

State of New Jersey
OFFICE OF ADMINISTRATIVE LAW

FINAL DECISION

OAL DKT. NO. EDS 12619-15

AGENCY DKT. NO. 2016 23182

M.M. AND S.M. ON BEHALF OF G.M.,

Petitioners,

v.

BAYONNE BOARD OF EDUCATION,

Respondent.

Robert Counihan, Esq., and **Gregory Little**, Esq., for petitioners (White & Case, attorneys)

James Plosia, Esq., for respondent (Apruzzese, McDermott, Mastro & Murphy, attorneys)

Record Closed: June 20, 2016

Decided: July 6, 2016

BEFORE **KIMBERLY A. MOSS**, ALJ:

STATEMENT OF THE CASE AND PROCEDURAL HISTORY

Petitioners, M.M. and S.M. on behalf of G.M., requested a due process hearing on behalf of G.M. because they disagreed with his placement and seek an out-of-district placement, compensatory educational services, reimbursement for services provided, and extended school year (ESY) program from the Bayonne Board of Education.(Bayonne). The matter was transferred to the Office of Administrative Law (OAL) as a contested matter on August 21, 2015.

A hearing was scheduled for November 13, 2015, which was adjourned at the request of petitioners. I heard the case on November 23, 2015, December 16, 2015, February 16, 2016, March 7, 2016, March 29, 2016, and June 20, 2016. I closed the record on June 20, 2016

FACTUAL DISCUSSION

I **FIND** the following uncontested **FACTS**:

G.M. is a student at Woodrow Wilson School eligible for special education services in Bayonne. Kim Demedici (Demedici) is an expert in evaluations of special education students and development of an individualized education program (IEP) for special education students.

TESTIMONY

Kim Demedici

Kim Demedici (Demedici) is the assistant supervisor of special elementary services for Bayonne. She has a Bachelor of Arts in special education and a Master's degree in learning disabilities. She has a teaching certificate in as a learning disabilities teacher and a supervisor certification. She has taught students with learning disabilities. She taught in Bayonne beginning in 1989. In 1999, she was on the child study team as a learning consultant. Demedici evaluated children using educational diagnostic tools as part of the child study team. She has done hundreds of student evaluations. She created thousands of IEP's.

In 2004, Demedici became the Assistant Supervisor for Special Services for the elementary schools in Bayonne. She has oversight of and administers the autistic program for Bayonne which is located in the Woodrow Wilson School. Thirteen percent of the students in Bayonne receive special education services.

Applied behavioral analysis (ABA) is theory of education for autistic children. Included in ABA are discrete trials, generalization, reinforcement prompt and demanding, and decision making.

Sixty-two students at Woodrow Wilson are autistic. All of the special education students at Woodrow Wilson are autistic. Eden Curriculum (Eden) is an ABA-based curriculum that Bayonne began using in 2012. It is a program that was purchased by Bayonne from KDH Enterprises. KDH Enterprises provides staff support to Bayonne. Prior to using Eden, Bayonne used an ABA-based curriculum for autistic students. There are no more than seven students in a class with one special education teacher. The class can have from two to five teaching assistants. The autism classrooms are self-contained. The students have mainstream opportunities in music, art, physical education, and assemblies. Mainstream opportunities can be adjusted based on the student's needs. Some of the autistic students in Bayonne are in an out-of-district placement.

Demedici knows G.M. Her office was at Woodrow Wilson School for two years. During that time she would encounter G.M. daily. G.M. engages in maladaptive behaviors. Her opinion of G.M.'s abilities is based on evaluations of G.M. and her knowledge of G.M.

A functional behavioral assessment (FBA) was done on G.M. by Ann Zullo (Zullo) on or about December 3, 2012. G.M. has a behavior intervention program incorporated into his IEP. G.M. was listed pre-school child with a disability on the IEP dated January 12, 2009. His adaptive domain scores were below the age-appropriate range. His motor, personal, communication, and cognitive domains were below age-appropriate range and expectation. He had minimal response to receptive and expressive communication. G.M.'s services began when he was two years old. G.M. has hyperactivity and significant inability to tend to task. His behavior was severely dysfunctional and barred his ability to learn.

A Battelle Developmental Inventory (BDI) was done by Bayonne when G.M. was thirty-five months old, on October 17, 2008. Five domains were tested. His highest

percentage was nineteen percent. In several areas he scored less than one percent. He scored a 0.3 on the BDI-2 total score. In 2012 G.M. had the cognitive level of a child one to two and a half years old.

G.M. had an occupational therapy evaluation on or about November 26, 2012. The results were that he is nonverbal but makes sounds. He was non-compliant with many of the tasks. He roamed around the room and would begin bouncing on his knees. The report states that G.M exhibits delays that will affect his performance in a school setting. A physiatrist evaluation was done of G.M. by Dr. Michael Armento, who is a pediatric physician with children's specialized hospital.

A collaborative Evaluation Summary was done on G.M. by Lucy Hackler, who was the learning consultant on the team. A BDI test was administered to G.M. He was five at that time. A second BDI test was administered when G.M. was five years and five months old. The BDI tests show G.M. tested in five domains of the test at point one percent, which is severely significantly below age expectation. Ms. Lafonte was G.M.'s preschool teacher at this time stated that G.M. made progress in awareness of his environment, classroom routines, and recognizing his peers. He was also more independent in toileting. G.M. did not have toileting skills when he entered Bayonne at the age of three. A physical therapy evaluation of G.M. was done by Hilary Fryczynski on or about December 22, 2009. She recommended G.M. have one half hour of individual physical therapy a week.

In 2012 G.M. was in an ABA-based program. Bayonne never denied G.M.'s parents request for ABA services for G.M. to the best of Demedici's knowledge. Physical therapy is a related service not under ABA, it is in addition to ABA.

A neurological evaluation was done for G.M. by Dr. Gonzales Abella On July 19, 2012. G.M. was very active during the evaluation. He did not use words and his cooperation was poor.

A psychological evaluation was done on G.M. on July 26, 2012. He had to be held by his parents to stop him from running. He refused to sit and threw toys. He was

uncooperative and unresponsive. G.M. was on Ritalin. He was not sufficiently cooperative for reliable test results, although the report states that its findings likely represent G.M.'s usual level of functioning. The report states that G.M.'s cognitive functioning level is less than eighteen months old. The Vineland Adaptive Behavior Scale (Vineland) is an assessment measure usually given to the parents and teacher to get an overall assessment of the child's functioning. The Vineland results for G.M. showed low functioning in all areas, which include daily living, communication, socialization, and motor. His age equivalents range from less than one year of age to two and on half years of age. G.M. was diagnosed with ADHD, autism, and severe mental retardation. Mental retardation is now commonly called cognitive impairment. The recommendation is that G.M. be placed in a small self-contained class.

G.M. had a learning evaluation done at the Children's Specialized Hospital on August 25, 2012, by Marlene Pigut. The evaluation was for a second opinion. Pigut did not contact Demedici or anyone in the district regarding G.M. Pigut did not request G.M.'s records from Bayonne. Pigut's report states that G.M. is still not receiving ABA services. This is not correct. Bayonne was implementing an ABA-based program. Pigut recommended G.M. be placed in a full-time structured program, which he was in at Bayonne. The report lists G.M.'s speech and language skills in the range of a six to fifteen-month-old child. His social development is in the range of a three to six-month old-child.

Prior to using the Eden program, Bayonne collected data in a different manner for Discrete Trial Teaching (DTT). Eden began in Bayonne in September 2012.

A functional motor assessment/occupational therapy was done for G.M. at Hackensack University in November 26, 2012, (R-28) by Erma Arndt (Arndt). No one from the district met or spoke with Arndt. Arndt did not request records from the district. The report says that G.M. is in a self-contained class. He was in an autistic self-contained class. G.M. started Eden in January 2013. The report states that he was not toilet trained which conflicts with the information from his teacher Ms. Lafonte. G.M. was receiving occupational therapy in school at this time.

A speech and language evaluation was done for G.M. at Hackensack University by Dana Rosen (Rosen) on December 5, 2012 (R-29). Rosen is a speech pathologist. Rosen did not contact Demedici or Bayonne, she did not request records. G.M. was unable to participate in formal test measures. Rosen could not administer the standardized test to G.M. Rosen's diagnostic impressions were: autistic disorder, severe repetitive and expressive language deficit in a child of dual-language exposure, severe articulation deficit, limited phonemic repertoire, increased activity level, and limited attention. Rosen recommended use of a picture exchange system (PEC). In a PEC system a student will match or pair two given pictures. It is a communication system used to compensate or replace language. PEC was not used with G.M. in Bayonne. Bayonne has used a variety of communication techniques with G.M. including modified sign language. Bayonne attempted to use a seven-level communicator with G.M. He could not do seven-level communicating. The level was dropped to six, then four, then two, for G.M. Speech and language are part of Eden. It is a domain but not necessarily ABA.

An ABA-based program is a total program. One of the components is DTT. An ABA program does not necessarily contain all of the ABA components all of the time. Some students do not require DTT based on their level of functioning. Eden uses repetition in its curriculum. Eden does an assessment on the student to determine skill levels in the domains. Once the skill level is determined a program book is developed for the student. DTT is working one on one with a student going through the scripting of a specific skill or program that you want the student to master. DTT is done until the student acquires a level of mastery in a skill, then a new skill is introduced. If the student does not meet the level of mastery in a certain period of time, the trial continues. If the student still does not meet the level of mastery, it's decided either to manipulate the curriculum or lower the percentage that equates with mastery. To master an academic goal a student must maintain the skill for three consecutive days.

The FBA was done on G.M. by Ann Zulo, who is the BCBA for the autistic program on or about December 12, 2012. It notes that with regard to toileting there is a fifteen-minute toileting interval with a three-minute interval of token economy reinforcement. This is a component of ABA. Zulo observed G.M. on three occasions in

a school setting. Zulo recommended interspersing mastered and targeted skills, using a picture schedule, use of prompts and tokens.

Bayonne discussed ABA home services with G.M.'s parents. ABA home services involve someone going to the home to train the parents on how to do the skills with G.M. that are being done in the school. Bayonne sent Michele Brooks (Brooks) to the home to provide parent training in March 2013. Brooks was consultant for KDH Enterprises. After two visits Brooks did not feel that the home was conducive to parent training. Bayonne offered parent training at the Woodrow Wilson School after school hours, which was refused by the parents.

Demedici does not know Donna Rubinger, who wrote a treatment log for G.M. (R-31). Bayonne has not sent any of G.M.'s records to Rubinger. She did not speak to Rubinger and to the best of her knowledge Bayonne did not send any of G.M.'s records to Rubinger. Rubinger's log states of G.M. that progress remains limited due to expressive language, poor attention, and receptive language.

Demedici has never met Dr. Daphne Elroy. Dr. Elroy is located at Children's Specialized Hospital (CSH). She has not sent Dr. Elroy any of G.M.'s records and to the best of her knowledge no one at Bayonne sent Dr. Elroy any of G.M.'s records. Dr. Elroy's letter from June 2013, (R-32) recommends G.M. continue to receive individualized ABA-based services. In June 2013 G.M. was in the Eden program.

An augmentative alternative communication and assistive tech assessment was done for G.M. on June 6, 2013, by Assistive Technology for Living and Advancing Skill (CPNJ). This was not done by employees of Bayonne, but Bayonne paid for the assessment. G.M. uses an iPad in school and at home.

A physical therapy reevaluation was done by Dr. Punam Suknanin, who is the physical therapist for Bayonne on May 24, 2014. Dr. Suknanin found that G.M. had global delays that impact his functional ability. He recommended physical therapy once a week for thirty minutes. An occupational therapy re-evaluation was also done on May

22, 2014 by Robert Dearey. It recommended that he continue with two individual occupational therapy sessions per week.

A program evaluation was done by Dr. Robert Larue of the Douglas Development Disabilities Center (DDDC) on May 13, 2015 (R-38). Dr. Larue met with staff members of Bayonne, was provided with records of G.M. and observed G.M. in a classroom setting. Dr. Larue's report states that a FBA was not done for G.M., but that is incorrect. His report states that G.M. needed a communication system and augmentative evaluation. Dr. Larue's report did not say that the Bayonne program was inappropriate for G.M.

Re-assessments are done every three years. M.M. and S.M. wanted a goal for G.M. to be able to write his name. Bayonne does not believe that G.M. has the requisite skills for that.

G.M. was taken out of school early over a period of several weeks. Bayonne contacted his parents regarding G.M. leaving school early. In May 2013, Sharon Colasurdo, supervisor of special services for Bayonne, wrote to M.M. and S.M. regarding the excessive amount of time G.M. was missing from school. (R-40.) G.M. was missing for an hour on Tuesdays for private speech therapy. In addition on Wednesdays and Thursdays G.M. would be taken from school at 1:00 p.m. and he would not return to school. On May 29, 2013, Colasurdo sent a follow-up letter to M.M. and S.M. because G.M. was continuing to miss hours from school. The letter stated that Bayonne would have to institute a truancy procedure. Petitioners then notified Bayonne that G.M. was going to Dr. Elroy twice a week on Wednesdays and Thursdays at 2:00 from January 2013 to May 2013.

M.M. and S.M. sent a letter to Colasurdo dated June 3, 2013, requesting G.M. receive more ABA services at school and home (R-44). This letter was received after Brooks was sent to the home and M.M. and S.M. were told that they could attend parent training at Woodrow Wilson School. When the parents declined the offer of parent training at Woodrow Wilson School, Bayonne did not renew the offer.

M.M. and S.M. wrote Bayonne requesting Stephane Tych, an employee of Bayonne, not have contact with G.M. Bayonne denied this request. M.M. and S.M. again wrote Bayonne on June 12, 2014, with a number of requests, one of which was that G.M. be able to write his name by the end of the school year. They also requested an independent educational evaluation in that letter. The parents subsequently withdrew their request for an independent evaluation. M.M. and S.M. also requested an out-of-district placement. Bayonne denied that request because it feel that G.M. is receiving an appropriate education.

Bayonne was concerned because the communication sheets that were being sent home with G.M. daily were not being signed and returned by the parents. The communication book goes into G.M.'s book bag. The school writes in the book for the parents to read. The parents are supposed to use the book as well to communicate with the teacher.

Demedici is pleased with Eden as it is comprehensive and widely accepted. It has been successful for G.M. in some areas. She has seen G.M. make progress with self-help skills in the past two years, such as toileting, pulling up his pants and taking down his pants when he needs to use the bathroom. He has had toileting accidents at school, but they have decreased. G.M.'s maladaptive behavior has decreased in the past two years. G.M. is in an ABA-based program. His parents never told her they did not understand anything regarding G.M.'s IEP.

Beth Varano

Beth Varano (Varano) has been employed by Bayonne for the past five years as a special education teacher. She has a Bachelor of Arts in special education and pre-k through third grade general education. She has a registered behavioral technician certification. She exclusively teaches students with autism. There are between four and seven students in her classes. There are between two to four assistants in the classroom. Varano has training in Eden as well as other ABA programs.

The special education program in Bayonne is based on ABA. ABA is the study of human behavior. It is researched based. It is determined how a child behaves, and then determines what reinforcement is needed to maintain or avoid that behavior. A primary reinforcement is food. A secondary reinforcement is praise or toys. DTT is included in ABA. ABA is data driven. DTT is not the only component of ABA.

In the 2013-2014 and 2014-2015 school year G.M was a student in her class. Prior to G.M. coming to her class, she did not do DTT with her class. The students were higher functioning than G.M. The ABA principals were used in her classroom. In the 2012-2013 school year Bayonne used Eden twice a week for approximately forty minutes throughout the school year. The Eden domain grid shows what programs the student is on and what the student is accessed on. It is a visual copy of the student's assessment. Bayonne receives all of the programs from Eden including self-help, cogitative, and speech and language. The program states how to implement it and how to track the student. The programs are available to the parents upon request. Varano began using DTT in October 2012.

Eden requires the student to work through the programs with the assistance of the teacher. The teacher works on a program with the student until the student masters the program. The teacher would use modifications or other alternative if the student is having difficulty with mastery of a skill. Bayonne determines what programs are appropriate for a particular student and if it does not work, they try to find ways to help the student along. It is not the intention of Eden for the student to do the same program at the same step daily for months or years.

Varano first met G.M. in September 2013. A cognitive domain assessment for G.M. was done on December 5, 2013, and September 9, 2014. The assessments lists skills as A= achieved, N= not in repertoire, P= partial, and G =next goal. If a student does not have the skills to perform the specific skill at the time it would be listed as not in repertoire. The child may be able to perform that skill in the future.

Fine motor imitation was not in G.M.'s repertoire at the December 5, 2013, assessment. G.M. later began doing more fine motor activities. In academics G.M.

does not have the skill set for counting money. In the academics area of the assessment every skill listed is not in G.M.'s repertoire. After the cognitive assessment is done, the data is collected and a program book is created.

The goal for G.M. in toilet training was to use the bathroom for bowel movements. He was taken to the bathroom every thirty minutes to show him how to use the toilet to have a bowel movement. Data was collected as to the results. He began to give a signal when he had to go to the bathroom. The incidents of accidents were reduced during the time she was G.M.'s teacher. The baseline assessment only shows data for three weeks.

Generalized ABA instruction in group settings uses a lot of reinforcement. Praise and reinforcement are involved. This was not always successful for G.M. because he was inattentive or lacked the skill set. Varano and Brooks decide that G.M. would have DTT in the morning and carryover, reinforcing that in the afternoon. The afternoon trials data is not recorded. The DTT would be in the morning from 9:30 a.m. to 11:00 a.m. The carry over in the afternoon would be approximately one and one half hours. G.M. has been receiving approximately three hours of DTT per day since the fall of 2013. He received more DTT than any other student in the class. He was lower functioning than any other student in the class. In the 2013-2014 school year, G.M. progressed with eye contact, self-help eating using utensils, putting on clothes, and being more receptive to adults. Monthly progress reports were sent to G.M.'s parents.

G.M. does not speak. He can make sounds. He identifies things by pointing. He understands language. He understands better than he communicates. In the 2013-2014 school year Varano communicated with G.M.'s parents through the communication book. It was sent home with G.M. daily. Varano wrote in the communication book daily. There are days that the parents took the page out of the book and did not return it. At the 2013-2014 back to school night, where G.M.'s mother was present Varano explained how the communication book was used. In October 2014 Varano explained again to G.M.'s mother how the communication book worked. The use of the communication sheet began during the 2014-2015 school year. The teacher would write notes on the top of the communication sheet and parents would

respond on the bottom of the sheet. Varano would make notes in the communication book and at the end of the day put the book in G.M.'s backpack. G.M.'s parents wrote back sporadically.

G.M. had homework Monday thru Thursday. For a while the homework was returned but no homework was returned after April 2014. Varano told G.M.'s father that G.M. needed to complete his homework and that the parents needed to fill out the bottom of the communication sheet. R-72 is coloring and tracing homework for G.M. G.M. mastered pre-coloring program. He could scribble. He could hold a pen. G.M.'s parents did not fill out the communication sheets.

In G.M.'s behavior intervention plan (BIP) spitting behavior was targeted. If G.M. did not spit for five minutes he would get a token. G.M. receiving tokens would reinforce the behavior that was the goal. This data was collected and charted. The purpose of the data collection is to monitor over time if progress has been made. There are monthly progress reports on the programs G.M. is working on.

The progress reports show the programs that G.M. is working on and the progress he is making. The programs are done in steps. All of the programs begin at step one. A child has to have a ninety percent or above score on a skill for three consecutive days to move up to the next step. There is a generalizing of the skill that was mastered throughout the day. The programs in the morning were repeated in the afternoon for reinforcement.

R-76 through R-84 are G.M.'s speech and language programs. R-85 through R-107 are programs of G.M. G.M. mastered isolated toy play on February 12, 2015. The data that is taken of G.M. during the programs is put on a graph. The graph shows whether G.M. made progress. Any skill on the graph that is maintenance shows that G.M. made progress. He made progress with eye contact, toileting, and he had less tantruming and yelling out.

G.M. had one to one DTT. He was not getting DTT during specials which were forty minutes every day and during lunch.

R-11 is G.M.'s IEP from January 1, 2013. It does not include a behavioral intervention plan (BIP) for G.M. R-12, the February 28, 2013, IEP has a BIP which only has comments from Joan Butler. R-13, the IEP of April 30, 2013, has a BIP. In R-13 Zulo lists behaviors to be reduced, positive support interventions, class rules, establish expectations, and set limits. R-14 is the IEP of April 30, 2013 with a July 1, 2013 implementation date, there is no change in the BIP.

R-15 is the IEP that was in place going into the 2014-2015 school year. The target behaviors in the BIP are different because he was no longer engaging in the prior listed behaviors and new behaviors were witnessed. The positive supports and interventions did not change. Spitting was a constant behavior for G.M. Other behaviors were not constant.

G.M. had a one-to-one aide each year Varano was his teacher. The aide's role was to shadow G.M. and assist in running trails. The aides were trained in ABA. Varano oversaw the aides and reviewed the program book daily.

R-106 is the body part ID receptive test. This is a primary target behavior. On September 30, 2013, G.M. is on step three of the program randomizing touch head, hand. This program is carried over from the previous year. According to R-106 G.M. was on step three of the program from September 2013 to July 2015. She tried various reinforcements and different methods to help G.M. progress. Bayonne could not modify the program. The Eden consultant would tell Bayonne what it could and could not do. Varano went to the school psychologist. Eden consultants, the BCBA and the school psychologist whose positions were for G.M. to continue on step three. The mastery level needed to achieve the skill was lowered for G.M. in this program.

R-39 is part of G.M.'s communication book. The first page has a note from S.M. dated September 4. R-39 does not have notes daily from Varano. She sent a note through the communication book to G.M.'s parents that they were not responding or sending her back information. Days where she was absent or G.M. was absent she would not put a note in the communication book. G.M.'s parents took pages with her

notes out of the communication book and did not return them with their notes to Varano. He is getting ABA throughout the day. On a weekly basis that is thirty hours and fifty minutes.

Stephanie Tych

Stephanie Tych (Tych) is the school psychologist for Bayonne. She has a Bachelor of Arts in special education and a teacher of the handicapped certification. She has a Master's degree in educational psychology. She has a school psychologist certification and a supervisor certification. She has worked for Bayonne for eleven years. She was a special education teacher, teaching children with autism for three years. She was also a teacher of students with behavioral disorders. She last taught in the autistic program in June 2008. At that time she did not use Eden; DTT were used and data was collected. ABA methodology including DTT, reinforcement systems and token economy systems are used in Bayonne throughout the day. Tych has taken classes in ABA and autism. She has gone to workshops for ABA, verbal behavior and working with children with autism. She has gone to Eden workshops and presented at workshops. She oversees the autistic program, curriculum, and instruction.

There are eleven autistic classes at Woodrow Wilson School. The school has approximately sixty to seventy students in the autism program. There are no more than seven students in an autistic class.

In September 2012 Eden was provided to the teachers in the autism program by Bayonne. Consultants from KDH enterprises (KDH) came with Eden. Michelle Brooks was a consultant from KDH. Brooks is not a BCBA. Ann Zullo, a BCBA was involved. Tych met with Brooks twice a day to receive training in Eden. Eden was begun in the school in October 2012. Eden is broken down and explained step-by-step stating exactly what needs to be done.

Tych has constructed IEP's as a teacher and school psychologist. ABA is delivered daily. It is the methodology; therefore it does not need to be listed in the IEP. DTT does not have to be listed on the IEP since it is part of the ABA methodology.

Tych began to know G.M. in September 2012, when she was the school psychologist. There are three levels of autism disorder. The first level, higher functioning children receive some supports. The second level of autism is children who need substantial support and the third level of autism are children that require very substantial support. G.M. is in level three needing very substantial support. He has limited imitation skills and is nonverbal. He would be put in receptive programs, beginners programs, pre-primer or primer programs. He is not yet at the intermediate or secondary level because of his low IQ and cognitive abilities. The aides who work with G.M. are not BCBA's.

Tych has been to out-of-district schools. These schools did not use Eden but used ABA. DTT were being taken and data was being collected. This was very similar to Bayonne's program.

In placing G.M. in the least restrictive environment various programs were considered. G.M.'s academic needs require small group settings and multi-sensory approach to learning. An out-of-district placement was not considered, it would be the most restrictive environment.

Tych sees G.M. every school day. She says hello to G.M. G.M. would sometimes look through her at other times G.M. would be prompted to wave or give eye contact. Tych sits in on classes. G.M. was on step three of a program for two years. There is now a modification form when child is doing a skill that is difficult to achieve. She is not shocked that G.M. made little progress in identifying body parts. He is cognitively impaired, which impairs his learning. G.M. has trouble independently doing things.

G.M. was started on Eden in January 2013, after he returned to school from a medical problem. Tych met G.M.'s parents. It is important for the parents to carry over the training from school at home. G.M.'s parents do not seem fond of her. She does not know if they would follow strategies that she would provide to them. G.M.'s family does not collect data of what he does at home.

G.M.'s IEP amendment dated November 13, 2012, does not list ABA services under related services. When Bayonne began using Eden it was told to put ABA in the IEP and be more detailed. G.M.'s teacher is not a BCBA. ABA can be implemented by people who do not have an ABA background. Tych was not present at the February 28, 2013, (R-12) IEP meeting. The teacher prepares the IEP, Tych reviews it.

All teachers in the autistic program are required to use a communication book on a daily basis. The teacher writes in the communication book on a white sheet of paper that has a yellow copy sheet behind it. The teacher will send home the book or rip out the yellow and white pages and send both home with the child. She wants to keep a copy of the parents' responses. Most of the parent's continually send things back and forth with the school. R-39 is the communication document.

R-106 shows that G.M. when he began the program was at ten percent. He is above ten percent so he has progressed.

The BIP is only placed in the IEP if the student requires a behavior intervention plan. The language of the BIP can be the same in more than one IEP. If the strategies worked in the prior BIP, those strategies may be used on another behavior. If the strategies are working they do not have to be modified.

R-14 is the April 30, 2013, IEP. The statement of special education services states ABA services 150 minutes which is two and one half hours per day. R-15 is G.M.'s IEP dated June 4, 2014, under the statement of special education services it states maximum of 150 hours of ABA per week. R-16 is G.M.'s IEP dated March 25, 2015 under ABA services it states ABA/DTT maximum of 150 minutes. There is a carryover done in the afternoon for G.M. in the DTT. The first session is where the data is collected. Data is not collected in the carryover session. G.M. received one and one half hours of DTT in the morning and in the afternoon.

R-70 is the Eden assessment score sheet. It gives the teachers an idea of what the student can do and what program is appropriate for the student. R-17 the domain

grid assessment is completed at the end of the school year. G.M. has mastered eleven programs. R-73 is the data collection form. The graphs on R-73 indicated the percent of tokens earned. This shows the percentage of time throughout the day that G.M. did not exhibit the targeted spitting behavior. R-74 shows the percentage of tokens G.M. earned and the times he exhibited spitting behavior. R-75 is the monthly progress report of June 2015. The monthly progress reports became more detailed as time passed.

Now if a student is stagnant on a step for two to four weeks it would be red flagged and modification would be placed in the program. When Bayonne began using Eden, it did not red flag. The Eden consultants told them to continue working on the step. The fact that there was no red flag does not mean that there were no modifications made. If a student is on the same level and step of a skill for one year, it does not mean that the child has not progressed. The child could have started with no success on a skill and at the end of the school year received sixty percent mastery of the skill. G.M. was on the same step in the body part identification program for two years. Multiple reinforces were used to get him to touch his head and hand.

R-76 to R-107 is the data from G.M.'s DTT from his 2013-2014 and 2014-2015 program book. The report of Dr. Larue dated May 13, 2015, states that G.M. need communication systems. G.M. has two communication systems. One of the communication systems used with G.M. is the seven-level communication system, which has a picture on each of the seven levels. Bayonne started G.M. with four levels with pictures on each level. He had a difficult time scanning the items to distinguish what he wanted on the communication system. He is currently using a system where there is one picture and one object, he takes the item he wants and gives it to the person working with him. G.M. does not have a large repertoire of identifiable objects. G.M. is correlating a picture of an object with the actual object. If he gives the instructor a picture of an apple, he is given an apple. G.M. has mastered the use of utensils.

A FBA was not done for G.M. in the past four or five years. He does have a behavior plan in place. Timeouts are not used with G.M. He makes slow progress based on his cognitive abilities. G.M.'s program was based on his needs. His goals are

appropriate. G.M. is given verbal reinforcement in the form of praise or a high five. If he does not respond to task, he will be prompted. He is not work avoidant. When he is on task, he is a good worker.

Pairing staff with reinforcement means that the staff is constantly giving the child something wants and finds pleasurable. When that is done with no demands, the child finds the reinforcement and the person giving the reinforcement pleasurable. This occurs in Bayonne.

Tych is not familiar with what Dr. Larue means by an analytic school program. G.M. has a full-day program based on ABA principles. The term "intensive program" in special education means a program done at home for children ages one to three with twenty-five to forty hours of ABA a week.

G.M.'s is doing DTT in the morning and the afternoon. He is getting ABA throughout the day. R-30 is a FBA of G.M. done on December 3, 2012. This was used to create the behavior plans in the IEP in early 2013.

It is better to evaluate a student over several days as opposed to one day. There is a yearly annual review for special education students. There is a re-evaluation done every three years by the CST.

Nina Finkler

Nina Finkler (Finkler) is an independent autism consultant. She is a BCBA. She has New Jersey certification as a supervisor and teacher of the handicapped. She was employed by Eden from 2009-2015. Since March 2015, she established a company for consultation, training, and evaluation services. While at Eden she rewrote the teaching and assessment programs.

Finkler met G.M.'s parents while she was working for Eden in approximately July or August 2014. G.M. was brought to Eden in Princeton for an assessment on September 29, 2014. G.M. had difficulty focusing. There was difficulty completing the

assessment. G.M.'s cognitive function is in the low range. G.M.'s IQ could not be determined. Verbal and non-verbal measures were used, but no IQ could be obtained. During the assessment G.M. had difficulty sitting, could not follow directions, and had little verbal language.

Finkler observed G.M. at school twice. At her first school observation on February 11, 2015, G.M. was in music class. It was a group class. He had a one-to-one assistant. G.M. interacted with other students when prompted. DTT was used in the music class and data was collected. She did not see the teaching program but she saw the raw data that was collected. She also observed G.M. in speech class. DTT was used in the speech class. This visit lasted two and on half hours. The second school observation was in the classroom. She observed morning meals, break, DTT, and occupational therapy. G.M. could identify an apple with one distractor. On both school observations most of the time there was DTT. She looked at the classroom structure, method, and teaching and whether the program was effective for G.M. She looked at the New Jersey Autism Program quality indicators, which is the best practices guide. She also relied on autism quality indicators. The autism quality indicators are: foundation the program is built on, staff support, staff training, and resources available. Bayonne had all of the autism quality indicators. Finkler reviewed G.M.'s IEP that was in place between September 2014 and February 2015.

The observation included meeting with G.M.'s teacher and the BCBA and reviewing the teaching and behavioral data. She observed G.M.'s raw behavior data and progress notes.

Finkler's recommendation was that G.M. was making progress and the program was appropriate. While at school G.M. could sit longer and demonstrated skills that he did not show when he was assessed at Eden. He used some communication. G.M. attained skills and new skills were added. His inappropriate behavior decreased. G.M. made meaningful educational progress. The program he was in was appropriate. G.M. did not need an alternative placement.

Finkler's report was sent to G.M.'s parents. She met with the parents after she sent them the report. G.M.'s parents were angry with her report. She requested Eden return the money for the evaluation to G.M.'s parents.

She provided a report. She does not believe that there was a conflict of interest because she had worked for Eden and helped design part of its curriculum. She does not have a copy of her report for G.M. because it is the property of Eden. Her report on G.M. had recommendations and it was signed. The word draft was not on the report she wrote.

G.M. has severe autism. He can improve using ABA and DTT as part of a comprehensive ABA program. By looking at the data collection long term you can see if G.M. is improving or not.

Data is collected by focusing on a specific skill, reviewing the data on that skill, then making a modification. In the Eden model data is typically reviewed every two weeks. She would be concerned if a student is on the same step for six months without modifications, troubleshooting, or adjustment of reinforcers. Finkler would be very concerned if a student was on the same step for two years without modification.

On a data collection graph if there is a change in circumstances like a new teacher or new target is introduced it would be noted on the graph as a phase line. Finkler did not see all of the raw data. She does not know if she saw G.M.'s body par ID data sheets. This data from September 30, 2013, to November 4, 2013, show data collected daily and the step was not changed. There is no indication that modifications were made. No modifications made from September 2013 to May 2015 are a cause for concern.

Dr. Maged Ghaly

Dr. Maged Ghaly is a pediatrician. Although he is familiar with ABA he does not provide ABA services. He refers his autistic patients for treatment with a developmental specialist. He is an expert in pediatrics and care of patients with autism. Dr. Ghaly has

been G.M.'s doctor since G.M. was less than two years old. G.M. has no communication, poor social skills, minimal eye contact, is hyperactive, and has ADHD. G.M.'s behavior includes biting himself and others. He has tried to bite Dr. Ghaly.

Autistic children are afraid of their environment. They are aware of what is going on but cannot communicate. G.M. has not gained any personal skills like dressing himself, feeding himself, or tying his shoes. He has had minimal improvement in identifying objects, shapes, and numbers in the past year. He recommended G.M. have ABA services at home.

G.M. would freak out in a mainstream class. He has potential for improvement, although he has not seen any improvement in G.M. He recommends that G.M. be enrolled in a school that deals exclusively with autistic children with full ABA services. The Bayonne program was not effective for G.M. because there was no improvement. In addition it is not listed in AutismNJ.org. He does not know much ABA G.M. has in school. He is not familiar with Eden. He has not been to the school G.M. attends. His opinion is based on consultation with G.M.'s parents, Dr. Ghaly's examination of G.M. and the evaluation of Dr. Goldsmith of the Center for Children with Special Needs.

G.M. has a low I.Q. He has been diagnosed as mentally retarded. Dr. Ghaly sees G.M. every three to four months. G.M. sees the developmental specialist every six months. G.M. is more anxious at school or Doctor's Office than he is at home.

M.M.

M.M. is the father of G.M. G.M. has severe autism. When people treat G.M. badly he bites his hand. When he is treated well he laughs. G.M. is currently in the fourth grade. He was diagnosed with autism when he was three. G.M. began the Hudson Milestone program when he was two. He had twelve hours of ABA weekly as well as speech and physical therapy at home. G.M. made progress at Hudson Milestone with eye contact. After leaving Hudson Milestone, G.M. began schooling at Bayonne. While at Bayonne, G.M. lost the improvements that he made at Hudson Milestone.

G.M. had independent evaluations in 2012 which recommended that G.M. have ABA services. M.M. did not initially know what the term ABA meant. Prior to 2013 G.M.'s IEP did not mention ABA. M.M. filed for a due process hearing in 2013, which was settled and Bayonne was to provide G.M. with ABA service at home and at school. Brooks was a consultant hired by Bayonne to consult on home ABA services for G.M. Brooks came to his home twice. He does not know why she stopped coming. He received a letter on March 15, 2013, from Bayonne stating that Brooks did not want to do the parent training at M.M.'s home because it was small and she did not have the materials that she needed there. She recommended that the training be done at the school. M.M. did not agree to the parent training at the school.

M.M. participated in the April 30, 2013 IEP meeting. It allowed for 150 minutes of ABA per day at school for G.M. M.M. did not sign the IEP. He wanted more ABA services for G.M. M.M. knows what ABA services are. DDT was never explained to him.

M.M. took G.M. to CSH for evaluations in speech and occupational therapy. CSH knew that G.M. had a part-time ABA program at school. M.M. informed CSH of the goals in G.M.'s April 30, 2013 IEP. G.M. received ABA services at CSH for one hour three times a week until May 2013. M.M. observed G.M.'s sessions at CSH. G.M.'s eye contact improved. He would point if he was hungry or thirsty and he used the restroom. G.M. carried these skills over at home. Bayonne was not initially notified that G.M. was going to CSH. When Bayonne stated that it would bring truancy charges, M.M. told them that G.M. was being taken to CSH three times a week. CSH recommended that G.M. continue with individual ABA services. On June 3, 2013, M.M. requested ABA services at school and home for G.M. CSH is a non-profit hospital. In September 2013, Bayonne did not discuss in home ABA services with him. M.M. does not remember receiving any document stating that G.M. is mentally retarded but the CSH July 26, 2012, evaluation states that G.M. has severe mental retardation.

G.M. saw Dr. Goldsmith every six months since 2006. His main concern was G.M.'s aggressive behavior. Dr. Goldsmith recommended homebased ABA for G.M. Dr. Goldsmith did not contact Bayonne.

On June 4, 2014, M.M. participated in an IEP meeting. The IEP called for 150 minutes per week of discrete trial training. It did not mention at home ABA services. He did not sign the IEP because he was not satisfied with the goals. On June 16, 2014, M.M. sent a letter to Bayonne. He wanted G.M. to be able to recognize the numbers one to ten by the end of the school year and match eighteen cards. He also requested an out-of-district placement. G.M. was in the same program at Bayonne with no improvement. Bayonne did not consider an out of district placement. G.M. needs all day ABA services. G.M. has not improved in the Bayonne program. M.M. received the parental rights in special education (PRISE) information in Arabic in 2015. He did not previously request the information in Arabic. M.M. was not aware that the IEP had a behavior modification plan (BIP).

M.M. looked for an outside source for ABA services for G.M. G.M. receives seventy-two hours of ABA from the Hudson Partnership through Medicaid. At the Hudson Partnership G.M. matched eighteen cards and three objects. G.M. stopped wetting himself when he was eight years old.

M.M. requested an evaluation. Finkler did the evaluation. Finkler observed G.M. for two hours in September 2014 in Princeton and on February 11, 2015, and February 27, 2015, at school. The first observation of G.M. Finkler could not get an accurate assessment because of G.M.'s limited focus and attention. After the evaluation M.M. and S.M. met with Finkler to discuss the draft of the report that they received. He was not satisfied with Finkler's conclusions. Finkler was an employee of Eden. M.M. did not know that Bayonne used Eden. After this meeting the relationship between M.M. and S.M. and Finkler ended and the money for the evaluation was refunded. He believes Finkler's report was done to make Bayonne look good, he has no proof that the report is factually inaccurate. He asked Finkler for the data from her observations of G.M. She did not provide the data. M.M. did not request the data from Bayonne.

G.M. can only identify one letter and the shape of an apple at school. The Hudson Partnership states that G.M. can dress himself, feed himself, and use the toilet.

G.M. injures himself and others. He has pushed his mother and sisters. There was a reduction in G.M.'s pushing behavior after he began receiving ABA services. He bit a student and a teacher's aide. When people treat him bad, he will spit in their face. Bayonne does not work with G.M. on his behaviors. M.M. states that G.M.'s behavior has not improved since 2005. G.M. has a limited ability to learn as opposed to the general population.

He asked the school to prohibit Tych from having contact with G.M. From October 2015 to March 5, 2015, no homework was sent home for G.M. When M.M. requested an out-of-district placement, he was told that G.M. had made large improvements. He did not see improvements. M.M. researched specialized schools treating children with autism. He contacted Epic school, but Epic wanted documentation that Bayonne would pay the tuition before it would process the application. Epic would take G.M. as a private student if the parents paid. M.M. requested G.M.'s records be sent to Epic, Somerset Hills and Gardner Academy.

Dr. Robert Larue

Dr. Larue has a Master's degree and Ph.D. in biological psychology and school psychology. He is the director of behavioral and research services at DDDC. DDDC is a program serving individuals with autism. It is an out of district placement for students with autism. He does program evaluations through Douglass outreach. He is a BCBA PHD. He has taught ABA classes since 2004.

ABA starts by identifying where the problem is then input behavioral program. Tools that can be used in ABA include DTT, environmental training, and other tools. Data collection and monitoring is involved in ABA. When a student has challenging behavior, a FBA needs to be done to determine why the behavior occurs and structure a plan based on results. ABA can be used in school throughout the day.

An effective ABA plan has the following:

1. Systematic Assessment Procedure
2. Many Learning Opportunities
3. Data Collection, Monitoring and Analysis
4. Development of a Structured Behavioral Plan
5. Systematic Plan to Address Communication Deficits.

Dr. Larue was contacted by S.M. to do a program evaluation. Bayonne requested Dr. Larue send questions to it in writing, which he did. Bayonne responded to his questions. He interviewed the staff and asked for G.M.'s IEP, records, data collection, goals, and FBA. He did not receive the FBA, ABLIS, or VBMAP from Bayonne. He observed G.M. at school for one day. Dr. Larue collected data on G.M. G.M. was on task at times and off task at times. He tracked maladaptive behavior, putting objects in his mouth, spitting, and aggression. He observed G.M. being redirected. There was a token system for spitting. The recommendations in the FBA were not being implemented. One of the most prevalent observations was G.M. making inappropriate vocalizations, G.M. was yelling. G.M. does not have many social skills. He did not interact with the other students. G.M.'s off-task behavior is extremely high. He was on task nineteen percent of the time. When instruction is provided students should be on task seventy percent of the time. Dr. Larue saw Bayonne employ procedures of ABA with G.M., but they were not monitored. After the assessment he determined the percentage of time G.M. was on task and the percentage of maladaptive behavior. He spoke to S.M. after the assessment. Dr. Larue has not done a FBA for G.M. He is not familiar with the seven-level communication device. He did not do an augmentative evaluation. There was no programming or teacher to show G.M. how to use the augmentative device. He was prompted to use the device and did not use it spontaneously.

The Eden Autism services assessment score sheet is does not replace the VB map. ABA should be implemented for G.M. for the entire day. During his observation Dr. Larue saw ABA being implemented for G.M. for part of the day. He did not observe much data being collected, only during DTT and spiting. The data that was collected

was not used to guide the decision-making process. No changes were made. The body part identification DTT was provided to Dr. Larue. The goal was implemented from September 2013 to June 2015. G.M. made no progress during this time and no modifications or changes were made to the program. The teacher could not make changes to the program. G.M. did master some goals in the program.

G.M. has significant intellectual problems and a significant amount of maladaptive behavior. Dr. Larue believes the priorities for G.M. is communication and FBA to address maladaptive behavior. G.M. has no spontaneous communication. He had a communication device, but it was not being used for spontaneous communication. He was not provided with any data on spontaneous communication for G.M. He was not aware of a communication plan for G.M. by Bayonne. A communication plan would include an augmentative device which G.M. would be taught to use to communicate. A communication plan is typically written into the IEP. The speech and language goals of G.M.'s IEP are not a communication plan.

G.M. is slow to acquire skills. G.M. has not received a meaningful educational benefit in Bayonne. He recommends an updated augmentative evaluation, a communication system for G.M. and strategies for spontaneous communication. G.M.'s behavioral maladaptation occurred ninety-four cent of the time after he was asked to do something, usually an academic task. He would delay, run away, or avoid the task. G.M. made progress at CSH.

Dr. Larue reviewed an FBA. The function identification is escape, which is consistent with his findings. G.M. has had this problem for two years. He needs a proactive strategy. The recommendations in the FBA are vague. No replacement skills are listed in the FBA. G.M. also has a BIP. The BIP does not address escape behavior. The BIP should be like a manual. It has no replacement skills or prevention strategies.

New Jersey autism quality indicators include the following: work collaboratively with parents; ongoing data collection; monitoring; effective targets of communication;

annual program evaluations, and if no progress is made in three months something in the program has to be changed.

G.M. would benefit from an intensive full-day behavior analytic school program. Epic, Garden Academy, and DDDC meet these criteria.

G.M. can understand one step directions. Dr. Larue would not use IQ to determine progress with G.M. He would use data collection and monitoring to determine how progress is being made.

DDDC does not have a class that has total DTT. There are classes with two to three hours of DTT for young students. Typically DTT decreases as the child gets older. DDDC collects data all day and graphs everything.

FACTUAL DISCUSSION

In light of the contradictory testimony presented by respondent's witness and the petitioner's witnesses, the resolution of this case requires that I make credibility determinations with regard to the critical facts. The choice of accepting or rejecting the witnesses' testimony or credibility rests with the finder of facts. Freud v. Davis, 64 N.J. Super. 242, 246 (App. Div. 1960). In addition, for testimony to be believed, it must not only come from the mouth of a credible witness, but it also has to be credible in itself. It must elicit evidence that is from such common experience and observation that it can be approved as proper under the circumstances. See Spagnuolo v. Bonnet, 16 N.J. 546 (1974); Gallo v. Gallo, 66 N.J. Super. 1 (App. Div. 1961). A credibility determination requires an overall assessment of the witness's story in light of its rationality, internal consistency and the manner in which it "hangs together" with the other evidence. Carbo v. United States, 314 F.2d 718, 749 (9th Cir. 1963). A fact finder "is free to weigh the evidence and to reject the testimony of a witness, even though not directly contradicted, when it is contrary to circumstances given in evidence or contains inherent improbabilities or contradictions which alone or in connection with other circumstances in evidence excite suspicion as to its truth." In re Perrone, 5 N.J. 514, 521-22 (1950); see D'Amato by McPherson v. D'Amato, 305 N.J. Super. 109, 115 (App. Div. 1997).

Having had an opportunity to observe the demeanor of the witnesses and hear the testimony of the witnesses, Demedici, Varano, Tych, and Finkler, were credible. Demedici, Varano and Tych clearly testified regarding special education in Bayonne and Eden. Varano testified that changes could not be made to the program without the consent of Eden. They were all familiar with G.M. and his IEP's and programs. They admit that the IEP's prior to 2013 did not specifically state G.M. was to receive ABA services. Varano was concerned that G.M. remained on a step for two years and was told not to change the instruction, which is no longer the procedure.

Drs. Ghaly and Larue were also less credible. Although Dr. Ghaly has been G.M.'s pediatrician for several years, he does not provide ABA services. In addition he does not know how much ABA G.M. receives in Bayonne and has not been to the school that G.M. attends. He also states that Bayonne program is not effective because it is not listed on Autismnj.org.

Dr. Larue testified about the importance of G.M. having spontaneous language but it is not as clearly addressed in his report. He did a program evaluation. His evaluation report did not state that G.M. was not receiving FAPE. He stated that G.M. was not instructed in how to use the augmentative device; however, he only observed G.M. on one occasion and he was not familiar with the seven-level communication device. The fact that G.M. was prompted to use the augmentative device on that occasion does not mean that he was not instructed in the use of the device. In addition the seven-level communication device is a communication system.

M.M. was less credible than the above. He testified that G.M. was not given homework from October 2015 until March 5, 2016. From April 2015 through June 2015 there are many instances of G.M.'s homework not being returned which M.M. did not address. In addition M.M. testified there was a reduction in G.M.'s behaviors after he began ABA, then he testified that there was no reduction in G.M.'s behaviors since 2005.

I **FIND** the following additional **FACTS**:

Demedici is the administrator of the autism program in Bayonne. G.M. is non-verbal. He has ADHD, autism, severe mental retardation, and cognitive impairment. He is in an autistic self-contained class at Woodrow Wilson School. In 2012 evaluations in psychology and neurology could not be done because of poor cooperation of G.M. The Vineland test showed that G.M. is low functioning in the activities of daily living. It showed that he was the equivalent to one to two and one half years old on the test. A learning evaluation was done of G.M. on August 25, 2012, by Marlene Pigut. Pigut recommended a fulltime structured program for G.M. On December 5, 2012, a speech and language evaluation was done on G.M. He could not participate in formal test measures. He was diagnosed as having among other things severe receptive and expressive language deficits.

The use of Eden for autistic special education students was begun in Bayonne in September 2012. Prior to the use of Eden ABA services were infused into G.M.'s curriculum. Consultants from KDH assisted Bayonne in the use of the Eden Curriculum. Brooks was a consultant with KDH. She is not a BCBA. Eden tests the skill level of the student. Once that is determined a program book is developed for the student. DTT is done until a skill is mastered. In DTT a student works one-on-one with the teacher or aid to master the steps of a program. Once the step is mastered a new skill is introduced. If the student does not master the skill the DTT continues. The curriculum can be manipulated or the mastery level lowered.

DTT is part of G.M.'s IEP. The March 25, 2015, IEP (R-16) requires G.M. to have 150 minutes of DTT per day. The June 4, 2014, IEP (R-15) also required G.M. to have 150 hours of DTT. G.M.'s April 30, 2014, IEP (R-13) under related services does not list ABA services or DTT under related services. G.M.'s February 4, 2013, IEP (R-11), which is an amendment, does not list ABA services under related services; it does however lists DTT under other needs and recommendations. The May 22, 2012, amendment to G.M.'s IEP (R-10) also does not list ABA services. G.M.'s IEP that was implemented on July 2, 2012, (R-9) does not list ABA services or DTT under related services.

In November 2012 G.M. was not using Eden. G.M. was however receiving ABA services even though they are not listed on the IEP in effect at that time. In the November 20, 2012, amendment to IEP under present levels of academic achievement it states they worked with G.M. on verbal imitation, which part of ABA. In the same IEP under speech and writing it says "he's pointing to something to request an item that he wants and then he is given it." This is following directions with visual cues. Visual cues are modifications. The document also notes using hand-over-hand modeling with G.M. Hand-over-hand modeling is prompting in ABA. Prior to April 2013 G.M.'s IEP's did not reflect that he was receiving ABA-related services. However ABA services were infused in G.M.'s program prior to February 2013. Since February 2013 ABA services and DTT are part of G.M.'s IEP. The IEP and additional documents do not state that ABA was infused into G.M.'s program.

In March 2013 Brooks, a consultant from KDH, went to the home of petitioner for parent training. After the second visit, Brooks decided the parent training should take place at the Woodrow Wilson School because it had more room and more accesses to materials that were needed. The parents refused which ended the parent training. G.M. used an iPad at school and home.

An educational re-evaluation was conducted on April 11, 2014, by Ms. Kilroy. She attempted to administer the WJ III test to G.M., but he did not participate or engage in any of the task demands or requirements. Formal scores could not be obtained.

The Bayonne school psychologist, Marybeth Wilkerson, did a psychological assessment of G.M. on April 11, 2014, and May 5, 2014. She made a classroom observation of G.M. at that time there were four students in the classroom, four adults and one aide. Wilkerson attempted to administer the Wechsler (WISC-IV) test to G.M., which is an I.Q. test, and the primary test of non-verbal intelligence (PTONI) test on two occasions. She could not administer these tests to G.M. He did not respond to tasks, questions, or demands of the task presented. Wilkerson found that G.M.'s socialization skills were delayed with limited eye contact. Interaction was atypical for a child his age, play skills were delayed and significant delays in expressive and receptive language.

G.M. appears to have a problem in the comprehension of spoken language. G.M.'s IQ could not be measured.

ABA attempts to change behavior. It is an accepted method of instruction with autistic children. It uses repetition and rewards to change behavior. DTT is a method used in ABA. ABA is used in ways other than DTT including shaping, chaining, collecting data, and reinforcement. DTT consists of one-to-one or two-to-one teaching where a skill is broken down in small steps and each step is taught to the student. ABA is a methodology which is delivered daily to G.M. at Bayonne.

Petitioners wanted G.M. to be able to recognize the numbers one to ten and match eighteen cards. Petitioners wanted G.M. to be able to write his name but he does not have the skill to do that at this time. G.M. made progress with toileting, pulling up his pants and pulling his pants down when he needed to use the toilet.

Varano is a special education teacher she taught G.M. during the 2013-2014 and 2014-2015 school year. Eden was used. The Eden domain grid shows what program the student is using what he is accessed on. The student works with the teacher to master the program. The program is worked on until it is mastered. Modifications and alterations are made if the student is having difficulty with the program.

One goal Varano worked on with G.M. was using the toilet for a bowel movement. He was taken to the toilet every thirty minutes. He began to signal when he had to use the toilet. G.M.'s spitting behavior was also targeted. If he did not spit for five minutes he would receive a token. Data was collected for spiting. He had DTT for one and one-half hours in the morning that was carried over in the afternoon for an additional one and one-half hours. Data was collected on the morning DTT. G.M. was lower functioning than the other students in the class. He made progress with eye contact, self-help eating with utensils, toileting, less tantrums, less yelling, and putting on his clothes. G.M. has mastered the following eleven skills:

1. Waiting for desired item mastered November January 8, 2015
2. Choice making mastered November 22, 2013

3. Zipping mastered January 7, 2014
4. Communicating basic desires and needs mastered December 11, 2013
5. Matching objects mastered May 22, 2014
6. Gaining adult attention mastered April 28, 2014
7. Dressing pullover shirt mastered April 12, 2014
8. Turn Taking mastered October 22, 2014
9. Pre-coloring mastered March 4, 2014
10. Isolate Toy Play mastered February 12, 2015
11. Coloring target behavior mastered April 23, 2015

The program G.M. was doing was done in steps. Once he mastered one step, he would go to the next step. To master a step, he had to achieve ninety percent mastery for three consecutive days. G.M. had a body-part identification program. He was on step three of that program from September 2013 to July 2105. Varano tried various reinforcements and other methods to help G.M. progress in this program.

Bayonne did not modify that program. Varano consulted with Bayonne and Eden and was told that G.M. should stay on that step. G.M.'s mastery level was lowered.

Based on the recommendation of Dr. Larue, Bayonne modified G.M.'s programs in order for him to receive success earlier by instituting a form of tagging where the staff identifies area where G.M. is stagnating and identified G.M.'s preferred activities which is food, which will motivate him.

There were Eden monthly progress reports for G.M. In comparing the October 2014 progress report with the June 2015 progress report it shows the following:

	<u>October 2014</u>		<u>June 2015</u>	
	Step	Percent	Step	Percent
Eye Contact	1	23%	3	53%
Object ID	7	50%	7	33%
Body Part ID	3	30%	3	46%
Matching Colors	5	83%	7	70%
Visual Tracking	8.2	44%	8.2	23%
Pre-Handwriting	2		4	

One-to-One Step Command	8.7	66%	9a	67%
Matching Shapes	6.1	70%	8.6.1	60%
Gross Motor Imitation	6.1	43%	7c	37%
Shape ID	4.2	60%	5	47%
Function of Objects	7	60%	7	37%
Tooth Brushing	7		7	
Hand Washing	4		4	
Same and Different	4	20%	4	53%
Object Association	8.2	90%	8.7	50%

Bayonne attempted to use a seven-level communication devise with G.M. He had difficulty with that and it was reduced to four pictures on each level. G.M. had difficulty with four pictures on each level and it was reduced to a one picture one object level. G.M. would point to the object that he wanted. If G.M. does not respond to a task he is prompted.

A communication book was sent home with G.M. each day. Varano would write notes in the book to inform the parents about what occurred in school. The parents can write back to the teachers in the book. Varano wrote in the communication book almost daily. She told S.M. on two occasions how the communication book works. Petitioners did not often write in the communication book. G.M. was given homework from Monday to Thursday. G.M.'s homework was never returned to Varano after April 2014.

The February 2013 IEP did not include a BIP. The March 2013 IEP included a BIP with comments from Joan Butler. The May 1, 2013, IEP included a BIP with a list of behaviors to be reduced with instructions and supports. The July 1, 2013, IEP had the same BIP as the May 1, 2013, IEP. The 2014-2015 IEP had changes to the BIP because it targeted new behaviors it also includes behaviors to be reduced with instructions and supports. The 2015-2016 IEP also has a BIP that lists behaviors to be reduced with instructions and supports. G.M.'s spitting behavior was targeted by the BIP.

Finkler is an independent autism consultant. She worked for Eden from 2009-2015 and helped design its curriculum. G.M. was brought to Eden in Princeton for an evaluation. The evaluation was scheduled for September 29, 2014, but the evaluation could not be done because G.M. had difficulty focusing. Finkler observed G.M. at school twice once in music class and the other time in his regular class. In the school observation G.M. interacted with other students when prompted. DTT were done and data was collected. DTT was used in his speech class. He could identify an apple with one distractor. Bayonne had all of the New Jersey Autism quality indicators. G.M. sat longer and showed skills that he did not show in Princeton. Finkler reviewed the data for G.M. at Bayonne and believed that he was making progress. She is concerned that he spent two years on the same step in body identification without modifications.

G.M. bites himself and others.

Petitioners previously instituted a due process matter. That matter was settled and the settlement was approved on January 18, 2013. One of the terms of the settlement was that G.M. would receive an ABA program with DTT and data collection.

G.M. was taken to CSH by his father. He received services from CSH one hour three times a week from January 25, 2013, to May 1, 2015. M.M. did not inform Bayonne that G.M. was receiving services at CSH other than the ones in the IEP until May 2015. M.M. believes G.M. showed improvement from sessions at CSH. Throughout the sessions at CSH, G.M. had limited progress due to difficulty with attention, distractibility, and receptive and expressive language, and other difficulties. Petitioners did not pay for G.M.'s services at CSH. M.M. requested home services for G.M. on June 3, 2013, which was not provided since petitioner refused the parent training at the school.

In June 2015 G.M. began receiving in home ABA and clinical and therapeutic intervention eighteen hours per week from Associates in Mental Health & Developmental Disabilities, Inc. (AMHDD) through his parent's health insurance. AMHDD states that G.M. has challenges using the bathroom. While working with AMHDD G.M. matched the numbers one through sixteen on one occasion. M.M.

testified that G.M. was aggressive with his mother and siblings, he would push them. G.M. did not show this type of behavior in school. Although M.M. believes that G.M. made significant progress at CSH and AMHDD, there is no evidence that whatever progress G.M. made at CSH and AMHDD is solely attributed to those programs and has nothing to do with the Bayonne program.

Petitioners did not request an Arabic interpreter at the IEP meetings. M.M. testified at the hearing. He did not request an Arabic interpreter.

Dr. Larue did a program evaluation of Bayonne at the request of petitioners. He observed G.M. for one day at Bayonne. During the observation, he tracked G.M.'s maladaptive behavior which was primarily inappropriate vocalizations. G.M. did not interact with the other students. He was on task nineteen percent of the time. Dr. Larue did not see G.M. any other time. Dr. Larue did not determine if Bayonne provided FAPE to G.M. in his written report.

Respondent's counsel had requested the report of Finkler from petitioners prior to the hearing. Petitioners stated that there was no report. On the first scheduled day of the hearing, respondent's counsel informed me that he had become aware that there was a report from Finkler. Since petitioners had previously stated that there was no report from Finkler, I allowed Finkler to testify in this matter and have her report in evidence. Since Dr. Larue did not put in his report that Bayonne did not provide FAPE to G.M., I did not allow him to testify as to whether Bayonne provided FAPE to G.M. since it is the central issue of the case.

The IEP's for G.M. dated June 5, 2009, March 31, 2010, May 26, 2011, May 22, 2012, April 30, 2013, June 4, 2014, and March 25, 2015, provide that G.M. have extended school year (ESY) services.

Tych is an expert in the areas of educational psychology and development of programs for students with autism and ABA and DTT. Dr. Larue is an expert in the treatment of autism spectrum disorder educational services, educational psychology, ABA and ABA instruction in treatment of children with autism, delivery of educational

services for children with autism including ABA, and development an access of behavioral programs for students with autism. Dr. Ghaly is an expert in pediatrics and care of patients with autism.

At the parents' request, Bayonne sent G.M.'s school records to Garden Academy, Somerset Hills, and Epic. Garden Academy did not respond to Bayonne, Somerset Hills did not accept G.M., and Epic wanted verification that Bayonne would pay for G.M.'s out-of-district placement.

LEGAL ANALYSIS AND CONCLUSIONS

The IDEA provides federal funds to assist participating states in educating disabled children. Hendrick Hudson Cent. Sch. Dist. Bd. of Educ. v. Rowley, 458 U.S. 176, 179, 102 S. Ct. 3034, 3037, 73 L. Ed. 2d 690, 695 (1982). One of purposes of the IDEA is "to ensure that all children with disabilities have available to them a [FAPE] that 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.A. § 1400(d)(1)(A). In order to qualify for this financial assistance, New Jersey must effectuate procedures that ensure that all children with disabilities residing in the state have available to them a FAPE consisting of special education and related services provided in conformity with an IEP. 20 U.S.C.A. §§ 1401(9), 1412(a)(1). The responsibility to provide a FAPE rests with the local public school district. 20 U.S.C.A. § 1401(9); N.J.A.C. 6A:14-1.1(d). The district bears the burden of proving that a FAPE has been offered. N.J.S.A. 18A:46-1.1.

The United States Supreme Court has construed the FAPE mandate to require the provision of "personalized instruction with sufficient support services to permit the child to benefit educationally from that instruction." Rowley, supra, 458 U.S. at 203, 102 S. Ct. at 3049, 73 L. Ed. 2d at 710. New Jersey follows the federal standard that the education offered "must be 'sufficient to confer some educational benefit' upon the child." Lascari v. Bd. of Educ. of Ramapo Indian Hills Reg'l High Sch. Dist., 116 N.J. 30, 47 (1989) (citing Rowley, supra, 458 U.S. at 200, 102 S. Ct. at 3048, 73 L. Ed. 2d at 708). The IDEA does not require that a school district "maximize the potential" of the

student, Rowley, supra, 458 U.S. at 200, 102 S. Ct. at 3048, 73 L. Ed. 2d at 708, but requires a school district to provide a basic floor of opportunity. Carlisle Area Sch. v. Scott P., 62 F.3d 520, 533-34 (3d Cir. 1995). In addressing the quantum of educational benefit required, the Third Circuit has made clear that more than a “trivial” or “de minimis” educational benefit is required, and the appropriate standard is whether the IEP provides for “significant learning” and confers “meaningful benefit” to the child. T.R. v. Kingwood Twp. Bd. of Educ., 205 F.3d 572, 577 (3d Cir. 2000); Ridgewood Bd. of Educ. v. N.E., 172 F.3d 238, 247 (3d Cir. 1999); Polk v. Cent. Susquehanna Intermediate Unit 16, 853 F.2d 171, 180, 182-84 (3d Cir. 1988), cert. den. sub. nom. Cent. Columbia Sch. Dist. v. Polk, 488 U.S. 1030, 109 S. Ct. 838, 102 L. Ed. 2d 970 (1989). In other words, the school district must show that the IEP will provide the student with “a meaningful educational benefit.” S.H. v. State-Operated Sch. Dist. of Newark, 336 F.3d 260, 271 (3d Cir. 2003). This determination must be assessed in light of the individual potential and educational needs of the student. T.R., supra, 205 F.3d at 578; Ridgewood, supra, 172 F.3d at 247-48. The appropriateness of an IEP is not determined by a comparison of the private school and the program proposed by the district. S.H., supra, 336 F.3d at 271. Rather, the pertinent inquiry is whether the IEP offered a FAPE and the opportunity for significant learning and meaningful educational benefit within the least restrictive environment.

Toward this end, an IEP must be in effect at the beginning of each school year and be reviewed at least annually. 20 U.S.C.A. § 1414 (d)(2) and (4); N.J.A.C. 6A:14-3.7. A complete IEP must contain a detailed statement of annual goals and objectives. N.J.A.C. 6A:14-3.7(e)(2). It must contain both academic and functional goals that are, as appropriate, related to the Core Curriculum Content Standards of the general education curriculum and “be measurable” so both parents and educational personnel can be apprised of “the expected level of achievement attendant to each goal.” Ibid. Further, such “measurable annual goals shall include benchmarks or short-term objectives” related to meeting the student’s needs. N.J.A.C. 6A:14-3.7(e)(3). The New Jersey Supreme Court has recognized that “[w]ithout an adequately drafted IEP, it would be difficult, if not impossible, to measure a child’s progress, a measurement that is necessary to determine changes to be made in the next IEP.” Lascari, supra, 116 N.J. at 48.

In the petition it is requested G.M. receive ESY services. G.M.'s IEP's from 2009 to 2015 provided that he receives ESY services.

I **CONCLUDE** that the Bayonne has provided G.M. with ESY.

The petition requested reimbursement for services provided. In this matter G.M. received services from CSH and Hudson Partnership. The services of Hudson partnership were paid through Medicaid. CSH is a non-profit hospital. M.M. did not testify that he expended any monies for G.M. to receive these services.

I **CONCLUDE** that petitioners are not entitled to reimbursement for services not provided by Bayonne.

The issue in this matter is whether the education offered in the IEP to G.M. would have provided FAPE to him or whether he required an out-of-district placement and compensatory education. G.M. is a child with severe autism, ADHD, cognitive impairment, and severe mental retardation. He is slow in acquiring skills. ABA was infused in his program since he started in Bayonne, although it was not specifically listed his IEP's prior to January 2013. G.M. is receiving DTT for ninety minutes in the morning and ninety minutes in the afternoon, with data being collected for the morning sessions. G.M. also received reinforcement and praise in group settings.

G.M. mastered the eleven skills at Bayonne between November 22, 2013, and April 23, 2015, at Bayonne. Although petitioners submit that G.M. accomplished these at earlier dates CSH, G.M. being able to do a task on one occasion does not mean that he has mastered it. Mastery requires the ability to do the task at ninety percent for three consecutive days.

A review of G.M.'s progress reports on October 2014 and June 2015 revealed that G.M. progressed in ten of the fifteen areas. The progress was either to another step of the skill or within the same step. Two areas he remained on the same step with additional prompting required and he regressed in two areas.

G.M. was on step three of body-part ID from September 2015 to July 2015. The progress reports do show that although it was limited G.M went from thirty percent efficiency in October 2014 to forty six percent progress in June 2015.

Dr. Finkler after attempting to evaluate G.M. in Princeton then observing him twice at Bayonne believes that the program is appropriate for G.M. Dr. Larue reviewed Eden during a one-day observation of G.M. He did not evaluate or observe G.M. prior to or since the observation. There is a BIP in place for G.M. It targets behaviors to be reduced with instructions and supports.

Petitioners M.M. and S.M. were given a meaningful opportunity to participate in G.M.'s education. Petitioners had the opportunity to comment in the communication book that was sent home daily with G.M; however, they rarely wrote in the communication book. Petitioners had the opportunity for parent training in ABA in March 2013. When Brooks determined that parent training at the school was more appropriate in this situation, petitioners refused the parent training at the school. The district incorporated some of the suggestions of Dr. Larue's program evaluation. Dr. Larue's program evaluation was paid for by petitioners.

I **CONCLUDE** that Bayonne IEP's and Eden beginning in 2013 were appropriate, individualized for G.M., and provided G.M. with a meaningful educational benefit. Bayonne provided FAPE to G.M. and therefore he does not require an out-of-district placement.

Since Bayonne has provided G.M. with FAPE, I **CONCLUDE** G.M. is not entitled to compensatory educational services.

ORDER

It is hereby **ORDERED** that the relief requested by petitioner be **DENIED** and the petition be **DISMISSED**.

This decision is final pursuant to 20 U.S.C.A. § 1415(i)(1)(A) and 34 C.F.R. § 300.514 (2015) 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.A. § 1415(i)(2); 34 C.F.R. § 300.516 (2015). 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.

July 6, 2016

DATE

ljb

KIMBERLY A. MOSS, ALJ

WITNESSES

For Petitioners:

M.M.
Dr. Maged Ghaly
Dr. Robert Larue

For Respondent:

Kim Demedici
Beth Varano
Stephanie Tych
Nina Finkler

EXHIBITS

For Petitioners:

- P-1 G.M. Picture in Bayonne Community News
- P-2 Letter Requesting Independent Evaluation Dated May 31, 2012
- P-3 Independent Educational and Neurological Evaluation August 2012
- P-4 Not in evidence
- P-5 Not in Evidence
- P-6 Letters between petitioners and Bayonne regarding parent training
- P-7 Letter from petitioners to Bayonne regarding ABA services at home
- P-8 IEP dated June 4, 2014
- P-9 IEP Progress Report dated June 22, 2015
- P-10 Reevaluation Plan Form
- P-11 Parents request for changes in G.M. IEP dated June 16, 2014, and Bayonne's response dated June 24, 2014
- P-12 Program Evaluation of Dr. Larue
- P-13 Letter to petitioners from Bayonne dated June 2013
- P-14 Not In Evidence
- P-15 Letter to petitioners from Bayonne regarding Dr. Finkler

- P-16 Report from Dr. William Goldsmith dated September 17, 2015, and Report from Dr. Ghaly dated November 4, 2015
- P-17 Letter from Hudson Partnership dated November 2, 2015
- P-18 Draft of Report of Dr. Finkler
- P-19 Email to Dr. Finkler
- P-20 Dr. Larue Curriculum Vitae
- P-21 Children's Specialized Hospital Records
- P-22 Hudson Partnership Associated in Mental Health & Developmental Disabilities Inc. Records

For Respondent:

- R-1 July 8, 2015, Parents' Due Process Petition
- R-2 July 15, 2015, Bayonne's response to Due Process Petition
- R-3 September 14, 2015, District's Due Process Petition
- R-4 June 12, 2009, IEP
- R-5 June 5, 2009, IEP
- R-6 January 14, 2010, IEP
- R-7 March 31, 2010, IEP
- R-8 May 26, 2011, IEP
- R-9 May 26, 2011, IEP
- R-10 November 20, 2012, Amendments to IEP
- R-11 January 10, 2013, IEP
- R-12 February 28, 2013, IEP
- R-13 April 30, 2013, IEP
- R-14 Second April 30, 2013, IEP
- R-15 June 4, 2014, IEP
- R-16 March 25, 2015, IEP
- R-17 Eden Domain Grid
- R-18 December 2, 2007, Pediatric Neurodevelopmental Evaluation
- R-19 2008 Battelle Developmental Inventory for G.M.
- R-20 December 22, 2008, Occupational Therapy Evaluation
- R-21 January 16, 2009, Children's Specialized Hospital Initial Evaluation
- R-22 Bayonne School District Collaborative Evaluation Summary

- R-23 December 22, 2009, Physical Therapy Evaluation
- R-24 2011 Battelle Developmental Inventory
- R-25 July 19, 2012, Children's Specialized Hospital Neurological Initial Evaluation
- R-26 July 26, 2012, Children's Specialized Hospital Psychological Evaluation
- R-27 August 25, 2012, Children's Specialized Hospital Learning Evaluation
- R-28 November 26, 2012, Hackensack University Medical Center Functional Motor Assessment- Occupational Therapy Evaluation
- R-29 December 5, 2012, Hackensack University Medical Center Speech and language Evaluation
- R-30 Ann Zullo BCBA Functional Behavioral Assessment
- R-31 January 30, 2013, Outside School Individual Treatment Documents
- R-32 May 30, 2013, Children's Specialized Hospital letter regarding ABA services for G.M.
- R-33 June 6, 2013, Augmentative and Alternative Communication and Assistive Technology Assessment by CPNJ
- R-34 April 11, 2014, Educational Reevaluation by M. Kilroy
- R-35 May 14, 2014 Psychological Evaluation by Mary Beth Wilkerson
- R-36 May 2014 Physical Therapy Reevaluation by Dr. Poonam Sooknanan
- R-37 May 22, 2014, Occupational Therapy Reevaluation by Pediatric Occupational Therapist Robert Dearey
- R-38 May 13, 2015, Program Evaluation by Dr. Robert Larue
- R-40 May 10, 2013, letter from Sharon Colasurdo to petitioners
- R-41 May 20, 2013, letter from Sharon Colasurdo to petitioners
- R-42 G.M. leaving school early chart for winter/spring 2013
- R-43 May 9, 2013, letter from Dr. Daphna El-Roy
- R-44 June 5, 2013, letter from Petitioners to Sharon Colasurdo
- R-45 June 26, 2013, letter from Kim Demedici to petitioners
- R-46 November 22, 2013, letter from Kim Demedici to petitioners
- R-47 June 12, 2014, letter from Petitioners to Woodrow Wilson Child Study Team
- R-48 April 29, 2014, letter from Case Manager Sandra Freire-Young to Petitioners
- R-49 August 29, 2014, letter from Adam P. Wilson, Esq. to James L. Plosia, Jr. Esq.
- R-50 December 12, 2014, memo from Stephanie Tych
- R-51 December 12, 2014, memo from K. Geisler, R.N. to Stephanie Tych

- R-52 Resume of Sharon Colasurdi
- R-52 Resume of Kim Demedici
- R-53 Resume of Charles Costello
- R-54 Resume of Lisa Wasielewski
- R-57 Resume of Mary Ellen Moore
- R-58 Resume of Joan Buttor
- R-59 Resume of Meghan Ashley
- R-60 Resume of Robert Dearey
- R-61 Resume of Ann Zullo
- R-62 Resume of Sandra Freire-Young
- R-63 Resume of Michelle Kilroy
- R-64 Resume of Beth Varano
- R-65 Resume of Mary Beth Wilkinson
- R-66 Curriculum Vitae of Poonan M. Sooknanan
- R-67 Resume of Cynthia Bott-Tomarchio
- R-68 Resume of Michelle Petito
- R-69 Resume of Ann Holmes
- R-70 2013/2014 "Eden Autism Services Assessment Score Sheet"
- R-71 2014-2015 teacher log for G.M. (Beth Varano)
- R-72 April 2014 through June 2015 teacher daily communication home for G.M.
- R-73 2013-2014 behavioral data for G.M.
- R-74 2014-2015 behavioral data for G.M.
- R-75 2014-2015 Eden Curriculum Monthly Progress Reports for G.M.
- R-76 "Waiting for Desired Item" maintenance program data for G.M.
- R-77 "Choice Making" maintenance program data for G.M.
- R-78 "Zipping" maintenance program data for G.M.
- R-79 "Communicating Basic Desire and Needs" maintenance program data for G.M.
- R-80 "Matching Objects" maintenance program data for G.M.
- R-81 "Gaining Adult Attention" maintenance program data for G.M.
- R-82 "Dressing: Pullover Shirt" maintenance program data for G.M.
- R-83 "Turn Taking" maintenance program data for G.M.
- R-84 "Pre-Coloring" maintenance program data for G.M.
- R-85 Isolate Toy Play Eden Discrete Trail Data

- R-86 Fine Motor Imitation Eden Discrete Trail Data
- R-87 Coloring Eden Discrete Trial Data
- R-88 Eye Contact on Command Discrete Trial Data
- R-89 Toilet Training: Bowel Movement Discrete Trial Data
- R-90 Verbal Imitation: alternate Program Discrete Trial Data
- R-91 Fine Motor Play Discrete Trial Data
- R-92 Gestural Communication Discrete Trial Data
- R-93 Object Association Discrete Trial Data
- R-94 Same and Different (Receptive) Discrete Trial Data
- R-95 Hand Washing Discrete Trail Data
- R-96 Tooth Brushing Discrete Trial Data
- R-97 Function of Objects (Receptive) Discrete Trial Data
- R-98 Block Imitation Discrete Trial data
- R-99 Shape ID (Receptive) Discrete Trial Data
- R-100 Gross Motor Imitation Discrete Trial Data
- R-101 Matching Shapes Discrete Trial Data
- R-102 Simple One-Step Commands Discrete Trial Data
- R-103 Pre-handwriting Discrete Trial Data
- R-104 Visual Tracking Discrete Trial Data
- R-105 Matching Colors Discrete Trial Data
- R-106 Body-Part ID (Receptive Discrete Trial Data)
- R-107 Object ID (Receptive Trial Data)
- R-108 Curriculum Vitae of Nina Finkler
- R-109 G.M. Comprehensive Skill Evaluation by Nina Finkler
- R-110 Letter to petitioner from Child Study Team
- R-111 Letter from Child Study Team to Plosia
- R-112 Copy of tracked mail from Somerset Hills