



FOR IMMEDIATE RELEASE

HUMAN RIGHTS AUTHORITY- CHICAGO REGION

REPORT 17-030-9012
Sabin Elementary School

Case Summary: The HRA substantiated the complaint that the school did not respond adequately with a Full and Individualized Evaluation when a student was suspended for behaviors. Additionally, the provider failed to cooperate with the investigation and failed to provide a response to the report of findings recommendations.

INTRODUCTION

The Human Rights Authority of the Illinois Guardianship and Advocacy Commission opened an investigation after receiving a complaint of possible rights violations at Sabin Elementary School (Sabin). It was alleged that the school did not respond adequately with a Full and Individualized Evaluation when a student was repeatedly sent home and suspended for bad behavior. If substantiated, this would be a violation of state and federal regulations pertaining to special education (23 Ill Admin. Code 226; 34 C.F.R. 300).

Sabin Elementary, a Chicago Public School District 299 school, serves grades kindergarten through eighth grades. The district has 689 schools, grades pre-kindergarten through twelve, serving 425,128 students. Sabin has 605 students of which 92 have IEPs.

To review these complaints, the HRA conducted a site visit and interviewed the school's Principal, a Student Discipline Manager, and the Case Manager/Counselor. With consent, the team reviewed the record of a student as well as pertinent school policies.

COMPLAINT SUMMARY

The complaint involves the response from Sabin to behaviors which were exhibited by a kindergartener there. The foster parent/aunt of the student alleges that she was being called so often at work to come and remove the child from school that she began to worry about the impact on her employment. The student, a 5 year old at the time, was suspended several times and there was no mention of an evaluation for keeping her in school. Once, the foster parent was called and the staff member allegedly stated, "I'm tired; you need to come and get this child." In November the school allegedly suspended the student for eight days and after the guardian intervened, the suspension was reduced to two days. The complaint alleges that the school was

slow to respond to the child's need be evaluated so she would be able to remain in school and obtain a free appropriate public education.

FINDINGS

The foster parent maintained a diary of events which she alleges pertain to her interaction with school officials:

9/21/16 The teacher contacted the foster parent regarding the student's inappropriate behavior and informed her that she was investigating a complaint made by the student that another student had touched her inappropriately.

9/30/16 The school counselor called the foster parent numerous times to alert her that the student was having behavior issues. The foster parent arrived at the school and met with the teacher, the counselor, and the assistant principal. The student was suspended for 2 days (10/03 and 10/04).

10/08/16 (This date may be in error- date might have been 10/05). The school counselor called the foster parent to alert her that the student was having behavior problems and she indicated that a SASS (Screening, Assessment and Support Services) representative was going to come to the school to evaluate the student. She later called to advise the foster parent that the student's behavior was uncontrollable and she was calling 911. An ambulance arrived and the student was taken to an emergency department where she was examined and discharged within a few hours. The school counselor had accompanied the student to the hospital and remained with her and she advised the foster parent not to bring the student to school the following day, indicating that she didn't have the strength to deal with her. The foster parent was shocked- she was working at the time and had made no plans for the child's care outside of school.

10/13/16 The foster parent spoke with the school counselor about a Safety Plan that would be developed and sent home with the student.

10/17/16 The foster parent received the Safety Plan after emailing the teacher and requesting it.

10/18/16 The student was admitted to a local mental health facility for 9 days after the school called the police and had her transported to the hospital.

10/28/16 The hospital provided a letter to the school with recommendations for the student.

11/01/16 The foster parent received numerous calls from the school counselor that she could not control the student and that the foster parent must go to the school and get the student. The counselor stated that the student had bit her and the security guard. The foster parent went to the school and asked to see the counselor's arm because she wanted to photograph it. The counselor indicated that the mark was gone (the arm was photographed anyway). The counselor stated that the student was suspended for 8 days. The counselor and the foster parent reviewed the Parent Action Plan/Reentry Plan and discussed plans for an IEP for the student. The foster parent then spoke with the principal and she insisted that the student needed to be in school and the principal

reduced the suspension to 2 days. The foster parent was told that the student would have to improve her behavior or she would be transferred out of the school.

11/7/16 The teacher called the foster parent to report that the student was disrupting the class and running out of the room. The foster parent asked to speak with the student and she told her to return to the class. The teacher again called the foster parent to report that she had called security to remove the student from the class and she had been taken to the office. The teacher wanted to speak with the foster parent to develop a plan for the student. The foster parent then reminded her that a plan had been developed at the hospital for the student and that one of the recommendations was that the student be placed in a smaller class setting. The teacher then indicated that there was only one kindergarten class and if the student could not adjust to that class then she would have to transfer to another school.

The same day the school counselor called the foster parent to say that a SASS (Screening, Assessment and Support Services) counselor was going to the school to evaluate the student. The foster parent later spoke with the SASS worker and she assured the foster parent that the student was fine and that the student had been calm when she spoke with her. The SASS counselor indicated to the foster parent that the student would not be allowed back into the school. Later the school counselor notified the foster parent requesting that she come to the school to get the student because she had pinched two staff members. That evening, a DCFS caseworker called the foster parent and told her that the student was suspended from school. The school did not send a letter or call the guardian to notify her of the suspension.

Sabin provided the school record for HRA review. The entire record is comprised of 8 Misconduct Reports, a list of the dates of phone contacts, and the hospital record from the recipient's 9-day hospitalization. There are no Incident Reports included in the record and no notes or chronology of events regarding the student. The record shows that the recipient was enrolled on 8/01/16. The record contains 8 Misconduct Reports. These reports are not signed and there are no corresponding notes to show what actions were completed to address the recipient's behaviors:

“1. 9/28/16 Narrative: Officer ... was notified by [recess monitor] that [the student] was out of class and crying by a door in the hallway. She was saying she didn't want to go outside. When Officer ... tried to talk to her [the recipient] started kicking the wall and yelling. Then [the afterschool counselor] came and gave her a Kleenex and talked to her until she stopped crying. Then [the school counselor] came and took her to her office. The Restorative Practice was Restorative Group Conferencing and Restorative Conversations.

2. 9/28/16 Narrative: While at recess, [the student] left the flagpole area and ran to the school doors. She told [the recess monitor] she didn't want to be there. Security had to be called because when [the recess monitor] tried to get her to return to the flagpole area [the student] threw herself on the ground and refused to move. Officer ... was able to convince [the student] to return to the flagpole area for recess. When the students were called in [the student] began crying and yelling and kicking chairs saying she didn't want to go to class. Officer ... called for [the school counselor] who came and took [the student] to her office. The Instructive/Corrective

Response was Referral to counseling/social work /behavior health team. The Restorative Practice was Restorative Conversation.

3. 9/30/16 Narrative: Security was called to the hallway outside room 108. When Officer ... arrived [the student] was crying and yelling. Officer ... asked [the student] to follow her to Security so they could talk. [The student] threw herself on the floor and began yelling and crying louder. [The student] then got up, walked to the stairs, went up to the third stair and jumped down. Officer ... asked [the student] not to do that. [The student] kicked Officer ... and yelled at her, then threw herself on the floor again. When officer ... was trying to help her off the floor [the student] tried to bite Officer ... in the hand. Officer ... called the office to send [the school counselor] for assistance. The Instructive/Corrective Response was Referral to counseling/social work/behavior health team. The Restorative Practice was Restorative group Conferencing and Restorative Conversations.

4. 10/05/16 Narrative: Security was called to room 202. [The school counselor] needed assistance with [the student]. When officer ... arrived [the student] was crawling around the floor. Refusing to get up. She was screaming and crying. [The Assistant Principal] and Officer ... escorted [the student] to [the Assistant Principal's] office. Once in [Assistant Principal's] office [the student] threw herself to the ground and began taking books off [the Assistant Principal's] shelf and throwing them all over the room, she then started moving chairs around the room, she kicked and pushed Officer She was yelling and crying and screaming. [The Assistant Principal] went to [the school counselor] and an ambulance was called."

5. Another entry for 10/05/16 (no time indicated) states, "Security was called to the stairwell outside room 112. Officer ... found [the school counselor] and [the student]. [The student] was yelling and crying and she kicked [the school counselor]. Officer ... was able to calm [the student] and get her to go to [the school counselor's] office. Once in [the school counselor's office], [the student] threw herself to the ground screaming and crying again. She then started kicking the chair and kicking and punching [the school counselor]. Officer ... intervened and she too was kicked and scratched in the left arm. [The student] was trying to get out of the room. Security was called to another classroom so [the Administrator] came to stay with [the school counselor]. The Intervention /Corrective response was Referral to counseling/social work/behavior health team. The Restorative Practice was Restorative Group Conferencing and Restorative Conversations."

6. Another entry for 10/05/16 states, "Officer ... was called by [the custodian] to assist [the classroom Aide] with a student. When Officer ... arrived [the student] was sliding down the bannister, she would then walk up 3 steps and jump down. When asked by Officer ... to stop and line up [the student] refused. [The school counselor] was also there. Officer ... and [the school counselor] escorted [the student] to the counselor's office. Once in the room, [the student] started yelling, screaming, shouting, kicking and hitting [the school counselor]. When Officer ... tried to intervene she too was kicked. [The school counselor] was eventually able to calm her down. The Instructive/Corrective Response was Referral to counseling/social work/behavior health. The Restorative Practice was Restorative Group Conferencing and Restorative Conversations."

7. Another entry for 10/05/16 states, “Officer ... was called by [the Clerk Assistant] because [the student] was pushing students and refused to line up to enter the school. The Instructive/Corrective response was Referral to counseling/social work/behavior health. The Restorative Practice was Restorative Group Conferencing and Restorative Conversations.

8. 10/17/16 11:25 a.m. Narrative: While in the lunchroom [the recipient] told [the monitor] that a student tried to pull her pants down. When [the monitor] talked with the student she told [the monitor] that she was telling [the student] that her underwear were showing so she told the student to pull her pants up but she never tried to pull [the student’s] pants down.

11:45 a.m. While in the girl’s washroom [the student] crawled under the stall to visit with another student. [The student] told [the monitor] she was going into all the stalls to visit other people. The Instructive/Corrective Response indicates referral to counseling/social work/behavioral health team and a Behavioral Intervention Plan. The Restorative Practices include Restorative Group Counseling, Restorative/Peace Circle and Restorative Conversations.”

The HRA requested and received the record of the number of phone contacts from the student’s counselor to the foster parent from the time the recipient was enrolled at Sabin until the HRA investigation was opened on 11/15/16. There were 10 phone calls documented. Within this time frame there were 5 calls from other staff. There are no notes from these conversations in the record. Additionally, there were no Incident Reports in the record that was provided to the HRA and there is no Event Log.

The record (documentation from the hospital) shows that the student in this case entered a Partial Hospitalization Program on 10/18/16. It is not clear from the documentation if this was initiated by the school as a result of any behaviors on the part of the student. The student’s Psychiatric Evaluation and Treatment Plan are included in the school record. The data is very sparse due to the student’s age (5 years old), however it is noted that she did not know her birth date and when asked for three wishes she had for when she grows up she stated (1) She wants her mother to still love her, and (2) She wants her father not to call the police on her mother. As a result of her treatment a letter was prepared by the hospital Program Therapist with recommendations for school officials so that a re-entry plan could be implemented. The letter states:

“[The student] is currently enrolled in the partial hospitalization program at [local mental health facility]. Within this program [the student] has received psychiatric treatment from a psychiatrist, licensed clinical professional counselor, registered nurse, and various mental health associates. The reason for her admission was due to disruptive outbursts and emotional troubles within the school. [The student] has a history of presenting as impulsive, oppositional and irritable, which has led to unsafe behaviors.

During her treatment in PHP, we observed that [the student] struggles to verbally communicate and express her needs and emotions when she is triggered and upset. At times, [the student] can become over stimulated in a large group setting which has caused emotional distress. She has a history of provoking other children, as well as being easily triggered and upset by peers and authority. [The student] struggles to maintain appropriate behavior when she

is distracted by her surroundings. During these times in the program, [the student] required individual support to identify triggers and stressors and develop a plan to maintain safe responses and behaviors.

Through these observations, our treatment team recommends that [the student] receive a more restrictive behavioral support plan in her school setting including a 1:1 or shared aide. Specifically, she requires support at times when there is overstimulation and chaos, such as transitioning to new classrooms and activities, attending the lunch room, and recess. If this level of support is unable to be provided in her current setting, it is recommended that she receive placement in a school with a smaller population, or a therapeutic school.

It will be beneficial for [the student] to meet with a school counselor or outpatient therapist one time per week. Therapeutic and individualized support will decrease [the student's] risk of unsafe behaviors and will provide her with the immediate attention she needs to excel academically.

Behavioral interventions that [the student] is responsive to are as follows: expressive therapy (dance, art, movement and music), the availability of a model magic or a stress ball to help manage and cope with negative feelings, the availability of a quiet/comfort room for 5-10 minutes when she is overwhelmed, and the continuation of identifying and practicing safe and appropriate boundaries.

Other tips and techniques that [the recipient] is responsive to while managing impulsivity are:

- Setting and receiving clear boundaries/rules about the program. [The student] needs to understand clearly what the staff will and will not tolerate. She will also be able to express what she can or cannot tolerate in a group setting in order for her to be removed when she becomes overwhelmed.
- Limit setting and logical consequences for inappropriate behaviors. The patient will be aware that she will not be able to participate in preferred activities unless she can maintain safe and appropriate behavior during other parts of the school day (gym, art, music, etc.).
- [The student] works well with staff when they allow her time to become calm and talk about the problem. She does not respond well when issues are brought up when the other party is already angry or frustrated.
- [The student] is responsive when she is calmly removed from the situation and allowed time to become calm. Once she is calm, she is expected to complete the task or activity in which she felt was overwhelming.
- [The student] does very well when she is given a specific role or responsibility for the group. She has the potential to demonstrate positive leadership qualities that will allow her to help others and build appropriate social skills.”

The school developed a Re-entry Plan for the student which stated some of the recommendations which were issued by the hospital. The staff who were assigned specific responsibilities for the Re-entry Plan were the school Counselor and the Dean. The school

Counselor was given the activity of “solution focused therapy” in an emergency, and the Dean was assigned a “check in during lunch.” There is no Safety Plan included in the Re-entry plan however the Additional Notes/Considerations section states, “Referral has been created for evaluation.” On 11/29/16 the School Counselor completed a Paraprofessional Justification Form for paraprofessional support for the student, which indicates that this is the initial eligibility determination for special education and related services.

School Representatives’ Response

School representatives were interviewed about the complaint. They were emphatic that none of the school staff or teachers would ever tell a parent that a student should not return to school or threaten to have a student transferred to another school. They also insisted that the student in this case was suspended so that the school would have time to fully plan a strategy for her safe return. Staff indicated that the school considers physical acting out such as biting, pinching and shoving as very dangerous, and for the safety of everyone a coordinated strategy has to be discussed and implemented before an aggressive child can be allowed back in the classroom. Staff also reported that they had to fight very hard to get a personal aide for the student and door-to-door service that was paid for by CPS because this is very rare. The school expedited the process for the student to receive an evaluation and IEP and by 12/09/16 services had commenced. The IEP was only revised later so that the student could receive more services.

School representatives were interviewed about the student’s two hospitalizations. The representatives were vehement about the fact that the school did not admit the student into the hospital, but that only parents are able to do this. School representatives also stated that both times the student was hospitalized a Re-entry Plan was developed for a successful transition back into school. The first time the student was hospitalized a Misconduct Report was generated (see above) which described the recipient’s behaviour and provided a rationale for calling for an ambulance which transported her to a local hospital. Staff indicated that a Counselor was with the student the entire afternoon. She spoke with the student’s physician and at that time the physician recommended partial hospitalization for the student. The second hospitalization resulted in the student’s admission to a partial (daytime) 9-day program at a mental health facility. After this treatment episode the school received recommendations and suggestions for the student which the school immediately implemented. The school was not able to move the student into a smaller sized class because the smaller class size option is for specialized students only, however all other recommendations were implemented. School representatives indicated that the foster parent decided to allow the student to remain at Sabin and at this time staff affirmed that she is a normal 6 year-old. School representatives credit the hospital intervention, medication therapy, individualized counselling, and wrap-around services for the student’s success.

School representatives were interviewed about the student’s suspensions. The complaint indicated that the student was suspended on 10/03/16, 10/04/16, 11/02/16 and 11/03/16. The school officials checked the Verify database (a proprietary database only accessed by approved staff) and it showed that the student had an unexplained absence on 10/03 and 10/04 but not that she was suspended. Staff were asked about the student’s foster parent who was very anxious about having her foster daughter suspended since she had to work those days and was worried

for her employment- it seemed odd that her foster daughter would be absent. Staff stated that this information is stored in the Verify database and that the information would have indicated if the student was suspended. The staff were asked if there are Incident Reports which would capture this information and they denied that there are Incident Reports. The staff did confirm that the student received an 8-day suspension for biting the Counselor on 11/01/16, however this was reduced to two days because it was determined that a Safety Plan could be developed and all staff made aware of it in two days. Staff were asked about the Student Code of Conduct, provided by the school, which states that “Students in grades pre-kindergarten through second may NOT be assigned in-school or out-of-school suspensions. If a student in pre-kindergarten through second grade exhibits behaviour that presents an imminent endangerment to the physical, emotional, or mental safety of specific students/staff, the Network Chief or designee may grant an exception and assign an emergency one-day in-school or out-of-school suspension after the student’s parent/guardian has been notified.” Staff responded that in special circumstances exceptions can be made to this rule and the decision was made to extend the suspension to two days. Staff were asked if there was any documentation related to this decision and they indicated that there is not.

HRA Note: School officials provided the student’s attendance record to indicate that on 10/03/16 and 10/04/16 the student had an “unexplained absence” but the report did not indicate a suspension. However, the attendance report also listed an unexplained absence for the two days that the school had in fact suspended the recipient, so this record cannot be relied upon for the indication of suspension. Also, the days that the recipient was absent during her hospitalization are simply not listed.

HRA Note: The HRA received three additional Misconduct Reports that were not provided by the school in our record request and these Reports were issued on 9/30/16, 11/01/16, and 11/07/16. Each of these reports indicates a suspension for the student, most notably for the dates of 10/03 and 10/04 which were discussed at the Sabin site visit, when staff indicated that these days were unexplained absences and not suspensions. These Reports were signed by the Dean and school principal.

STATUTORY RIGHTS

The U.S. Department of Education, Office of Civil Rights (OCR) (December 2016) has issued guidelines for the implementation of Section 504 of the Rehabilitation Act of 1973, as amended (Section 504) in the area of public elementary and secondary education. Section 504 is a Federal law designed to protect the rights of individuals with disabilities in programs and activities that receive Federal assistance from the U.S. Department of Education (ED). Section 504 provides, “No otherwise qualified individual with a disability in the United States ... shall, solely by reason of his or her disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.” Section 504 requires a school district to provide a “free appropriate public education (FAPE) to each qualified student with a disability who is in the school district’s jurisdiction, regardless of the nature or severity of the disability.” Guidelines provided by OCR state, “At the elementary and secondary school level, determining whether a child is a qualified disabled student under Section 504 begins with the evaluation process. Section 504 requires the

use of evaluation procedures that ensure that children are not misclassified, unnecessarily labeled as having a disability, or incorrectly placed, based on inappropriate selection, administration, or interpretation of evaluation materials.”

The U.S. Department of Education guidelines, “Protecting Students with Disabilities” states:

“...To be protected under Section 504, a student must be determined to: (1) have a physical or mental impairment that substantially limits one or more major life activities; or (2) have a record of such impairment; or (3) be regarded as having such an impairment...

...Recipient school districts must establish standards and procedures for initial evaluations and periodic re-evaluations of students who need or are believed to need special education and/or related services because of disability. The Section 504 regulatory provision at 34 C.F.R. 104.35 (b) requires school districts to individually evaluate a student before classifying the student as having a disability or providing the student with special education. Tests used for this purpose must be selected and administered so as best to ensure that the test results accurately reflect the student’s aptitude or achievement or other factor being measured rather than reflect the student’s disability, except where those are the factors being measured. Section 504 also requires that tests and other evaluation materials include those tailored to evaluate specific areas of educational need and not merely those designed to provide a single intelligence quotient. The tests and other evaluation materials must be validated for the specific purpose for which they are used and appropriately administered by trained personnel.

At the elementary and secondary level, the amount of information required is determined by the multidisciplinary committee gathered to evaluate the student. The committee should include persons knowledgeable about the student, the meaning of the evaluation data, and the placement options. The committee members must determine if they have enough information to make a knowledgeable decision as to whether the or not the student has a disability. The Section 504 regulatory provision at 34 C.F.R. 104.35 (c) requires that school districts draw from a variety of sources in the evaluation process so that the possibility of error is minimized. The information obtained from all such sources must be documented and significant factors related to the student’s learning process must be considered. These sources and factors may include aptitude and achievement tests, teacher recommendations, physical condition, social and cultural background, and adaptive behavior... .”

23 Ill. Adm. Code 226.100 Child Find Responsibility implements the requirements for the identification of children eligible for special education. It states,

“Each school district shall be responsible for actively seeking out and identifying all students from birth through age 21 within the district (and those parentally placed private school children for whom the district is responsible under 34 CFR 300.131) who may be eligible for special education and related services. Procedures developed to fulfill the child find responsibility shall include:

1) Annual and ongoing screenings of children under the age of five for the purpose of identifying those who may need early intervention or special education and related services.

2) Ongoing review of each child's performance and progress by teachers and other professional personnel, in order to refer those children who exhibit problems that interfere with their educational progress and/or their adjustment to the educational setting, suggesting that they may be eligible for special education and related services....

When the responsible school district staff members conclude that an individual evaluation of a particular child is warranted based on factors such as a child's educational progress, interaction with others, or other functioning in the school environment, the requirements for evaluation set forth in this Subpart B shall apply."

The Administrative Code (23 Ill. Admin. Code 226.110) further requires that when students suspected of needing special education or related services, written consent shall be secured from the parent; in addition, a request can be made by the parent or employee of another community service agency. "To determine whether the child requires an evaluation, the district may utilize screening data and conduct preliminary procedures, such as observation of the child, assessment for instructional purposes, consultation with the teacher or other individual making the request and a conference with the child." Within 14 days after the evaluation request, the district is to determine whether an evaluation is warranted. If an evaluation is warranted, numerous activities occur, including convening a team to identify needed assessment and parental notification and consent. Evaluations are to be completed within 60 school days from the date of written parental consent.

Federal special education regulations (34 C.F.R. 300.8) define a "child with a disability" who might be eligible for special education services. Included in the definition is reference to an emotional disturbance which is partially defined as a student who has inappropriate behaviors that adversely affect educational performance.

SCHOOL POLICY

Chicago Public Schools Special Education Policy states, "To determine if a student requires a Full and Individualized Evaluation (FIE), the case manager along with any other individuals designated by the principal, e.g., Instructional Leadership Team, review the referral information and screening data, conduct preliminary procedures (such as observation of the child, assessment for instructional purposes, consultation with the teacher or other individual making the referral, and/or a conference with the student) to determine if the referral should be approved. As part of this process, the review must ensure that the student's need for an FIE has been documented and considered fully."

Chicago Public Schools Special Education Policy states, "All referrals for evaluations must be provided in writing. If the referral does not include the basis for concern, the CPS case manager will ask for the omitted information, document the response and attach it to the parent's referral request. If the request is made orally, the case manager should instruct the referrer to put his/her concerns in writing, date it and give it to the principal. The case manager should

document this conversation in the *Event Log*. If the parent is unable to write out his/her concerns, the case manager should assist in transcribing the parent's concerns. The principal/designee may ask the parents to provide any relevant information about the child, including any reports, prior evaluations, health records, school records from other schools, etc., to avoid duplication of information and to assist in making appropriate decisions about the FIE. Within 14 school days after receiving a request for an FIE, the case manager must notify the parent in writing whether or not an evaluation has been determined to be warranted."

The Chicago Public Schools provided the Student Code of Conduct (SCC). It states that, "Chicago Public Schools is committed to an instructive, corrective, and restorative approach to behaviour. If behaviour incidents arise that threaten student and staff safety or severely disrupt the educational process, the response should minimize the impact of the incident, repair harm, and address the underlying needs behind student behaviors..."

The Student Code of Conduct includes guidelines for Suspension. It states:

"...Students in grades pre-kindergarten through second may NOT be assigned in-school or out-of-school suspensions. If a student in pre-kindergarten through second grade exhibits behaviour that presents an imminent endangerment to the physical, emotional, or mental safety of specific students/staff, the Network Chief or designee may grant an exception and assign an emergency one-day in-school or out-of-school suspension after the student's parent/guardian has been notified. During the suspension, the principal or designee must develop a plan addressing the safety of student/staff and including strategies for preventing future behaviour incidents, restoring relationships, and addressing the student's ongoing social, emotional, and academic needs..."

The Student Code of Conduct states, "School administrators contact the Chicago Police department (CPD) in two situations: (1) to seek assistance with an emergency situation, or (2) to notify law enforcement of a criminal act.

CONCLUSION

Absent any documented request or referral for a special education evaluation, the school district's own records, in spite of discrepancies between the parent's and school's documentation over suspension, documented repeated behavioral incidents that included kicking inanimate objects as well as others, yelling, crying, screaming, non-compliance, throwing self on the floor and pushing students; this documentation dates back to September 2016. Furthermore, the school district's records documented the repeated involvement of the school counselor and security due to the student's behaviors, repeated calls to the foster mother over the student's behaviors, the school's referrals to counseling for the student, and the student's enrollment, albeit the source of the enrollment could not be confirmed, in a hospital treatment program for psychiatric treatment generating a list of recommendations for the school to follow. School documentation dated 10-05-16 stated that an ambulance was called for the child after one behavioral incident. If behaviors are significant enough to warrant an ambulance call, calls to the foster mother and the repeated involvement of security as well as referrals to counseling and other services, the HRA questions why an evaluation for special education services was not

considered pursuant to the federal regulations that define a child with a disability as having behaviors. Furthermore, state special education child find regulations require the school to monitor for student progress, student interactions with others and other student functioning and make special education evaluation referrals accordingly. Based on the school's documented behavioral needs of the student and what appears to be a delayed referral for a special education evaluation until numerous incidents accumulated, the HRA substantiates the complaint that the school did not respond adequately with an evaluation in spite of whether or not there were actual suspensions. The HRA acknowledges that the school district has since established a range of services for the student effective December 2016.

RECOMMENDATIONS

1. Conduct Child Find activities pursuant to the Illinois Administrative Code (23 Ill. Admin. Code 226.100) and if students exhibit disabilities as defined by federal regulations (34 C.F.R. 300.8) as well as problems that interfere with their education, refer such students for a special education evaluation.
2. Ensure that staff are aware of required Child Find activities and their responsibility to make evaluation referrals.

SUGGESTIONS

1. Because there were discrepancies between the parent's documentation and the school district over suspensions, the HRA reminds the school to adequately document a student's behaviors, incidents, and any discipline to ensure an accurate history of the student's needs, approaches attempted, and outcomes for future reference, if needed.
2. Ensure that the school district's policy regarding the suspension of very young students is followed.
3. Review the involvement of police and/or calling an ambulance for students with behavioral health needs and/or for students receiving special education services absent a crime or an emergency that places a student or others at risk of harm. Consider the need for an initial evaluation, a re-evaluation, a behavior program, additional services, etc. should law enforcement become involved in a student's situation or if hospitalization is pursued. Involve parents and a team to discuss such situations in advance, when possible.