

**WASHINGTON STATE
OFFICE OF ADMINISTRATIVE HEARINGS**

In the matter of:

Issaquah School District

Docket No. 04-2026-OSPI-02887

**FINDINGS OF FACT, CONCLUSIONS OF LAW,
AND FINAL ORDER**

Agency: Office of Superintendent of
Public Instruction

Program: Special Education

Cause No. 2026-SE-0060

This matter came before Administrative Law Judge (ALJ) Jill H. Brown for hearing on July 21 and 22, 2026, via videoconference. The Parent of the Student whose education is at issue¹ appeared and represented herself. The White River School District was represented by Carlos Chavez, attorney at law. Dr. Sharine Carver, assistant superintendent of student learning and wellbeing, was also present for the District.

The ALJ, having sworn the witnesses, heard testimony, and considered the admitted exhibits and arguments of the parties, enters the following:

STATEMENT OF THE CASE

Procedural History

The District filed a Due Process Hearing Request (Complaint) with the Office of Administrative Hearings (OAH) on April 13, 2026. The Complaint was given Cause No. 2026-SE-0060 and assigned to ALJ Jacqueline Becker. It was subsequently reassigned to ALJ Brown. The Parent filed a response to the Complaint on April 22, 2026.

During a prehearing conference held on April 29, 2026, the due process hearing was set for July 21 and 22, 2026. ALJ Becker issued prehearing orders on April 30, 2026, and June 4, 2026, and an order on parent's motion on June 30, 2026.

ALJ Brown conducted the due process hearing as scheduled and issued an order setting a due date for post-hearing briefs on July 22, 2026.

¹ To ensure confidentiality, names of parents and students are not used.

Due Date for Written Decision

At the request of the District, ALJ Becker extended the 45-day deadline for a written decision in this case to thirty (30) days after the record of the hearing closes. The record of the hearing closed on August 31, 2026, after the parties submitted post-hearing briefs.² The due date for a written decision is September 30, 2026.

EVIDENCE RELIED UPON

Exhibits Admitted:³

District's Exhibits: D1–D2; and

Parent's Exhibits: P1–P16.

Witnesses Heard:

Mother of the Student;

Kelly Glick, District school psychologist;

Dr. Carissa Anderson, District physical therapist;

Dr. Jennifer Soltis, District teacher of the visually impaired;

Dr. Lindsey Engeset, District audiologist; and

Shari Marley, District orientation and mobility specialist.

ISSUE

Whether the District's evaluation of the Student conducted on December 8, 2025, was appropriate and, if not, whether the Parent is entitled to an independent educational evaluation at public expense.

² The District filed its post-hearing brief at 6:28 p.m. on August 31, 2026, which was 88 minutes after the 5:00 p.m. filing deadline set in the ALJ's July 22, 2026 Order Setting Due Date for Post-Hearing Briefs. While the District failed to adhere to the deadline, there is no evidence that the Parent was prejudiced by the 88-minute delay in filing. Conversely, refusing to consider the District's brief would be a harsh result for the slight delay in filing. Therefore, as there was no prejudice to the Parent by the delay, the ALJ considered the late filing as a request by the District to hold the record open until 6:30 p.m. on August 31, 2026; that request was granted. The District's post-hearing brief was accepted and considered by the ALJ.

³ Citations to the exhibits of record are by party (P for the Parent; D for the District) and page number. For example, a citation to P6 p1, refers to page 1 of Parent's Exhibit 6. Citations to the transcript of record are to "T" followed by the page number. For example, a citation to T214, refers to page 214 of the transcript.

FINDINGS OF FACT

Background

1. The Student is currently nine years old. In December 2025 she was eight years old and attended third grade at Briarwood Elementary School in the District.⁴ There is no dispute that the Student's native language is English.
2. The Student is smart, sassy, inquisitive, and fun-loving.⁵ The Student has complex medical conditions that adversely impact her in the school setting.⁶
3. Prior to May 2025, the Student was eligible for special education services under the category Other Health Impairment (OHI). She received specially designed instruction (SDI) in the area of gross motor and audiology supplemental aids and services.⁷
4. The District conducted a reevaluation of the Student in May 2025 (May 2025 Reevaluation). Based on the results of the May 2025 Reevaluation, the District exited the Student from special education services.⁸ The Parent disagreed with the May 2025 Reevaluation results and the decision to exit the Student from special education.⁹
5. Since June 20, 2025, the Student has been supported through a 504 plan with multiple accommodations.¹⁰

December 2025 Evaluation

6. Based on the Parent's concerns with the May 2025 Reevaluation, the District proposed a new evaluation for the Student.¹¹ The Student would be evaluated to determine whether she is eligible for special education services and related services, based upon her present levels of performance and educational needs.¹² The District agreed to use a different school psychologist and physical therapist for the new evaluation.¹³

⁴ D1 p2.

⁵ D1 p8.

⁶ D1 p2.

⁷ D1 p7.

⁸ D1 p3.

⁹ D1 p2.

¹⁰ D1 p2; pp7-8.

¹¹ D1 p3.

¹² D1 p7.

¹³ D1 p3.

7. On October 23, 2025, the Parent provided signed consent to for the District to perform an initial evaluation of the Student in the areas of reading; cognitive; hearing; math; health & development; gross motor; written language; vision; adaptive; and other: orientation and mobility.¹⁴ In October 2025, the Parent did not identify any additional areas of assessment for the evaluation.¹⁵ The District issued a prior written notice informing the Parent that the District would initiate a special education evaluation on October 23, 2025.¹⁶

8. School Psychologist Kelly Glick¹⁷ was the case manager for the December 2025 Evaluation.¹⁸ In her twelve years as a school psychologist, Ms. Glick has overseen at least 120 evaluations.¹⁹

9. Ms. Glick assessed the Student in the areas of health & development, adaptive, cognitive, and academics, and she performed three observations.²⁰ Dr. Lindsey Engeset,²¹ educational audiologist, assessed the Student in hearing/audiology.²² Dr. Jennifer Soltis,²³ teacher of the visually impaired, assessed the Student in vision.²⁴ Dr.

¹⁴ D1 pp56-57.

¹⁵ T61.

¹⁶ D1 p3.

¹⁷ Ms. Glick earned an undergraduate degree at the University of Iowa and a master's degree in psychology and an education specialist degree from National Louis University. She received an administration certification from the University of Washington. Ms. Glick is a nationally certified school psychologist. She has been school psychologist in the District for one year. Prior to joining the District, Ms. Glick served as a school psychologist for twelve years in other school districts, ten of which were in Franklin Pierce School District. T56-57.

¹⁸ D1 p7; T58.

¹⁹ T59.

²⁰ D1 pp8-9, 25-31, 32-37, 43-46.

²¹ Dr. Engeset earned a bachelor's degree in communication sciences and disorders in 2003 and a master's degree in 2005, both from Western Washington University. She earned a doctorate in audiology from A.T. Still University in 2025. Dr. Engeset has an educational staff associate certification and a Department of Health license, both in Washington State. Dr. Engeset is an audiologist with the District; she began as a contract employee in 2016 and became a full-time employee in 2018. From 2005 to 2016, Dr. Engeset worked as an audiologist in other districts as a contract employee. T215-217.

²² D1 pp10-14.

²³ Dr. Soltis has a bachelor's degree, two master's degrees, and a doctorate in chemistry. One of her master's degrees is in special education with a focus on visually impaired learners. Her bachelor's degree was earned at Mount Holyoke College and her master's degree and doctorate were earned at the University of Minnesota. She has certificates in special education and middle grade science with a special education endorsement in visual impaired. Dr. Soltis has served as a teacher of the visually impaired in the District since 2019. T197-198.

²⁴ D1 pp15-25.

Carissa Anderson,²⁵ physical therapist, assessed the Student in gross motor.²⁶ Shari Marley,²⁷ a certified orientation and mobility specialist, assessed the Student in orientation and mobility.²⁸

10. In performing the December 2025 Evaluation, the District used or planned to use a “review of most recent reevaluation; standardized and curriculum based assessments; teacher-created assessments; parent input, school staff input, and student input.”²⁹

11. There is no dispute that the assessments administered for the December 2025 Evaluation were all administered in English.

Cognitive

12. To assess the Student’s cognitive functioning, Ms. Glick administered the Kaufman Assessment Battery for Children - Second Edition (KABC-II) during three sessions in November 2025.³⁰ Scores on KABC-II compare the Student to a national sample of similar-age peers.³¹

13. Ms. Glick chose the KABC-II assessment after she spoke to a vision specialist and ensured that the assessment materials could be appropriately adapted for the Student.³² Ms. Glick has previously used the KABC-II and has had training in administering the assessment and interpreting the results.³³

14. The Student cooperated during testing sessions. Prior to testing, the District vision specialist reviewed testing materials for appropriate font size and enlarged as needed, the Student wore her glasses and hearing aid during all testing, and the

²⁵ Dr. Anderson has a bachelor’s degree from Connecticut College and a doctorate in physical therapy from MGH Institute of Health Professions. She has an educational staff associate certification to work in public schools. Dr. Anderson has served as a school physical therapist in the District for two years. Prior to joining the District, she did not have experience working in public education. T101-103; 105.

²⁶ D1 pp37-38.

²⁷ Ms. Marley has a bachelor’s degree in orientation/mobility from Stephen F. Austin State University. She has an educational staff associate certification in Washington State. Ms. Marley has been an orientation/mobility specialist with the District for three years. In total, she has served as an orientation/mobility specialist in public education for twenty-six years. T228-229.

²⁸ D1 pp38-43.

²⁹ D1 p3.

³⁰ D1 p29.

³¹ D1 p29.

³² T67.

³³ T67.

examiner wore the FM device. All testing sessions were under one hour with breaks provided between subtests or every 20 minutes.³⁴

15. Ms. Glick believes the following KABC-II test results are both valid and reliable:³⁵

Short Term Memory: Standard Score 103, 58th percentile

Visual Processing: Standard Score 106, 66th percentile

Long Term Memory Standard Score 133, 99th percentile

Fluid Reasoning: Standard Score 99, 47th percentile

Crystallized Ability: Standard Score 123, 94th percentile

FCI – Fluid Crystallized Intelligence: Standard Score 118, 88th percentile

16. Regarding the FCI score,³⁶

FCI is usually considered to be the score that is most representative of general intellectual or cognitive functioning. It is derived from the combined subtest scores on 10 of the subtests. Compared to other children her age, [the Student]'s overall intellectual functioning, as measured by this administration of the KABC-II (November 2025), fell within the Above Average range with a FCI standard score of 118 (88th percentile). With repeated administration we can be 95% confident that [the Student] would earn a FCI standard score between 114 and 122, which falls in the Average to Above Average range.

17. Ms. Glick summarized the Student's cognitive test results as follows:³⁷

[The Student] shows strength in the areas of Long Term Memory and Crystallized Ability, meaning that she does well with storing information for later use and with vocabulary skills. Her overall cognitive functioning, based on this administration is estimated to be in the above average range compared to peers her age.

18. Ms. Glick determined the Student was not eligible for special education services based on her cognitive needs.³⁸

³⁴ D1 p29.

³⁵ D1 p29.

³⁶ D1 p29.

³⁷ D1 p31.

³⁸ D1 p31.

Hearing/Audiology

19. As part of the hearing/audiology assessment, Dr. Engeset reviewed previous evaluation data, the Student's hearing medical history, current hearing evaluation results, and Student and teacher input.³⁹

20. Dr. Engeset reviewed and considered the results of four assessments that were performed as part of the May 2025 Reevaluation.⁴⁰

21. On March 27, 2025, the Student completed the Student Listening Inventory for Education-Revised (S-LIFE-R). The S-LIFE-R appraises listening difficulties and "encourages students to consider their ability to listen and understand throughout their school day."⁴¹ The S-LIFE-R presents 15 different listening situations, and asks the student to rate their listening difficulty in each situation as "Always Easy", "Mostly Easy", "Sometimes Difficult", "Mostly Difficult", or "Always Difficult".⁴² The Student provided the following ratings as part of the S-LIFE-R:⁴³

[The Student] indicated that the following listening situations are **always difficult**:

- Other students making noise
- Listening and understanding peers at lunch time

[The Student] reported that the following listening situations are **mostly difficult**:

- Teacher talking while moving
- Noise outside of the classroom (hallway door open)
- Listening during an assembly
- Listening to students during informal social times (e.g., transitions or other unstructured time in the classroom)

[The Student] indicated that the following listening situations are **sometimes difficult**:

³⁹ D1 p10.

⁴⁰ D1 p10.

⁴¹ D1 p11.

⁴² D1 p11.

⁴³ D1 p11. (Emphasis added.)

- Teacher speaking with back turned/not facing [the Student]
- Students answering questions during discussions
- Hearing and understanding teacher directions
- Hearing and understanding content during classroom video presentations
- Hearing and understanding all-school announcements over the loudspeaker

22. The Student also reported that background noise is problematic for listening, which can affect her understanding directions in class and can cause social challenges. The Student reported benefiting from wearing her personal DM system microphone, but she still has trouble understanding the teacher if her back is turned or she is moving.⁴⁴

23. On March 27, 2025, the Student's teacher Sydney Wagner and her 1:1 paraeducator Jennifer Combs completed the Teacher Listening Inventory for Education- Revised (T-LIFE-R).⁴⁵ The T-LIFE-R gathers information about a student's listening skills at school and assesses the level of challenge experienced in different listening environments for students with hearing loss.⁴⁶

24. T-LIFE-R results from the Student's teacher and paraeducator both indicated that the Student experiences the most challenges at school when she is required to "focus on and understand morning announcements or during large group assemblies and also in her ability to attend to verbal instruction and understand when background noise is present."⁴⁷

25. In March 2025, the Student also participated in a Functional Listening Evaluation (FLE), which took place in an empty conference room with the Student using her hearing aid for assistance.⁴⁸ Testing was completed in 14 conditions, using the Pediatric Nonsense Phrases lists (consisting of common words placed in an unusual order) with variations in the distance between the Student and the speaker (3 feet vs. 12 feet) and in the noise level present (quiet vs. +5 S/N).⁴⁹ The results of an FLE can be used to determine how a student is impacted by noise, distance, visual input, and

⁴⁴ D1 p11.

⁴⁵ D1 p11.

⁴⁶ D1 p11.

⁴⁷ D1 p11.

⁴⁸ D1 p11.

⁴⁹ D1 p12.

use of a personal DM system, and to determine appropriate accommodations and modifications needed in order for the student to have equitable access to classroom learning.⁵⁰

26. The Student performed well in many listening conditions in the FLE. She scored either 80%, 90%, or 100% correct in every combination of distance/noise level, except one (distant/noisy/auditory only/hearing aid alone) in which she had 50% correct.⁵¹ The Student did best when she was in close proximity to the speaker and with visual access to the speaker. She also benefitted from the use of her personal DM system and having access to the speaker's face and to visual cues.⁵²

27. In March 2025, the Student also completed the Vanderbilt Fatigue Scale-Children (VFS-C). The VFS-C is a student questionnaire that assesses listening-related fatigue in children ages 6-17.⁵³ The Student's responses on the VFS-C reflect the following:⁵⁴

[S]he experiences greater listening effort and fatigue than same age peers. She indicated that it is almost always hard for her to concentrate when lots of people are talking. Additionally, she reported that she often feels that her brain gets tired after listening all day, she gets worn out from listening at school, trying to listen at school stresses her out, she uses a lot of energy trying to listen in class, she wants to go to sleep after a long day of listening, she gives up trying to listen when she gets tired, and she gets so tired from listening that she doesn't want to do anything else. [The Student] noted that when a lot of people are speaking simultaneously, it is hard for her to understand and she relies on people repeating information.

28. On November 3, 2025, the Student again completed the S-LIFE-R.⁵⁵ The Student reported most listening situations as "sometimes difficult."⁵⁶ She reported benefiting from seeing a speaker's face and from a monitor with closed captioning sitting on her desk during classroom video presentations. The Student indicated she has difficulty understanding speakers who are far away, in noisy environments, and

⁵⁰ D1 p12.

⁵¹ D1 p12.

⁵² D1 p12.

⁵³ D1 p12.

⁵⁴ D1 p12.

⁵⁵ D1 pp12-13.

⁵⁶ D1 p13.

following along after a teacher interrupts the lesson to address other students' behavior.⁵⁷

29. On November 3, 2025, Student's teacher Michelle Peeples completed the T-LIFE-R.⁵⁸ Ms. Peeples reported the following challenges for the Student:⁵⁹

[The Student] is **sometimes challenged** in the following situations:

- Comfort during social involvement/informal peer conversations in comparison to peers

[The Student] is **often or regularly challenged** in the following situations:

- Ability to focus on or follow large group verbal instruction
- Ability to focus on or follow verbal instruction when her teacher is moving around the room
- Ability to attend when listening to directions presented to the whole class
- Ease of following directions provided to the large group (hesitation before beginning work)
- Ability to attend to class activities (distractibility, fidgety, typical level of attention)
- Level of hesitation when volunteering to answer class questions in relation to peers
- Ability to understand information presented via instructional media (videos, computer, etc.)
- Ability to focus on and understand morning announcements or large group assemblies
- Ability to attend to verbal instruction and understand when noise is present
- Ability to focus on /understand peer comments during small group work
- Overall rate of listening/learning in comparison to class peers

⁵⁷ D1 p13.

⁵⁸ D1 p13.

⁵⁹ D1 pp13-14. (Emphasis added.)

[The Student] is **almost always challenged** in the following situations:

- Student's ability to focus on/understand verbal responses by other students seated across the classroom from her
- Ability to stay on task (re: need for individual redirection)

30. On November 17, 2025 the Student completed another VFS-C questionnaire.⁶⁰ The Student's responses on the November VFS-C reflect the following:⁶¹

[The Student] reported that she often feels that her brain gets tired after listening all day and trying to listen at school stresses her out. [The Student] noted that when she feels stressed due to listening, she can experience headaches and can feel overwhelmed. [The Student] also indicated that she almost always wants to "zone out" in very noisy places because it is hard for her to listen. Additionally, she almost always finds that it is hard for her to concentrate when lots of people are talking. She stated that this is "annoying" because she cannot really think. Other comments that [the Student] provided regarding listening fatigue include that she does not give up listening when she gets tired; however, she will put her head down on her desk to listen. She also reported that she does not want to sleep when she gets home after a long day of listening, but she does want to watch her iPad and rest for a while.

31. Dr. Engeset provided the following summary of the Student's hearing/audiology assessments:⁶²

[The Student]'s unilateral hearing loss adversely impacts her ability to access full communication and instruction in her learning environment. In particular, unilateral hearing loss impacts an individual's ability to localize, to hear in noisy environments, and to listen to quiet or distant speech. [The Student] and her teacher have also reported that she experiences frequent difficulty with listening and understanding throughout her school day. Their reports align with [The Student]'s performance on her functional listening evaluation from March 2025, which indicated that she benefits from close proximity to the speaker, visual access to the speaker's face, and the use of her personal DM system. Additionally, [the Student] reports a high level of listening

⁶⁰ D1 p14.

⁶¹ D1 p14.

⁶² D1 p14.

fatigue, suggesting that she is using a greater amount of effort than others to access communication and instruction at school. Consistent use of hearing-related accommodations is recommended to support [the Student]'s ability to listen and understand at school.

32. Dr. Engeset determined the Student was not eligible for special education services based on her needs in the area of hearing/audiology.⁶³ Dr. Engeset recommended several accommodations for the Student.⁶⁴

Academics: Reading, Math, and Written Language

33. To assess the Student's reading and math skills, Ms. Glick looked to iReady, which is an online learning program.⁶⁵ The iReady diagnostic provides a complete picture of student performance, and scores are compared to grade-level criteria as well as to peer results.⁶⁶

34. The Student's iReady overall reading score was 518, which is in the 65th percentile. The Student read 109 words correctly per minute on September 25, 2025, which places her in the 76th-99th percentile compared to other third graders based on iReady national norms.⁶⁷

35. The Student's overall iReady math score was 419, which is in the 43rd percentile.⁶⁸

36. Ms. Glick utilized the Kaufman Test of Educational Achievement-III (KTEA-III) to assess the Student in the areas of reading, math, and writing. She administered the KTEA-III over four testing sessions in November 2025.⁶⁹ Ms. Glick again spoke to a vision specialist to ensure the KTEA-III would be appropriate for this Student. Ms. Glick is trained to administer the KTEA-III.⁷⁰

37. The Student's KTEA-III reading composite standard score was 120 (high/91st percentile); her letter and word recognitions score was 117 (above average/87th percentile); her reading comprehension score was 119 (above average/90th percentile); her phonological processing score was 84 (below average/14th

⁶³ D1 p14.

⁶⁴ D1 p14.

⁶⁵ D1 p32.

⁶⁶ D1 p32.

⁶⁷ D1 p32.

⁶⁸ D1 p32.

⁶⁹ D1 p33.

⁷⁰ T69.

percentile); and her nonsense word decoding score was 103 (average/58th percentile).⁷¹

38. The Student's KTEA-III math composite standard score was 109 (average/73rd percentile); her math concepts and applications score was 109 (average/73rd percentile); and her math computation score was 107 (average/68th percentile).⁷²

39. The Student's KTEA-III written language composite standard score was 101 (average/53rd percentile); her written expression score was 110 (above average/75th percentile); and her spelling score was 95 (average/37th percentile).⁷³

40. On November 18, 2025, Ms. Glick and Dr. Soltis administered multiple Fastbridge Oral Reading Fluency/Curriculum Based Measure (ORF/CBM) assessments at varying font sizes. According to Fastbridge national norms, third graders are expected to be reading at least 93 words correctly per minute.⁷⁴ The Student read 107 and 108 words correctly per minute at the third-grade level, with an accuracy rate of 97% and 98%.⁷⁵

41. Ms. Glick administered the Core Phonics Survey on December 1, 2025. The Core Phonics Survey assesses the phonics and phonics-related skills that have a high rate of application in beginning reading. This assessment aids with instructional planning.⁷⁶ The Student's Core Phonics Survey scores are as follows:⁷⁷

Alphabet Skills

- o Letter Names - Uppercase : 26/26
- o Letter Names – Lowercase : 26/26
- o Consonant Sounds: 21/23
- o Long Vowel Sounds: 5/5
- o Short Vowel Sounds: 4/5

Reading and Decoding Skills

- o Short Vowels in CVC Words: 8/10

⁷¹ D1 p33.

⁷² D1 p33.

⁷³ D1 pp33-34.

⁷⁴ D1 p34.

⁷⁵ D1 p34.

⁷⁶ D1 p34.

⁷⁷ D1 pp34-35.

- o Short Vowels, Digraphs, and -tch trigraphs: 9/10
- o Consonant Blends with short vowels: 17/20
- o Long Vowel Spellings: 9/10
- o Variant Vowels and Diphthongs: 10/10
- o R- and l- controlled vowels: 8/10
- o Multisyllabic Words: 20/24

Spelling Skills

- o Initial Consonants: 5/5
- o Final Consonants: 5/5
- o CVC Words: 3/5*
- o Long Vowel Spellings: 1/5

42. Ms. Glick summarized the Student's reading, math, and writing assessment results as follows:⁷⁸

[The Student] exhibits with some weaknesses in phonics and phonological processing especially when presented with auditory only tasks. Similar to other 3rd graders, she may benefit from more explicit instruction or opportunities to practice these skills in the general education classroom. These weaknesses do not appear to be impacting her academic performance. Curriculum based measures suggest that [the Student] is reading at a 3rd grade level similar to peers based on national norms. On screening assessments (iReady) [the Student]'s overall reading and math scores are consistently in the approaching or meeting standard range compared to district standards. A review of her report cards reveal that she is meeting expectations in the classroom in response to core instructional materials. Results from a norm referenced, standardized assessment (KTEA-3) are consistent with this finding as [the Student]'s scores on reading, written expression and math composite scores were all within the Average to Above Average range. [The Student] does not demonstrate a need for specially designed instruction in academics. It is recommended that she participate in the general education core curriculum with continued classroom accommodations as deemed necessary.

⁷⁸ D1 pp36-37.

43. Ms. Glick determined the Student was not eligible for special education services based on her academic needs in reading, math, and writing.⁷⁹

Health & Development

44. Ms. Glick performed a review of the Student's health records and interviewed the Parent on November 21, 2025. The review and interview provided the following information about some of the Student's health and development:

[G]enetic testing completed at 18 months of age revealed Waardenburg Syndrome Type 4 and Chromosome 1 Deletion (1q25.1 & 1q25.2). These rare multi-system genetic conditions that are associated with developmental delays, motor coordination challenges and sensory differences. There is a wide range of signs, symptoms and severity. A related genetic condition that [the Student] was later diagnosed with is Kallaman's Syndrome which results in delayed or absent onset of puberty and impaired sense of smell.⁸⁰

[The Student]'s medical history is positive for both vision and hearing concerns; she has nystagmus which is a visual motor processing issue and wears glasses. Additionally, [the Student] has bilateral vestibular dysfunction and wears hearing aid in her left ear. Please see vision and audiology sections of this report for additional information.⁸¹

[The Student]'s conditions result in balance challenges. Her ENT, Dr. Kopelavich referred her to Dr. Limb for a balance assessment in November of 2021. His testing showed a reduced or absent vestibular response.⁸²

[The Student]'s history is significant for falls and is of concern to the family across settings. . . . The family has shared that an EEG ruled out seizures as the cause of [the Student]'s falls. When asked about recent falls [the Parent] explained that [the Student] is more likely to fall and trip than other children and that she is most likely to fall if she is carrying things or doing multiple things at once.⁸³

⁷⁹ D1 p37.

⁸⁰ D1 p9.

⁸¹ D1 p9.

⁸² D1 p9.

⁸³ D1 p9.

[The Student]'s history is also significant for Hirschsprung Disease. This is a condition in which the colon does not have functioning nerves and leads to chronic constipation and discomfort. It causes her colon to enlarge and press on her bladder which results in urination accidents. [The Student] wears pull-ups at school due to this condition. [The Parent] explained that [the Student]'s ability to feel if she needs to go, or is wet etc. varies.⁸⁴

45. The Student has a health plan that includes paraeducator supervision at school for safety and fall prevention. As of December 2025, the Student had fallen six times at school, with one fall requiring a trip to the health room.⁸⁵

46. Ms. Glick determined that the Student was not eligible for special education services in the area of health & development.⁸⁶

Gross Motor

47. To assess the Student in the area of gross motor, Dr. Anderson performed a record review, administered two assessments (Pediatric Balance Scale (PBS) and Timed Up and Go Test (TUG)), and observed the Student.⁸⁷ She also considered input from the Student's family.⁸⁸

48. Dr. Anderson is not a vestibular therapist and does not have specialized training in vestibular physical therapy. Her license permits her to provide vestibular therapy.⁸⁹

49. As part of a typical evaluation, Dr. Anderson will review what was previously assessed for the subject, consider how the subject had physically functioned, and will determine what the appropriate testing measure would be, based on that subject's history.⁹⁰ As part of her record review, prior to administering her assessments, Dr. Anderson reviewed "extensive" notes from an outside physical therapy provider.⁹¹ Dr. Anderson did not consult directly with the Student's private provider.⁹²

⁸⁴ D1 p9.

⁸⁵ D1 p9.

⁸⁶ D1 p10.

⁸⁷ D1 pp37-38.

⁸⁸ D1 p38.

⁸⁹ T133.

⁹⁰ T106.

⁹¹ D1 p37; T107.

⁹² T128.

50. The PBS assessment administered by Dr. Anderson is used to assess functional balance skills during tasks that mimic experiences of everyday living in school-aged children.⁹³ Dr. Anderson has administered the PBS assessment for prior evaluations. She followed the written instructions for administering the assessment, scoring activities performed as part of the assessment, and interpreting the scores.⁹⁴

51. The Student's PBS score was 56/56.⁹⁵

52. The TUG assessment measures the time required for an individual to stand from a standard chair with armrest, walk three meters, turn around, walk back, and sit down again. Typically developing children in the Student's age range perform this test in 4.0-6.0 seconds.⁹⁶ Dr. Anderson has administered the TUG assessment in the past.⁹⁷

53. Hand written notes from Dr. Anderson show the following results from a TUG assessment performed on November 20, 2025:⁹⁸

Test trial: 5.33 sec

Official trial: 4.53 sec

54. The Evaluation Report reflects a TUG score of 4.3 seconds.⁹⁹

55. Dr. Anderson was unable to explain the discrepancy between the handwritten TUG scores and the TUG score recorded in the Evaluation Report.¹⁰⁰

56. Dr. Anderson provided the following summary of the Student's gross motor skills after her assessments and record review:¹⁰¹

[The Student] demonstrates age-appropriate gross motor skills that do not interfere with her ability to access her school environment or academic material. Her standardized testing results do not indicate increased fall risk compared to age-matched peers. She did not lose her balance or show instability at any point during gross motor testing or observation. School-based physical therapy is not appropriate at this time.

⁹³ D1 p37.

⁹⁴ T108-109.

⁹⁵ D1 p37.

⁹⁶ D1 p37.

⁹⁷ T109.

⁹⁸ P5 p3.

⁹⁹ D1 p38.

¹⁰⁰ T129.

¹⁰¹ D1 p38.

57. Dr. Anderson determined that the Student was not eligible for special education services in the area of gross motor.¹⁰²

Vision

58. To evaluate how the Student uses her vision to perform classroom tasks, Dr. Soltis performed a medical and special education record review, used professional observation and assessments, and teacher reports.¹⁰³ Dr. Soltis used the following assessments: Hirschberg corneal reflex test, LEA Numbers Chart, MN Read, Fastbridge CBM reading Progress Monitoring Forms, and informal assessments.¹⁰⁴ Dr. Soltis found the Student to be a willing participant who gave her best effort.¹⁰⁵

59. The Student has the following visual conditions:¹⁰⁶

- refractive amblyopia (treated with glasses)
- slight reduced vision in both eyes (20/30 instead of 20/20)
- intermittent exotropia (eyes move outward) at near and distance (corrected when wearing glasses)

60. The Student is missing both semicircular canals, which are a critical piece of the vestibular system. A vestibular disorder like this may result in problems focusing on an object, seeing double (diplopia) or seeing the visual field jiggle during head motion (oscillopsia), and gaze instability. These can affect academic tasks such as reading.¹⁰⁷

61. Dr. Soltis reviewed a September 22, 2025 medical eye report from the Student's regular ophthalmologist, Hee-Jung Park, MD, at Virginia Mason Ophthalmology and a July 22, 2025 report from Dr. Phillips, ophthalmologist at Seattle Children's.¹⁰⁸

62. Dr. Phillips' report indicates the Student will require accommodations to address her oculomotor challenges at school.¹⁰⁹

¹⁰² D1 p38.

¹⁰³ D1 p15.

¹⁰⁴ D1 p15.

¹⁰⁵ D1 p15.

¹⁰⁶ D1 p15.

¹⁰⁷ D1 p15.

¹⁰⁸ D1 p15.

¹⁰⁹ P2 p5.

63. Dr. Soltis obtained input from two teachers regarding the Student's vision, eye fatigue, computer use, and reading level.¹¹⁰

64. Dr. Soltis interviewed the Student in-person and obtained her input on her vision, what things are difficult or easy to see, when her eyes are tired, when her vision is double or blurry, and what helps her eyes feel better.¹¹¹

65. Dr. Soltis observed the Student during math class on November 19, 2025, and on November 21, 2025, when the Student did classroom work on gratitude, reading, and math.¹¹²

66. Dr. Soltis performed a functional vision assessment of: eye appearance, oculomotor abnormalities, fixation and pursuit, accommodation and convergence, shift of gaze, distance acuity and discrimination, near acuity and discrimination, oral print reading, and low vision devices.¹¹³ Dr. Soltis performed a review of the Student's May 2025 functional visual assessment to assess: scanning and visual complexity, color vision, contrast sensitivity, picture identification.¹¹⁴

67. Based on her assessments, record review, and observations, Dr. Soltis determined that,¹¹⁵

[The Student] presented with age-appropriate understanding of her vision condition and quickly picked up on how to use low vision tools. She does not demonstrate a need for additional instruction in these areas.

Overall, [the Student] has a visual impairment that affects her access to school. She does not show a need for specially designed instruction or other special education services in the area of vision. She does need accommodations for her visual impairment.

68. Dr. Soltis determined the Student was not eligible for special education services based on her needs in the area of vision.¹¹⁶ Dr. Soltis recommended several accommodations for the Student.¹¹⁷

¹¹⁰ D1 p16.

¹¹¹ D1 pp16-17.

¹¹² D1 pp17-19.

¹¹³ D1 pp19-24.

¹¹⁴ D1 pp20-22.

¹¹⁵ D1 p24.

¹¹⁶ D1 p25.

¹¹⁷ D1 p25.

Adaptive

69. To assess the Student in the area of adaptive, Ms. Glick referred to the results of the Vineland-3, which is a standardized assessment that was performed in May 2025.¹¹⁸ The Vineland-3 is¹¹⁹

a standardized, norm-based measure of adaptive behavior; the skills that an individual preforms to function in their everyday life. The Vineland-3 assesses in the domains of Communication, Daily Living Skills, and Socialization Skills.

70. The Vineland-3 is commonly used as an instrument for gathering adaptive skill information.¹²⁰ Ms. Glick has training with regard to interpreting Vineland-3 results.¹²¹

71. The Parent completed the Vineland-3 form on April 2, 2025, and second grade teacher Sydney Wagner completed the form on April 3, 2025.¹²² The Parent was not asked to complete another Vineland-3 form in November because “rating scales are not intended to be completed this soon after the previous administration.”¹²³ Ms. Glick asked the Parent on November 21, 2025, if she had observed a change in the Student’s adaptive functioning, in which case another Vineland-3 rating scale could be completed. The Parent reported that she had not observed a significant change in the Student’s adaptive skills since April and estimated her ratings would be the same.¹²⁴

72. The Student’s third grade teacher, Michelle Peeples, completed the Vineland-3 rating scale in November 2025.¹²⁵ Ms. Peeples noted that she did not believe she had enough information to rate some items on the form and, as a result, rated some areas with low scores.¹²⁶ Ms. Glick noted that those low scores were not changed and the rating form was not readministered to Ms. Peeples; Ms. Glick advised interpreting these scores with caution as they are likely an underrepresentation of the Student’s adaptive skills.¹²⁷

¹¹⁸ D1 p25.

¹¹⁹ D1 p25.

¹²⁰ T66.

¹²¹ T66.

¹²² D1 pp25-26.

¹²³ D1 p25.

¹²⁴ D1 p25.

¹²⁵ D1 p26.

¹²⁶ D1 p26.

¹²⁷ D1 p26.

73. An Adaptive Behavior Composite (ABC) provides a score that represents overall adaptive functioning based on the ratings of the Parent and the two teachers. The Parent rated the Student in the “adequate” range, Ms. Wagner rated her “moderately high”, and Ms. Peeples’ ratings were in the “moderately low” range.¹²⁸

74. Ms. Glick determined that the Student’s overall adaptive functioning “is similar to peers her age and does not require specially designed instruction. She does have adaptive skill deficits that are the result of medical conditions.”

75. Ms. Glick determined the Student was not eligible for special education services based on her adaptive needs.¹²⁹

Orientation And Mobility

76. To assess the Student in the area of orientation and mobility, Ms. Marley considered criteria from the Teaching Age-Appropriate Purposeful Skills (TAPS), observed the Student, reviewed records, and performed a file review.¹³⁰

77. Ms. Marley observed the Student to analyze her movement in the following areas: walking, jumping, kicking, climbing, throwing, and catching.¹³¹ Ms. Marley also analyzed the Student in the areas of mobility, orientation, and protective techniques during her observation.¹³²

78. To determine how the Student managed in a campus environment, Ms. Marley observed how the Student handled stairs, sidewalks, streets/driveways/parking lots, terrain changes, hallways, doorways, cafeteria, playground, and physical education.¹³³

79. To assess the Student’s visual skills, Ms. Marley observed the Student visually tracking items, scanning, managing visual complexity (the amount of detail, intricacy, and potential distractions within an individual's visual field), her depth perception, and any difficulties with contrast.¹³⁴

80. Ms. Marley also observed the Student in various lighting situations (normal indoor light, dark/dim indoor light, outdoor sunny, outdoor cloudy, and transitioning in

¹²⁸ D1 p27.

¹²⁹ D1 p28.

¹³⁰ D1 p39.

¹³¹ D1 p40.

¹³² D1 p40.

¹³³ D1 pp41-42.

¹³⁴ D1 p42.

lighting conditions) to determine if the Student had difficulty navigating in any of them.¹³⁵

81. Ms. Marley provided the following summary of her orientation and mobility assessment of the Student:¹³⁶

[The Student] demonstrates the ability to navigate and locate areas and items within their environment effectively and independently. She does not demonstrate hesitation or avoidance when navigating over various surfaces or areas, nor does she show signs of under-reaching, over-reaching, or bumping into objects. [The Student] demonstrates ascending stairs both indoors and outdoors on her school campus both indoors and outdoors. [The Student] also did not show difficulties with navigating in various lighting conditions. [The Student]’s vision does not currently impact her functional mobility in school settings. Based on current observations and available information, the student does not meet the criteria for Orientation and Mobility (O&M) services at this time. As [the Student] becomes older her travel needs will increase and her vision could potentially impact how she is navigating safely and independently. Should any changes in mobility or navigation abilities arise, the Orientation and Mobility Specialist should be contacted to address concerns or conduct a reassessment.

82. Ms. Marley determined the Student was not eligible for special education services based on her orientation and mobility needs.¹³⁷

Observations

83. Ms. Glick observed the Student on three occasions as part of the December 2025 Evaluation. She observed the Student on November 19, 2025, during lunch; on November 24, 2025, in the Student’s general education classroom; and on December 1, 2025, during her reading intervention session.¹³⁸

84. Ms. Glick observed the Student at lunch because she wanted to see the Student beyond the academic environment. Also, Ms. Glick had heard the Student might have some issues using utensils or drinking, so she wanted to observe the Student’s

¹³⁵ D1 pp42-43.

¹³⁶ D1 p43.

¹³⁷ D1 p43.

¹³⁸ D1 p44.

adaptive skills at lunch.¹³⁹ Ms. Glick chose to observe the Student in a general education setting and the smaller reading intervention setting so she could see the Student in a variety of settings to observe how she functioned in each.¹⁴⁰

Eligibility Determination

85. On December 8, 2025, the Student's evaluation team met to discuss the December 2025 Evaluation.¹⁴¹ Meeting participants included Karla Shannon-Garvey, LEA representative; Katie Woelffer, special education provider; Ms. Peeples; the Parent; Ms. Glick; Dr. Anderson; Dr. Engeset; Dr. Soltis; Ms. Marley; Tia Kleinkopf, principal; Belma Martin, school counselor; and Ashley Kinnay, school nurse.¹⁴²

86. The team issued an Evaluation Report and Ms. Glick provided the Parent with a draft of the Evaluation report prior to the December 8 meeting.¹⁴³

87. The Evaluation Report shows the District evaluated the Student in all areas identified on the Consent for Initial Evaluation signed by the Parent (cognitive; hearing; math; health & development; gross motor; written language; vision; adaptive; and other: orientation and mobility).¹⁴⁴ The evaluation team determined the Student has medical conditions that adversely impact her education and require accommodations to ensure access to the general education instruction.¹⁴⁵ Based on the results of the December 2025 Evaluation, the team determined the Student does not demonstrate a need for specially designed instruction and does not meet eligibility criteria for special education services.¹⁴⁶ The Report includes a discussion of the assessments and a review of data that supports the conclusion regarding eligibility as well as recommended accommodations for the Student.¹⁴⁷

88. The Parent disagreed with the evaluation team's eligibility determination and declined to sign the Evaluation.¹⁴⁸

¹³⁹ T72.

¹⁴⁰ T73.

¹⁴¹ D1 pp52-55.

¹⁴² D1 pp54-55.

¹⁴³ T74.

¹⁴⁴ D1 pp8-46; p56.

¹⁴⁵ D1 p46.

¹⁴⁶ D1 p47, p52.

¹⁴⁷ D1 pp8-48.

¹⁴⁸ D1 p54.

89. On April 3, 2026, the Parent requested an independent educational evaluation (IEE) at public expense, which the District declined.¹⁴⁹

CONCLUSIONS OF LAW

Jurisdiction

1. The Office of Administrative Hearings (OAH) has jurisdiction over the parties and subject matter of this action for the Superintendent of Public Instruction as authorized by 20 United States Code (USC) §1400 et seq., the Individuals with Disabilities Education Act (IDEA), Chapter 28A.155 Revised Code of Washington (RCW), Chapter 34.05 RCW, Chapter 34.12 RCW, and the regulations promulgated under these provisions, including 34 Code of Federal Regulations (CFR) Part 300, and Chapter 392-172A Washington Administrative Code (WAC).

Burden and Standard of Proof

2. The District bears the burden of proof in this matter.¹⁵⁰ In a due process hearing, the burden of proof must be met by a preponderance of the evidence.¹⁵¹ Therefore, the District must meet its burden by a preponderance of the evidence.

The IDEA and FAPE

3. Under the IDEA, a school district must provide a free and appropriate public education (FAPE) to all eligible children. In doing so, a school district is not required to provide a “potential-maximizing” education, but rather a “basic floor of opportunity.”¹⁵²

4. In *Rowley*, the U.S. Supreme Court established both a procedural and a substantive test to evaluate a state's compliance with the IDEA. The first question is whether the state has complied with the procedures set forth in the IDEA. The second question is whether the individualized education program developed under these procedures is reasonably calculated to enable the child to receive educational benefits. “If these requirements are met, the State has complied with the obligations imposed by Congress and the courts can require no more.”¹⁵³

¹⁴⁹ OAH casefile, Request for Hearing/Appeal, 4/13/2026.

¹⁵⁰ RCW 28A.155.260(1).

¹⁵¹ RCW 28A.155.260(3).

¹⁵² *Bd. of Educ. of Hendrick Hudson Central Sch. Dist. v. Rowley*, 458 U.S. 176, 197 n.21, 200-201 (1982).

¹⁵³ *Rowley*, 458 U.S. 176 at 206-07.

5. Procedural safeguards are essential under the IDEA, particularly those that protect the parent's right to be involved in the development of their child's educational plan.¹⁵⁴ Procedural violations of the IDEA amount to a denial of FAPE and warrant a remedy only if they:

(I) impeded the child's right to a free appropriate public education;

(II) significantly impeded the parents' opportunity to participate in the decision-making process regarding the provision of a free appropriate public education to the parents' child; or

(III) caused a deprivation of educational benefits.¹⁵⁵

Independent Educational Evaluations (IEEs)

6. Parents have a right to obtain an IEE if they disagree with a school district's evaluation of their child, under certain circumstances.¹⁵⁶ An IEE is an evaluation conducted by a qualified examiner who is not employed by the school district, at district expense.¹⁵⁷ If a parent requests an IEE, a district must either ensure that an IEE is provided at no cost to the parent without unnecessary delay or initiate a due process hearing within 15 calendar days to show that the district's evaluation is appropriate.¹⁵⁸

7. If the district initiates a due process hearing and the final decision is that the district's evaluation is appropriate, the parent still has the right to obtain an IEE but not at public expense.¹⁵⁹

Evaluations

8. Evaluations must comply with the requirements in WAC 392-172A-03020. In conducting the evaluation, a "group of qualified professionals selected by the school district" must use a "variety of assessment tools and strategies to gather relevant functional, developmental, and academic information about the student, including information provided by the parent" ¹⁶⁰ The group must not use any single measure or assessment as the sole criterion for determining eligibility or educational programming and must use technically sound instruments that may assess the relative

¹⁵⁴ *Amanda J. v. Clark County Sch. Dist.*, 267 F.3d 877, 882 (9th Cir. 2001).

¹⁵⁵ 20 USC §1415(f)(3)(E)(ii); WAC 392-172A-05105(2); 34 CFR §300.513(a)(2).

¹⁵⁶ WAC 392-172A-05005; 34 CFR 300.502(a)(1).

¹⁵⁷ WAC 392-172A-05005(1)(c)(i); 34 CFR 300.502(b).

¹⁵⁸ WAC 392-172A-05005(2)(c).

¹⁵⁹ WAC 392-172A-05005(3).

¹⁶⁰ WAC 392-172A-03020(2)(a).

contribution of cognitive, behavioral, physical, and developmental factors.¹⁶¹ School districts must ensure assessments and evaluation materials are selected and administered so as not to be discriminatory on a racial or cultural basis, and are provided and administered in the student's native language.¹⁶²

9. Assessments must be administered by "trained and knowledgeable personnel" and "in accordance with any instructions provided by the producer of the assessments." Students must be assessed "in all areas related to the suspected disability" and the evaluation must be "sufficiently comprehensive to identify all of the student's special education and related service needs, whether or not commonly linked to the disability category in which the student has been classified."¹⁶³

10. Under WAC 392-172A-03025, as part of any evaluation, the team must review existing data on the student, including evaluations and information provided by the parents, current classroom-based, local, or state assessments, classroom-based observations, and observations by teachers and related services providers.

11. Additionally, the District must prepare and provide the parents with an evaluation report.¹⁶⁴ The evaluation report must include, among other things, a statement of whether the student has a disability that meets applicable eligibility criteria, a recommendation as to what special education and related services the student needs, and the date and signature of each professional member of the group certifying that the evaluation report represents his or her conclusion.¹⁶⁵

12. After the "administration of assessments and other evaluation measures," the parent of the student and qualified professionals "determine whether the student is eligible for special education and the educational needs of the student."¹⁶⁶

13. A school district has 35 school days to complete an evaluation after it receives written consent to evaluate from the parent.¹⁶⁷ A school district and a parent may agree to a different time period for completing the evaluation and may agree to extend the timeline for completing the evaluation.¹⁶⁸

¹⁶¹ WAC 392-172A-03020(2)(b) and (c).

¹⁶² WAC 392-172A-03020(3)(a); see also 34 CFR §300.304.

¹⁶³ WAC 392-172A-03020(3); see also 34 CFR §300.304(c).

¹⁶⁴ WAC 392-172A-03035.

¹⁶⁵ WAC 392-172A-03035(a), (d) and (f).

¹⁶⁶ WAC 392-172A-03040(1)(a).

¹⁶⁷ WAC 392-172A-03015.

¹⁶⁸ WAC 392-172A-03015.

14. The IDEA does not give parents the right to dictate the areas in which a school district must assess a student as part of a special education evaluation.¹⁶⁹ Further, “[s]chool districts have discretion in selecting the diagnostic tests they use to determine special education eligibility.”¹⁷⁰

15. Not all procedural flaws require a finding of a denial of IDEA rights.¹⁷¹

The December 2025 Evaluation Was Appropriate

16. When the Parent raised new concerns regarding the Student’s May 2025 Reevaluation, the District responded by initiating a new evaluation. Before the District evaluated the Student, it obtained the Parent’s consent to evaluate and sent a PWN to the Parent stating that it was planning to evaluate the Student in accordance with the referral and consent. The evaluation team met on December 8, 2025, which was within 35 school days of October 23, 2025, the date the Parent signed the Consent for Initial Evaluation.

17. The District has shown that the December 2025 Evaluation was conducted by a group of qualified professionals with the necessary education, training, and experience. Ms. Glick, who was the case manager for the evaluation, is a highly qualified and experienced school psychologist. She has a master’s degree in psychology and an education specialist degree. Ms. Glick is a nationally certified school psychologist and has twelve years’ experience overseeing special education evaluations. Dr. Engeset has a master’s degree and a doctorate in audiology, an educational staff associate certification and a Department of Health license. She has worked as an audiologist in school districts since 2005. Dr. Soltis has two master’s degrees, one in special education with a focus on visually impaired learners, and a doctorate in chemistry. She has taught visually impaired students in the District for seven years. Dr. Anderson has a doctorate in physical therapy and is certified to work as a physical therapist in public schools. Ms. Marley has a degree in orientation/mobility, is certified to work in

¹⁶⁹ See *Letter to Unnerstall*, 68 IDELR 22 (OSEP 2016); *L.C. v. Issaquah Sch. Dist.*, 2019 U.S. Dist. LEXIS 77834, 2019 WL 2023567 (W.D. Wash 2019)(citing *Avila v. Spokane Sch. Dist.* 81, 686 F. App’x 384, 385 (9th Cir. 2017)), *aff’d sub nom. Crofts v. Issaquah Sch. Dist.* No. 411, 2022 U.S. App. LEXIS 907 (9th Cir. 2022).

¹⁷⁰ *E.M. v. Pajaro Valley Unified Sch. Dist.*, 652 F.3d 999, 1003 (9th Cir. 2011), citing *Ford v. Long Beach Unified Sch. Dist.*, 291 F.3d 1086, 1088-89 (9th Cir. 2002).

¹⁷¹ *Ford v. Long Beach Unified Sch. Dist.*, 291 F.3d 1086, 1089 (9th Cir. 2002); *W.G. v. Bd. of Trustees of Target Range Sch. Dist.*, 960 F.2d 1479, 1484 (9th Cir.1992); *Amanda J. v. Clark County Sch. Dist.*, 267 F.3d 877, 892 (9th Cir.2001).

Washington State schools and has served as an orientation/mobility specialist in public education for twenty-six years.

18. The District has further established that the evaluation assessed the Student in all areas of suspected disability. The evaluation included assessments in all areas to which the Parent consented: reading; cognitive; hearing; math; health & development; gross motor; written language; vision; adaptive; and orientation and mobility. There is no evidence that the Parent or any District teachers or staff raised concerns that the Student needed to be assessed in any other areas.

19. The District also used a variety of technically sound assessment tools and strategies to gather relevant information about the Student. In addition to standardized assessments and ratings scales (KABC-II, S-LIFE-R, T-LIFE-R, FLE, VFS-C, iReady diagnostic, KTEA-III, ORF/CBM, PBS, TUG, Vineland-3, ABC, and TAPS), the evaluation included a thorough review of the Student's medical records, communication data review, Parent's input, teacher input, and Student interviews. The evaluation also included observations of the Student in multiple educational environments.

20. Moreover, members of the evaluation team had experience administering the assessments and either had training where available or followed producer instructions when administering the assessments. Assessments were administered in English, the Student's spoken language.

21. Finally, the Evaluation Report satisfies the requirements of WAC 392-172A-03035. It includes a statement of whether the student has a disability that meets eligibility criteria; a discussion of the assessments and a review of data that supports the conclusion regarding eligibility; recommended accommodations; a date and signature of each professional member of the group certifying that the evaluation report represents his or her conclusion; and the individuals contributing to the report document the results of their assessments or observations.

Parent's Arguments

22. The Parent raises several concerns regarding the District's evaluation, including that the evaluators did not include all of their underlying data or assessment notes in the Evaluation Report, did not document their consultations with one another, did not show how they considered or incorporated medical records and information provided by the Parent, and did not possess specialized training in certain areas. The Parent also notes that the Report included discrepancies in some assessment scores, in reported dates of recent medical examinations, and in reported health issues experienced by the Student at school (i.e. toileting incidents and falls). The ALJ has considered these

concerns but concludes that they do not establish that the District's evaluation was inappropriate.

23. Many of the Parent's concerns relate to the level of detail, organization, or explanation contained in the Evaluation Report rather than to whether the District satisfied the substantive requirements governing special education evaluations. The applicable regulations do not require an evaluation report to contain every note, piece of underlying data, discussion among evaluators, or every item of information considered by the evaluation team. Nor do they require the report to explain every step of the evaluators' reasoning. Similarly, minor discrepancies in assessment scores or dates of medical reports do not, without more, establish that an evaluation was inappropriate. The relevant question is whether the evaluation, considered as a whole, satisfied the applicable legal requirements and provided sufficient reliable information to permit the appropriate educational determinations. As discussed above, the District's evaluation met those requirements.

24. The Parent's concerns may identify ways in which the report could have been more detailed or informative, or more carefully reviewed, but none of the arguments made by the Parent demonstrate a failure by the District to comply with the applicable evaluation requirements or otherwise establish that the District's evaluation was inappropriate. Accordingly, these concerns do not provide a basis for requiring the District to fund an independent educational evaluation.

Conclusion

25. Based on the above, it is concluded that the District has established by a preponderance of the evidence that the December 2025 Evaluation of the Student was appropriate and it conducted a full and individual evaluation in all areas of suspected disability.

ORDER

The Issaquah School District's December 2025 Evaluation of the Student was appropriate. The Parent is not entitled to an independent educational evaluation at public expense.

SERVED on the date of mailing.



Jill H. Brown
Administrative Law Judge
Office of Administrative Hearings

Right To Bring A Civil Action Under The IDEA

Pursuant to 20 U.S.C. 1415(i)(2), any party aggrieved by this final decision may appeal by filing a civil action in a state superior court or federal district court of the United States. The civil action must be brought within ninety days after the ALJ has mailed the final decision to the parties. The civil action must be filed and served upon all parties of record in the manner prescribed by the applicable local state or federal rules of civil procedure. A copy of the civil action must be provided to OSPI, Legal Services, PO Box 47200, Olympia, WA 98504-7200. To request the administrative record, contact OSPI at appeals@k12.wa.us.

DECLARATION OF SERVICE

I declare under penalty of perjury under the laws of the State of Washington that true copies of this document were served upon the following as indicated:

Parent

[REDACTED]

via First Class Mail and
via E-mail

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Dated September 16, 2026, at Spokane Valley, Washington.

Lan Le

Representative
Office of Administrative Hearings
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cc: Administrative Resource Services, OSPI