month of school in 2016 at Belmont Runyon Elementary School in Newark, and he has had no schooling since then. E.C. returned to school for one week in June 2025.

determined that E.C. was eligible for special education and related services. On August 5, 2024, the East Orange School District implemented an IEP for E.C. for the fifth grade. (R-6.) This IEP was effective from September 5, 2024, through June 30, 2025. It provided for special education for multiply disabled children in all OD subjects. It also provided related services that included occupational therapy, physical therapy, speech therapy, language therapy, nursing services and specialized transportation to and from school.

Education from 2024 to Present

In 2024, the family relocated to Newark. In October 2024, E.C., now in the sixth grade, was enrolled at the Rafael Hernandez School in Newark. On October 4, 2024, based on the evaluations performed by the East Orange School District, the District implemented an IEP (R-7) that was effective from August 5, 2024, through June 30, 2025. However, E.C. did not attend school in 2024.

On June 9, 2025, F.M. and D.C. toured Park Elementary School in Newark and met with the nursing staff and special education teachers. (R-8.) On June 9, 2025, the District implemented an IEP (R-9) that was effective from June 9, 2025, through June 8, 2026. E.C. was enrolled in the Seventh Grade Multiple Disabilities Medically Involved (MDMI) program. This IEP provided for functional language arts literacy, functional math, functional science, functional social studies and history, and life skills. It also provided related services, which included nursing-tracheostomy care, occupational therapy, physical therapy, and speech and language therapy. E.C. is transported to and from school in an ambulance with an emergency medical technician (EMT). F.M. instructed the nurses on how to administer nutrition for E.C. through the J-tube and demonstrated the correct port. Despite this demonstration, the nurse administered nutrition through the wrong port once during his one-week attendance at school in June 2025.

E.C.'s Special Education in 2025

Jaclyn Cancro has been a special education teacher since 2007 and teaches the MDMI program. The MDMI program has between five and eight students and is a one-to-one classroom. Teaching is done through assistive technology such as pictures

and boards. The student communicates comprehension by facial expressions. She established E.C.'s educational goals, which are outlined in his IEP. She communicates with E.C.'s parents weekly. She has no concerns regarding his progress and opined that E.C. has made meaningful progress during his limited attendance. The MDMI program is the appropriate program for E.C. His progress reports (R-10; R-12; and R-13) show that, although E.C. is making little progress, he is making progress, and more time is needed to evaluate his success. F.M. and D.C. concur. E.C. attended only a couple of months of school and had been out of school since 2017. E.C.'s report card for the first quarter (R-11) shows that E.C. is a C- student with A's in drama and instrumental music and a B in physical education.

E.C.'s Related Services

E.C. is transported to school by ambulance with an EMT. When E.C. arrives at school, his care is transferred from the EMT to Kathleen Enright, a registered nurse (RN), who is also the nursing supervisor for Park Elementary School. Enright has been the supervisor of nursing services at Park Elementary School since 2008. She is responsible for E.C.'s transition from the ambulance and then from the nurse's office to the classroom. E.C. must be assessed by Enright before he is released into the classroom. E.C. has a designated licensed practical nurse (LPN) for his entire day at school. All medications are administered by Enright in the nursing office. E.C. has a Daily Vital Signs Log. (R-15 at 5-8.) This log records E.C.'s temperature, pulse, respiration, oxygen level, nailbed color, neurological assessment and mucosal color. In April 2025, E.C. had in effect an Asthma Treatment Plan (P-3; R-15 at 32) that stated that albuterol must be administered no more than two times per week and that a doctor must be consulted if it is administered more than two times per week. On May 3, 2025, Dr. Adam Aronsky completed the District's Physician's Request for Medication/Procedure Administration in School (P-2; R-15 at 31), which stated that albuterol can be administered as necessary for wheezing or if the oxygen levels fall below ninety-two percent. This form supersedes the Asthma Treatment Plan and is the medication plan that the District is authorized to administer.

E.C.'s designated one-to-one LPN completes daily health history and appraisal notes for E.C. These notes (R-15 at 48-85) are handwritten and are dated September 2,

2025, through November 4, 2025. The notes from November 4, 2025, are electronic and were not provided. On September 2, 2025, and September 3, 2025, E.C. attended school without incident. On September 4, 2025, E.C. attended school, and Enright administered albuterol because of his excessive secretions. Enright stated that a child with excessive secretions wheezes. Of the thirty-four days that nursing notes were provided, Enright administered albuterol to E.C. twenty-five times. Enright stated that she notified F.M. of all doses. F.M. denies being notified.

On October 16, 2025, the assigned LPN administered nutrition through the G-tube instead of the J-tube, even though the tubes were clearly labeled, and F.M. had demonstrated the proper tube to use for nutrition. E.C. vomited and was taken to the nurse's office. Enright notified F.M. of the incident. Enright assisted in caring for E.C. and ensured that his nutrition was administered in the correct tube. The remainder of the day was unremarkable. E.C. returned to school the next day. E.C.'s designated one-to-one LPN continued to care for E.C. until December 1, 2025. E.C. was hospitalized in November 2025, which was unrelated to the incident on October 16, 2025. On December 1, 2025, after F.M. had filed her Request for Mediation (R-1), E.C. returned to school, and Enright assigned a different one-to-one LPN to care for him. On that date, F.M. gave Enright the discharge instructions (P-6; R-15 at 110), and those instructions stated that albuterol could be administered as needed for wheezing. The District and Enright instituted new policies to prevent any other errors. Enright created a Supervisor Log (R-16) and Feeding Log (R-17) for E.C.'s J-Tube. E.C. attended school until December 23, 2025, with no reported issues and has not returned.

On December 5, 2025, Aronsky recommended that E.C. attend a school that specializes in children with medical complexities and developmental disabilities. (P-7.) Aronsky did not state that the District was unable to meet E.C.'s needs. Aronsky did not indicate whether he reviewed any records, including any of E.C.'s IEPs. On December 12, 2025, Dr. Khalil Savary also recommended that E.C. attend an out-of-district school that can provide appropriate services. (P-8.) Savary also issued ventilator orders (P-9) for when E.C. returns to school. Savary neither stated that the District was unable to meet E.C.'s needs nor indicated whether he reviewed any records, including E.C.'s IEPs.

F.M. is unaware of whether either doctor toured the school or the classrooms or spoke with Enright or Cancro.

F.M. and D.C. stated that there were several instances when they were called to school because of issues with E.C. There was one occasion where E.C. was overheated because he remained in his jacket for four hours after being at school. There was another instance where E.C. was uncomfortable in his wheelchair because he was not positioned properly. There was another instance in which Enright needed additional albuterol. On that day, when F.M. delivered the albuterol to Enright, she requested permission to visit E.C. in his classroom. Enright refused and stated that her visit would disrupt his day.

When E.C. is home, F.M. and D.C. do not administer albuterol as frequently as it was administered by Enright. F.M. is familiar with albuterol and its implications. D.C. stated that since the October 16, 2025, incident, he has educated himself on albuterol, its uses and administration. F.M. believes that albuterol should be administered with great care, as it is a very strong steroid. F.M. and D.C. believe that the District improperly administered albuterol on an almost daily basis while E.C. attended school. F.M. and D.C. stated that they were not informed that albuterol was administered as frequently as the school records indicate, and if they had been informed, they would have consulted with Aronsky to ensure it was medically necessary and safe.

The records from Children's Specialized Hospital (P-5) detail the medications that have been prescribed for E.C. On March 19, 2021, albuterol was prescribed to be administered twice per day as a standard order and every 4-6 hours as needed. (P-5 at 24.) This prescribed twice-daily dosage is consistently noted throughout the medical records. Specifically, the prescribed twice-daily dosage was listed as current on September 19, 2025 (P-5 at 28), October 17, 2025 (P-5 at 19), and December 26, 2025. (P-5 at 4.)

F.M. stated that there were four instances when she knew that the LPN administered nutrition through the wrong port. She stated that it was her request for a mediation conference that motivated the District to make changes to E.C.'s related services. Since E.C. has been home, he has been placed on a ventilator, which has

reduced his secretions. Enright has experience with children on ventilators and has trained LPNs who will be capable of caring for E.C. should he return to school. E.C. has not returned to school since December 2025. F.M., D.C. and E.C. are currently still getting accustomed to the ventilator and the change in his care. They hope that E.C. can return to school, but they are not ready for that transition.

CONCLUSIONS OF LAW

The IDEA requires New Jersey to effectively implement procedures that ensure that all children with disabilities residing in the state have available to them free, appropriate public education (FAPE) consisting of special education and related services. The IDEA “emphasizes special education and related services designed to meet their unique needs and prepare them for further education, employment, and independent living.” 20 U.S.C. § 1400(d)(1)(A).

States are obligated to identify, classify, and provide FAPE to all children with disabilities between the ages of three and twenty-one. 20 U.S.C. § 1412; N.J.S.A. 18A:46-8; N.J.A.C. 6A:14-1.1. This responsibility rests with the local public school district. N.J.A.C. 6A:14-1.1(d). School districts have an affirmative and continuing obligation to identify and evaluate children reasonably suspected of a disability under the IDEA and Section 504 of the Rehabilitation Act (Section 504 or 504). This responsibility is known as a district’s “child find” obligation. See D.K. v. Abington Sch. Dist., 696 F.3d 233, 249 (3d Cir. 2012); 20 U.S.C. § 1412(a)(3). Each district must develop written procedures to identify children within the location of the district who may have a disability due to “physical, sensory, emotional, communication, cognitive, or social difficulties.” N.J.A.C. 6A:14-3.3(a). These procedures must include evaluation measures to determine a child’s eligibility for special education and related services. N.J.A.C. 6A:14-3.3(a)(3)(iii).

The IDEA defines a child with a disability as an individual “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.” 20 U.S.C. § 1401(3)(A)(i).

A student is determined to be eligible for special education and related services if the student has one or more of the disabilities defined by N.J.A.C. 6A:14-35(c)(1) through (14), the disability adversely affects the student's educational performance, and the student needs special education and related services. N.J.A.C. 6A:14-3.5(c). Classification is based on all the assessments conducted, including an assessment by the child study team. "Multiple disabilities' means the presence of two or more disabling conditions . . . that cannot be accommodated in a program designed solely to address one of the impairments." N.J.A.C. 6A:14-3.5(c)(6). Related services include occupational therapy, physical therapy, and school nurse services and must be provided to a student with a disability to benefit from special education. Related services must be provided by appropriately certified and/or licensed professionals as specified in the IEP. N.J.A.C. 6A:14-3.9(a).

An individual with a disability is provided with an IEP by the local public school district, which provides each eligible child with an IDEA-mandated FAPE. 20 U.S.C. § 1414(d). The IEP spells out how a school will meet an individual disabled child's educational needs. Y.B. v. Howell Twp. Bd. of Educ., 4 F.4th 196, 198 (3d Cir. 2021). The IEP includes "a statement of the child's present levels of academic achievement and functional performance," assesses the progress in the general education curriculum, and offers measurable annual goals that enable the child to make educational progress. 20 U.S.C. § 1414(d)(1)(A)(i)(I), (II)(aa), and (IV).

The educational benefit conferred to the student through an IEP must be "meaningful." Polk v. Cent. Susquehanna Intermediate Unit 16, 853 F.2d 171, 180 (3d Cir. 1988). The Third Circuit recognized the difficulty of measuring this benefit and concluded that the question of whether the benefit is de minimis must be answered in relation to the child's potential. Id. at 185. As such, the standard requires "significant learning" and "meaningful benefit"; that the provision of "more than a trivial educational benefit" does not meet that standard; and that an analysis of "the type and amount of learning" of which a student is capable is required. Ridgewood Bd. of Educ. v. N.E., 172 F.3d. 238, 247-48 (3d Cir. 1999). In short, such an approach requires a student-by-student analysis that carefully considers the student's individual abilities. Id. at 248. Stated otherwise, the IEP must confer a meaningful educational benefit

considering a student's individual needs and potential. See T.R. ex rel. N.R. v. Kingwood Twp. Bd. of Educ., 205 F.3d 572, 578 (3d Cir. 2000).

The IDEA further requires that the meaningful educational benefit must be provided in the least restrictive environment (LRE). 20 U.S.C. § 1412(a)(5). While an IEP cannot be judged by whether it provides an eligible student with the “optimal level of services,” Carlisle Area Sch. v. Scott P., 62 F.3d 520, 533–34 (3d Cir. 1995), it must provide more than a minimal benefit and must be reasonably calculated to confer significant learning considering the student's abilities. Ridgewood, 172 F.3d at 247. Thus, removal of children with disabilities from the regular education environment occurs only when the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily. Ibid. Indeed, this provision evidences a “strong congressional preference” for integrating children with disabilities in regular classrooms. Oberti v. Bd. of Educ. of the Borough of Clementon Sch. Dist., 995 F.2d 1204, 1214 (3d Cir. 1993).

The local public school district bears the burden of proving that it offered a FAPE. N.J.S.A. 18A:46-1.1. It must be able to offer “a cogent and responsive explanation for [its] decisions that demonstrates that the IEP meets the requisite standard.” Endrew F., 580 U.S. at 404. Further, the local public school district must collaborate with parents (and vice versa) to design an appropriate IEP. 20 U.S.C. § 1414 (d)(1)(B); see also N.J.A.C. 6A:14-2.3; N.J.A.C. 6A:14-3.7(b). This process ensures that the IEP is not only fact-sensitive but also that it is developed collaboratively with the expertise of school officials and the input from the child's parents. Endrew F., 580 U.S. at 399–400.

A parent who believes that a school district has not provided his or her child with a FAPE as required under IDEA may request a due process hearing. See Lascari v. Bd. of Ed. Ramapo Indian Hills Reg'l High Sch., 116 N.J. 30, 36 (1989). The parent needs only place the appropriateness of the IEP at issue, shifting the burden to the school district to prove that the IEP was indeed appropriate.

FAPE

E.C. is a twelve-year-old child who is multiply disabled, nonverbal and non-ambulatory. E.C. was in school for one month when he was three years old. He remained at home from 2016 to 2025 because he was frequently ill. Thus, for most of his school life, E.C. remained at home. F.M. and D.C. enrolled E.C. in school in 2024 because they wanted E.C. to be in a school environment with other children. In June 2025, E.C. attended Park Elementary School for one week. E.C. returned to Park Elementary School in September 2025 and remained until December 2025. Cancro testified, and his parents concurred, that E.C. is making progress educationally. Therefore, there is no dispute that the District is providing a FAPE for E.C. despite his extremely limited attendance at school. I **CONCLUDE** that the District has established by a preponderance of the credible evidence that they are providing E.C. with a meaningful educational benefit for the 2025–2026 school year under the IDEA, 20 U.S.C. § 1414(d)(1)(A)(i)(I), (II)(aa), and (IV).

Related Services

The gravamen of the parents' due process complaint is that the District is unable to care for E.C.'s required related services under the IDEA, and they argue for out-of-district placement in a private school that they believe can provide better medical care. The impetus for the petition for out-of-district placement is the frequency with which albuterol was administered and the inappropriate administration of E.C.'s daily nutrition.

Administration of Albuterol

The District provides an LPN for E.C.; however, only Enright is authorized to administer medications. Enright is a trained RN who has been with the District since 2008. The District was not aware that the parents were concerned with the frequency with which they administered albuterol. Enright reviewed the medication instructions that were provided by E.C.'s treating physicians. These instructions were requested by the District and were provided by Aronsky. The instructions clearly state that albuterol can be administered as needed for wheezing. Whenever E.C. was brought to her office,

Enright evaluated him and determined whether he was wheezing. If she determined he was wheezing, she administered albuterol as Aronsky permitted in his orders.

The parents argue that the Asthma Treatment Plan states that albuterol must be administered no more than two times per week and that a doctor must be consulted if it is administered more than two times per week. The parents further argue that they do not administer albuterol as frequently as Enright did while E.C. was in school. The District argues that the District's Physician's Request for Medication Procedure Administration in School supersedes the Asthma Treatment Plan and authorizes Enright to administer albuterol as needed for wheezing. Further, the medical notes from Children's Specialized Hospital show that E.C. has had a standard order in place since March 19, 2021, which provides that albuterol be administered twice per day and every 4–6 hours as needed. This standard order for the twice-daily dosage remained in his medical records through December 26, 2025. Enright followed Aronsky's medication orders and appropriately administered albuterol based on her medical training. The parents have requested greater transparency when medications are administered, and the District has since implemented additional policies to provide that transparency to the parents when E.C. returns to school.

Administration of Nutrition

In June 2025, the LPN administered nutrition through the wrong port despite proper instruction from the parents. On October 16, 2025, E.C.'s LPN again administered nutrition incorrectly. The District notified the parents of the error. E.C. returned to school the next day and for the rest of October without incident. E.C. was hospitalized in November 2025 for reasons unrelated to the October 16, 2025, incident. E.C. returned to school from December 1, 2025, through December 23, 2025, without incident. Since December 2025, E.C. has not returned to school and has been placed on a ventilator. Enright is trained to assist patients with ventilators.

The parents presented two medical notes recommending out-of-district placement for E.C., but neither note was substantiated with additional testimony or documentation.

The notes do not indicate if either physician spoke with the teachers or the nurse at Park Elementary, toured the school or reviewed the current IEP.

F.M. and D.C. are dedicated parents who are in an extremely challenging situation and want only the best care for E.C. Enright admits that the LPN made an error. The District admits the error. It was an extremely unfortunate circumstance that the District and Enright believe they have corrected. They have instituted new policies, logs and procedures to ensure it does not happen again. They have also ensured that the current LPN assigned to care for E.C. knows the appropriate procedures for the administration of nutrition.

It is currently premature to place E.C. in an out-of-district school. Special education and related services are not provided in a vacuum; they are provided through a collaborative process between the CST and the parents. Because E.C. has not been in school for very long and is nonverbal, it will take a little time for everyone to become acquainted with E.C.'s facial expressions and how to interpret them. His last educational evaluations were done in August 2024, and his annual review is due in June 2026. At that time, the parents can present any new physicians' orders, clarify the processes that they would like the District to follow for the administration of medication, and determine whether the processes that the District has in place for the administration of nutrition are sufficient. The parents are uncertain when E.C. will be able to return to school or when they will be comfortable releasing E.C. to any school, given his current condition on a ventilator.

Based on the entirety of the testimony and evidence submitted, I **CONCLUDE** that the District has met its burden of proving by a preponderance of the evidence that they are providing E.C. with a meaningful educational benefit for the 2025–2026 school year under the IDEA, 20 U.S.C. § 1414(d)(1)(A)(i)(I), (II)(aa), and (IV), and that the IEP developed by the District is appropriately tailored to meet E.C.'s needs in the LRE under 20 U.S.C. § 1412(a)(5).

ORDER

Given my findings of fact and conclusions of law, I **ORDER** that petitioners' request for placement in an out-of-district school is **DENIED** and that the petitioners' due process petition is **DISMISSED**.

This decision is final under 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 (2025). 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.

April 7, 2026
DATE


PATRICE E. HOBBS, ALJ

Date Received at Agency: April 7, 2026

Date Mailed to Parties: April 7, 2026

APPENDIX

Witnesses

For petitioner:

F.M., petitioner

D.C., petitioner

For respondent:

Jaclyn Cancro, teacher

Kathleen Enright, Nurse, Park Elementary School

Exhibits

For petitioner:

- P-1 Request for Discovery, dated February 2, 2026
- P-2 Respondent's Request for Medication Procedure Administration in School by Dr. A. Aronsky, dated May 3, 2025
- P-3 Asthma Treatment Plan by Dr. A. Aronsky, dated April 25, 2025
- P-4 Respondents Health and History Appraisal, from September 3, 2025, to November 4, 2025
- P-5 Records from Children's Specialized Hospital from July 25, 2025, to December 26, 2025
- P-6 University Hospital Discharge Instructions from November 5, 2025, to November 17, 2025
- P-7 Records from Dr. A. Aronsky, dated December 5, 2025
- P-8 University Hospital Pediatric Pulmonary communication from Dr. K. Savary, dated December 12, 2025
- P-9 Ventilator orders from Dr. K. Savary, dated December 8, 2025
- P-11 Text messages between parents and Cancro

For respondent:

- R-1 Petition for Due Process, filed October 30, 2025
- R-2 Response to Due Process Petition, dated January 22, 2026
- R-3 IEP, dated May 2016
- R-4 IEP, dated February 2017
- R-5 Letter from parents to respondents, dated May 2017
- R-6 IEP, dated August 2024
- R-7 IEP, dated October 2024
- R-8 IEP Meeting Attendance Form, dated June 9, 2025
- R-9 IEP, dated June 2025
- R-10 IEP Progress Report, period 1 2025–2026
- R-11 Report card, first quarter 2025–2026
- R-12 IEP Progress Report, first quarter 2025–2026
- R-13 IEP Progress Report, periods 1 and 2 2025–2026
- R-14 MDMI Program Description February 2026
- R-15 Confidential medical file
- R-16 RN Supervision of J-Tube Log 2025–2026
- R-17 J-Port Log December 3, 2025

Joint exhibits:

- J-1 Petition for Due Process, filed October 30, 2025
- J-2 Response to Due Process Petition, dated January 22, 2026
- J-3 East Orange School District IEP, dated August 5, 2024
- J-4 Respondent IEP, dated October 4, 2024
- J-5 Respondent's IEP, dated June 9, 2025
- J-6 2025–2026 periods 1 and 2 Progress Reports

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