BEFORE THE STATE SUPERINTENDENT OF PUBLIC INSTRUCTION

In the Matter of	)	FINDINGS OF FACT,
La Grande School District 1	)	CONCLUSIONS,
	)	AND FINAL ORDER
	)	Case No. 25-054-055

I. BACKGROUND

On August 26, 2025, the Oregon Department of Education (the Department) received a written request for a special education complaint investigation from the parent (Parent) of a student (Student) residing in the La Grande School District 1 (District). The Parent requested that the Department conduct a special education investigation under OAR 581-015-2030. The Department confirmed receipt of this Complaint and forwarded the request to the District.

Under state and federal law, the Department must investigate written complaints that allege violations of the Individuals with Disabilities Education Act (IDEA) and issue an order within sixty days of receipt of the complaint.[1] This timeline may be extended if the Parent and the District agree to the extension in order to engage in mediation or local resolution or for exceptional circumstances related to the complaint.[2]

On August 29, 2025, the Department's Complaint Investigator sent a *Request for Response (RFR)* to the District identifying the specific allegations in the Complaint to be investigated and establishing a *Response* due date of September 12, 2025.

The District submitted a *Response* on September 12, 2025, denying the allegations, providing an explanation, and submitting documents in support of the District's position. The District submitted the following relevant items:

1. District's Written *Response* to Complaint, 9/12/25
2. Parent Meeting Notes, 10/7/22 (incorrectly dated, meeting was 10/7/24)
3. Individualized Education Program (IEP), 10/21/24
4. Special Education Placement Determination, 10/21/24
5. Notice of Team Meeting on 10/21/24, 10/8/24
6. Prior Written Notice (PWN), 10/22/25
7. District IEP Meeting Notes, 10/21/24
8. IEP Snapshot, 10/21/24
9. IEP Amendment, 4/24/25
10. Special Education Placement Determination, 4/24/25

[1] OAR 581-015-2030(12) and 34 CFR § 300.152(a).
[2] OAR 581-015-2030(12) and 34 CFR § 300.152(b).

11. Notice of Team Meeting on 4/21/25, 4/3/25
12. PWN, 5/14/25
13. District IEP Meeting Notes, 4/21/25
14. IEP Snapshot, 4/21/25
15. IEP Amendment, 5/30/25
16. Special Education Placement Determination, 5/30/25
17. Notice of Team Meeting on 5/30/25, 6/2/25
18. PWN, 5/30/25
19. IEP Snapshot, 5/30/25
20. IEP Amendment, 8/21/25
21. Special Education Placement Determination, 8/21/25
22. District IEP Meeting Notes, 5/30/25
23. Updated Medical Plan, 5/30/25
24. Letter from District to Parent, 4/25/25
25. District Medical Assessment Log, 10/24/24 – 8/27/25
26. Parent Statement for Emergency IEP Meeting, 5/30/25
27. Parent Meeting Notes, 5/29/25
28. Notice of Team Meeting on 8/21/25, 5/30/25
29. PWN, 8/21/25
30. District IEP Meeting Notes, 8/21/25
31. IEP Snapshot, 8/21/25
32. Email exchanges between District Staff and Parent regarding records request, 10/3/24 – 10/29/24
33. Student Report Card, 2024-25 School Year
34. Email from Teacher to Principal, 9/10/25
35. Student Medication Record, 2024-25 School Year
36. Authorizations for Medication Administration, 8/27/24 and 9/12/24
37. Student Attendance Profile, 2024-25 School Year
38. Email exchanges between District Staff and Parents and amongst District Staff, 8/28/24 – 9/12/25

The District provided additional documents on September 24 and October 3, 2025, which included the following relevant items:

39. IEP, 5/30/24
40. Special Education Placement Determination, 5/21/24
41. Notice of Team Meeting on 5/21/24, 5/7/24
42. PWN, 5/21/24
43. District IEP Meeting Notes, 5/21/24
44. IEP Snapshot, 5/21/24
45. IEP Progress Report, 6/9/25
46. Medical Plan, 8/26/24
47. Medical Plan, 10/21/24
48. Medical Plan, 4/21/25
49. Section 504 Meeting Notes, 10/23/23

50. Section 504 Eligibility Determination and Accommodation Plan, 10/23/23
51. Medical Plan, 5/30/25

The Parents submitted documents at the time the complaint was filed. The Parent submitted a *Reply* on September 15, 2025, providing an explanation and rebuttal, as well as additional documents on September 29 and October 12, 2025. The Parents submitted the following relevant items:

1. *Reply*, 9/15/25
2. Medical Plan, 9/23/24
3. Email exchange between District Staff, 9/3/24
4. Draft Medical Plan, 8/22/24
5. Medical Plan, 8/26/24
6. Letter from Pediatric Neurologist, 8/27/24
7. Email exchanges between District Staff, 5/9/24 – 9/24/24
8. Email exchanges between District Staff and Family, 3/21/25 – 5/29/25
9. Email exchanges between District Staff, 9/3/24
10. Additional Reply, 9/28/25
11. Annual OSAS Opt-Out Forms, signed 10/21/24 and 4/21/25
12. Email exchanges between District Staff and Family, 10/18/23 – 10/20/23
13. Medical Information Provided by the Parent, 10/18/23
14. Email exchanges between District Staff and Family, 4/12/24 – 9/3/24
15. Medical Plan, 10/7/24
16. Parent's Timeline, 8/26/24
17. Email exchanges between District Staff and Family, 4/24/24 – 8/21/25
18. Parent's Meeting Notes, 5/29/25
19. Nurse Communication Log/Notes, 8/15/24 – 10/8/24

The Complaint Investigator interviewed the Parent on September 25, 2025. On October 3, 2025, the Complaint Investigator interviewed District personnel. Virtual interviews were conducted instead of on-site interviews. The Complaint Investigator reviewed and considered all of these documents, interviews, and exhibits in reaching the findings of fact and conclusions of law contained in this order. This order is timely.

II. ALLEGATIONS AND CONCLUSIONS

The Department has jurisdiction to resolve this Complaint under 34 CFR §§ 300.151-153 and OAR 581-015-2030. The Complainant's allegations and the Department's conclusions are set out in the chart below. The conclusions are based on the Findings of Fact in Section III and the Discussion in Section IV. This Complaint covers the one-year period from August 27, 2024, to the filing of this Complaint on August 26, 2025.

Allegations	Conclusions
When IEPs Must Be in Effect The Complaint alleged that the District violated the IDEA by not providing special education and related services in accordance with the Student's IEP. (OAR 581-015-2220; 34 CFR § 300.323)	**Not Substantiated** It is unclear which versions of the Student's medical plan were finalized, when they were implemented, or to what extent implementation failures may have occurred. Although there is conflicting information, at the very least, the Student's medical plan was not finalized before the start of the 2024-25 school year. Additionally, the District failed to report progress on the Student's IEP goals as required by the IEPs. However, these errors did not constitute a material failure to implement the Student's IEP.
Access to Student Education Records The Complaint alleged that the District violated the IDEA by failing to comply with the safeguards required for education records of children with disabilities, and failing to comply with the Parent's request to inspect and review records without unnecessary delay and provide copies of these records to the Parent within the required timeline.	**Substantiated in Part** The District emailed the Student's medical plan and other medical information to all school staff. It is unclear whether every staff member in the School had a legitimate educational interest in the Student's medical information. The District provided the Parent with a copy of the Student's education file, as requested. The Parent claimed one document was not provided that should have been in the file. However, there is insufficient evidence to conclude the District failed to provide the Parent with access

Allegations	Conclusions
(OAR 581-015-2300; 34 CFR § 300.501)	to the Student's education records. Although the District responded to the Parent's requests to amend records, the District failed to notify the Parent of the right to a hearing to challenge the District's decision.
Parent Participation The Complaint alleged that the District violated the IDEA by failing to comply with the safeguards required for education records of children with disabilities, and failing to comply with the Parent's request to inspect and review records without unnecessary delay and provide copies of these records to the Parent within the required timeline. (OAR 581-015-2300; 34 CFR § 300.501)	**Not Substantiated** There were some delays in providing documents to the Parent. The April 21, 2025 amended IEP was not sent to the Parent until May 20, 2025. It is unclear whether an updated medical plan from the April 21, 2025 IEP meeting was ever sent to the Parent. However, the District generally responded to the Parent's concerns, scheduled IEP meetings when requested, listened to the Parent's input, adopted many of the Parent's recommendations, and frequently implemented requests made by the Parent. Although the Parent disagreed with decisions made by the District, the Parent was provided the opportunity to meaningfully participate in IEP meetings.
Free Appropriate Public Education (FAPE) The Complaint alleged that that the District's failed to provide the Student with a free appropriate public education.	**Not Substantiated** There is insufficient evidence to conclude that any errors made by the District resulted in a loss

Allegations	Conclusions
(OAR 581-015-2040; 34 CFR § 300.101)	of progress, educational opportunity, or benefit.

REQUESTED CORRECTIVE ACTION

The Parent requested the following corrective action:

- Confirm in writing that two named nurses will not be assigned to the Student's IEP/medical plan moving forward, nor allowed any further participation in staff training of the Student's medical conditions, given prior documented harm and privacy violations and retaliation behavior. Nor be left unsupervised with the Student.
- Correct the Student's educational record to remove or amend inaccurate statements regarding "volunteered removal of medication" and other misleading documentation.
- Provide training to all district staff on FERPA, student privacy, and lawful delegation of medical supports.
- Review and revise policies on medication storage and emergency protocols to ensure compliance with IDEA, Section 504, FERPA, and Oregon nursing law.
- Ensure meaningful parent participation by documenting and incorporating parent protest statements and concerns into IEP/504 records without retaliation. Ensure every single parent needs to have notice that they should have a non-district affiliated independent advocate/support person to ensure the district follows IEPs/504s applicable and accurate IDEA laws. As well as ensure process integrity is upheld by meeting minute accuracy/specificity and intent collaboration free from parent pressure.
- Ensure Special Needs Director, Building Administrator, Case Manager, and Nurses are investigated and if violations are substantiated, these findings need to be recorded in their personnel file, and they receive appropriate training, they apologize to the Student and the District confirms in writing that the staff will never be alone with the Student.
- Disclose complete educational records, including any missing or withheld Medication Administration Records (MARs) and related documentation, and adopt a procedure to ensure timely, complete records access under FERPA.
- ODE needs to independently inform district staff members regarding their rights and responsibilities to report disability and other civil rights violations to state agencies, whether it is disability violations associated with practices that do not reflect state/federal laws, failure to Child Find, failure to evaluate, abuse of students, discrimination and retaliation and professional misconduct including but not limited to ethical immoral standard code of conduct.
- Confirm that the District sends the Student a written acknowledgment of violations and corrective action plan in writing in a way that is educational developmentally appropriate for clear understanding for the (7th grader).
- Require the District to implement an appropriate medical plan for the Student that includes properly train designated staff, necessary supports and equipment, and clear procedures to ensure continuity of care with the best interest including mental health of the child in mind.

III. FINDINGS OF FACT

IDEA regulations limit complaint investigation to alleged violations occurring no more than one year before the Department's receipt of the special education complaint. This Complaint Investigation did not consider any IDEA violations alleged to have occurred before August 27, 2024. Any facts listed below relating to circumstances or incidents earlier than that date are included solely to provide context necessary to understand the Student's disability and special education history.

1. The Student is twelve years old and in the seventh grade.

2. The Student is currently eligible for special education services under the disability category of Other Health Impairment (OHI).

3. The Student's medical history included diagnoses of Trigeminal Autonomic Cephalalgias (TAC), adjustment disorder, and eye conditions, among others.

4. The Student has attended a District school since kindergarten.

5. According to the Parent, the Student was found eligible for Section 504 services and had a 504 plan starting in kindergarten, which included a medical plan.

6. The District employs two nurses, responsible for covering the District's five schools.

2023-24 School Year

7. The Parent reported they have been working with the same two District nurses since the Student was in elementary school. The Parent stated they provided the nurses with information on the Student's medical needs and worked with the nurses to develop and revise the Student's medical plan throughout elementary school.

8. In an October 18, 2023 email to both District nurses (the Nurse and Nurse 2), the Parent stated, "Here is the information I collected that we discussed... I pulled from many notes during doctors['] appointments and tried to organize the symptoms so you would have knowledge of how [the Student's] symptoms might manifest… hopefully you can create a Cheatsheet protocol for the staff during an emergency… Please feel free to adjust anything or create a document anyway that would be most helpful to the staff."

9. The Parent noted that the Student's medical conditions, symptoms, and treatments were complicated. The medical information provided by the Parent on October 18, 2023 included, among other things:

    a. The Student's medical condition, TAC, consists of five headache conditions which can cause sudden attacks of severe pain and other symptoms. Each condition varies in length, frequency, severity, and treatment.

b. Symptoms: included stabbing/throbbing pain; blurred vision; sensitivity to light; redness; overheating; extreme sweating; stiff neck; trouble speaking or swallowing; slurred speech; arm and leg weakness; cognitive issues, brain fog; restlessness and agitation; heart rate/blood pressure issues; nausea; gastrointestinal issues, and behavior issues (such as not following instruction even during safety risks. Agitated, panic attacks can't answer questions or follow along in the conversation"), among others. The Parent noted the Student's "[n]euro symptoms mimic stroke."

c. Triggers: included long-term reading and any activity causing the Student to overheat, as well as "caused sometimes by emotional stress or environment stress where [the Student] has to be on the defense."

d. Recommendations/Treatments: included avoid overheating (if overheated, leave area and cool down as quickly as possible); avoid physical and mental stress; leave high stress environments; excusal from certain activities; keep the Student calm, never leave them alone; allow access to their phone; and administer medication when needed, among others.

10. The Parent requested the Student be allowed to always have a cell phone. The Parent preferred to assess the Student over video call when needed, as they were the most knowledgeable and qualified to identify symptoms, assess the Student's needs, and determine how to respond.

11. The Nurse reported the administration of all the Student's medications at school could be delegated to trained school staff.

12. In an April 12, 2024 email to the elementary and middle school administrators, the Nurse expressed concern about the Parent's request to exclude middle school staff from the Student's medical plan and suggested a meeting to discuss the issue.

13. During elementary school, the main office secretary was responsible for and managed the Student's medications. With the upcoming transition to middle school, the Parent reported having privacy concerns with such an arrangement as a close family member, other family members, and community acquaintances worked at the District middle school.

    The Parent reported the Student wanted to keep their medical information private from family members and acquaintances, noting that one of the Student's prescription medications was commonly associated with mental health conditions. The Parent requested that the team develop an alternate plan for managing and administering the Student's medications in middle school.

14. On April 24, 2024, the Nurse emailed District staff, expressing concern that the Parent requested changes to the Student's emergency contacts, including that the Parent wanted different levels of disclosure of information for different designated emergency contacts.

Additionally, the Nurse indicated that the Parent reported frequent changes in the Student's health needs without accompanying medical documentation.

15. The Student was initially evaluated for special education services in spring 2024, while in fifth grade.

16. In a May 9, 2024 email to relevant District staff, the Director of Student Services (the Director) shared information about the Student to help with the Student's upcoming IEP meeting, including:

    a. The Student "has had progressive decline in academics demonstrating no growth in reading and writing." The Student's evaluation indicated "discrepancies in reading and writing which leads to [the Student] having an IEP." The Student "recently had a spinal block put in so there is potential [they] may improve or not."

    b. "Parent's main concerns are that [they] want to make sure all are aware of [the Student's] medical needs as [the Student] transitions to the middle school."

17. On May 21, 2024, the District convened a meeting to determine the Student's eligibility and develop an IEP and placement for the Student. The meeting included elementary school staff; a case manager (the Case Manger) and principal (the Principal) from the middle school (the School); and the Director.

18. The Student's May 21, 2024 IEP (the May 2024 IEP), included the following information, in relevant part:

    a. Parent Concerns: "[C]oncerns with [the Student's] panic attacks increasing and that [the Student] doesn't know when they are coming… [the Student] is currently using breakthrough medication on days that are high activity."

    b. Present Levels:

    Reading: iReady Assessments indicated the Student was at a third grade reading level overall. "Concerns: [The Student] needs more support when it comes to working with informational text… needs more support when sequencing events and understanding cause and effect."

    Math: iReady Assessments indicated the Student was at a fourth grade math level overall. "Concerns: [The Student] would benefit from specially designed instruction and accommodations in the area of mathematics."

    Functional Performance: "Concerns: [The Student] sometimes rushes through [their] work, but other than that there are no major behavioral/social concerns."

c. Special Factors: The Student is blind or visually impaired, needs assistive technology devices or services, and requires one or more specialized formats of educational materials because blindness or other disability prevents effective use of standard print materials.

d. Annual Goals: One reading goal ("when provided an informational text at 5th grade level, [the Student] will sequence the events in the text").

How progress will be reported: "twice yearly with report cards."

e. Specially Designed Instruction (SDI): Reading (75 minutes per week), with the anticipated location listed as, "All School Sites."

f. Related services: Nursing services (60 minutes per year).

g. Accommodations: "Communication with parent is [*sic*] student complains of chest pain, 911 is life-threatening"; "When student is cherry red, check for heat stroke signs"; "Give student reminders to get cool, drink water, change shoes, and to take extra layers off"; "Call home and EMS when [the Student] is significantly fatigued or otherwise struggling physically and/or cognitively (slurring speech, communication deficit, disoriented)"; "Use a cooling rag when face is red after strenuous activity"; "Limit physical activity when student is visibly struggling…"; "Use a personal small fan, water bottle, mirror, and cooling rag"; "If student falls, check for signs of fatigue and call [the Parent]"; "Allow breaks for migraine symptoms, eye fatigue, and/or anxiety"; "Use of smart watch when used appropriately"; "Use of phone for [the Parent] to check symptoms of physical/cognitive episodes through video call with an adult"; "Alternative paper assignments to be provided if long term absences"; "have emergency plan in place prior to leaving for field trips"; "Use of paper assessments or classwork instead of computer work when possible"; "Allow for frequent breaks when computer assessments are needed"; "Extended time to turn in work" and "take assessments"; and "Student to have medical protocol."

h. Supports for School Personnel: "Consultation: To teaching staff" (15 minutes per week); and "Consultation: Nursing" (120 minutes per year; "Nursing staff will consult with case manager and teaching regarding health needs").

i. Non-Participation Justification: "[The Student] will receive specialized academic instruction the in [*sic*] the area of reading totaling 75 minutes weekly through push in, pull out, or small group services."

19. In the May 21, 2024 Special Education Placement Determination, the team selected "80% or more of the day in the general education classroom," from the two options listed.

20. The District issued a May 21, 2024 Prior Written Notice (PWN) stating the Student was found eligible for special education services and the IEP team developed an IEP for the Student. This action was proposed because "Parent requested an evaluation for special education services."

21. The District's May 21, 2024 Meeting Notes included the following:

    a. "We are trying to determine how much SDI [the Student] will need."

    Reading, math, written language assessments: "Everything is average. The one area that was low is reading fluency."

    The Parent expressed concern that middle school staff "will not have proper training for [the Student's] medical condition… [the Case Manager] shared that there will be training for the immediate staff who work with [the Student]. They will also share out the information as needed to other staff. Medical protocols will be in place and there will be information in Synergy."

22. The Parent reported the IEP was not completed because the District stated it needed input from middle school staff. The plan was to meet in August before school started to finalize the IEP accommodations and medical plan. What was on the IEP developed at the elementary school was a placeholder until the team could make the main adjustments needed in middle school.

23. The Case Manager reported the IEP was finalized on June 7, 2024.

24. In an August 14, 2024 email to District staff, the Nurse noted they needed to train staff on the Student's medical needs before school started.

25. On August 22, 2024, the District convened a meeting to review the Student's IEP and medical plan, and discuss the transition to middle school.

26. A log note dated August 22, 2024, recorded by Nurse 2, stated the team updated the Student's current medical plan at the meeting "to make changes and accommodations for this school year." "Staff in attendance of the meeting signed that they were in attendance and aware that the school plan document was in draft form and not finalized, nor was it an official copy. The plan would be updated with the changes decided at the meeting and finalized by 8/26."

27. Witnesses agreed that the medical plan was not finalized at the meeting and additional information was needed. The team discussed an alternate plan with medication not being stored in the office, as requested by the Parent. In addition, witnesses reported the following about the August 22, 2024 meeting:

    a. The Parent reported the team did not identify designated staff to support the Student, including administering medication. The Parent believed there was agreement that the Student would have a designated break space and their medication would be stored in an upstairs classroom.

The Parent expressed concerns about the School, including privacy issues, and concern that the Student would need to use the stairs. The Parent's stair use concerns were related to the Student experiencing muscle weakness that could make stair use unsafe. The Parent noted these concerns in light of the upstairs location of the Student's classroom and the downstairs location of the office where medicine was administered. The Student needed an adult to check in, and remind the Student to cool down and get water. The Parent wanted a consistent adult to assess the Student.

The family was in the process of figuring out the Student's medication regimen with medical providers. Breakthrough medication administration included a range (e.g., could take one to three pills, three times a day; depending on whether the medication had the desired effect, might need to administer an additional dose if symptoms did not resolve after a specific period of time). The Parent needed a primary contact person at the school to share relevant medical information on the Student's changing medication needs.

b. The Principal stated the plan was to have the Student's medication in a lock box in two locations, upstairs in the Special Education Teacher's (the Teacher) classroom and downstairs in the Case Manager's room.

28. There is some confusion about which versions of the Student's medical plan were finalized and implemented during the 2024-25 school year, and which were drafts.

a. In response to a request for all versions of the Student's medical plan that were implemented during the 2024–25 school year, the District provided medical plans labeled as "Updated 8/26/2024," "Updated 10/21/2024," "Updated 4/21/25," and "Updated 05/30/2025."

b. The Parent provided different versions of medical plans, labeled as "8/22 draft"; "Updated 8/26/2024," "Updated 9/23/2024" (first page only), and "Updated 10/7/2024."

The "8/22 draft" was a copy of the Student's 2023-24 medical plan from the elementary school with handwritten notes made during the August 22, 2024 meeting. It was signed by several team members with a note written by the Vice Principal, "Document is in transition not a final/official copy."

29. The Parent claimed the District made unilateral changes to the medical plan outside of IEP meetings, contending they saw or were given versions of the medical plan with changes not discussed or agreed to.

30. District staff reported changes made to the medical plan were discussed at IEP meetings and the plan was subsequently revised to reflect team agreement from meetings.

31. When asked if they trained any school staff before the start of school to administer medication to the Student, the Nurse reported the two office secretaries at the School were

trained on medication administration for all relevant students. The Nurse did not train any other staff at the School on the administration of the Student's medications.

32. On August 26, 2024, the Student started the 2024-25 school year as a sixth grader.

33. On August 26, 2024, Nurse 2 emailed the Principal, the Nurse, the Vice Principal, and the Case Manager a copy of the Student's medical plan, labeled as "24/25 [Student] Plan." They noted, "I have updated this document only with the changes made at the meeting. Highlighted in yellow is where I need more information and help in completing this plan. We as a team need to agree to this plan and then make sure [the Parent] agrees before the meeting on [August 28, 2024]."

34. In a log note dated August 26, 2024, Nurse 2 wrote, "The School plan was updated with all changes made at the meeting and [the Case Manager] sent an email to [the School] staff stating: '[The Student] has a neurological disorder that can exhibit weakness, stroke like symptoms, diabetic lows symptoms… medical protocol will be finished in the afternoon, per our nursing staff. In the meantime, if [the Student] … turns red… complains of pain… or is disoriented… call… and we will send one of the trained para[professional]s up.' which was discussed as part of [the Student's] plan in the IEP meeting held 8/22."

35. The District provided a copy of an "Updated 8/26/24" medical plan, which included the following, in relevant part:

    a. "This protocol has been created by [the Parent] and the [District] nurses… to be utilized as a resource of evaluating [the Student] and being able to determine if [the Student] can stay at school, needs to go home or call 911. [The Student] has permission to keep [their] phone with [them] at all times, as [the Parent] needs to evaluate [the Student's] physical signs. [The Student] may pull it out as soon as leaving class to go to [their] designated break room."

    b. The protocol included a list of six categories of symptoms ("long-term purple/red face"; "pain in head, blurred vision, sensitivity to light, nauseated, stomach cramps, pale"; "slurring speech"; "stiff neck with headache"; "cluster headache"; and "behavior"). Each category included "WHAT TO DO" in response to the symptoms.

    c. Two categories included, "Assigned point person will help administer medication if directed by [the Parent]." Three categories included, "go to designated break room," which was identified as the Teacher's room for upstairs and the Case Manager's room for downstairs.

    d. "Document on [medication administration record (MAR)] if any medication is given at school."

e. "[The Student] should remove [themselves] from the classroom and move to a private location… Point person will call [the Parent] to see if there is a medication that [the Student] needs to be administered."

f. Under Behavior, the protocol stated, "If [the Student] is not following directions or having argumentative behavior these are warning signs that [the Student] will not recognize… Call [the Parent][.]"

36. The Parent designated a family member as the Student's emergency contact (the Emergency Contact) when the Parent was not available. The Emergency Contact was authorized to go to the School to assess the Student and administer medication to the Student if needed.

37. The Parent reported there were problems with the implementation of the medical plan starting on the first day of school. At the August 22, 2024 meeting, the team agreed that if the Student needed to go home, they could leave the building out the easiest access door and the Parent would call and let the office know. However, on August 26, 2024, staff stopped the Student from leaving and said they had to go to the office to check out and provide the reason they were leaving.

38. In an August 27, 2024 email to the Case Manager, the Director, the Nurses, and the Superintendent, the Parent indicated they were very concerned about the start of the year. In addition to being told they had to check out in the office, the Student was told to use the office phone to call the Parent, despite the agreement the Student could use their personal cell phone. Additionally, while the Student stated an adult checked on them in the classroom at various times, the Parent "had expectation that the teacher in the room would have a constant helper throughout the day." "I said at the meeting I have full faith in you and your team but there still seems to be some confusion as to what information the team has and is in [the Student's] file… I would like to have access to [the Student's] full education file as I would like to review and correct or update any information it needs." The Parent attached accommodation letters from the Student's Pediatric Neurologist.

39. An August 27, 2024 letter from the Student's Pediatric Neurologist stated, "[The Student] has a headache disorder characterized by moderate–severe headache at times associated with temperature dysregulation, flushing, speech changes, fatigue and/or eyelid drooping… pain impacts [the Student] in the school setting… headaches can be exacerbated by many factors in the school environment including movement, overheating, dehydration, light, sounds, and smell…. difficulty with concentration and thinking due to pain or fatigue… Treatment includes medication, close medical monitoring[.]" The letter included a list of recommended accommodations.

40. On August 28, 2024 the District convened an emergency meeting at the Parent's request, which included the Principal, the Vice Principal, several general education teachers, and the Nurse. The Parent reported the Nurse brought the draft medical plan the Nurses were supposed to finish, but designated adults had still not been identified on the plan.

41. On September 3, 2024, the Case Manager emailed all school staff with a copy of Student's medical plan and stated, "Please note [the Student's] plan. We'll go over it in an upcoming staff meeting."

42. In a September 3, 2024 email exchange between two of the Student's general education teachers, one teacher wrote, "Do you know who [the Case Manager] appointed as the person/people that can give [the Student] [their] meds?"

    The other teacher responded, "No, [the Student's] plan still says the assigned point person."

43. The Parent claimed the District violated the Student's privacy by sharing their medical information with non-essential school staff, including individual staff members who the Parent specifically asked to not receive any information about the Student. This included emails sent by the Case Manager to all school staff, or emails with information to school staff who the Parent stated had no legitimate interest in or worked with the Student. Additionally, the Parent contended the Student's medical information was inappropriately shared at school staff meetings.

    When asked about this, the District reported the Parent expressed concerns that the Student's symptoms could manifest as noncompliant behavior or make the Student appear intoxicated. The Parent was worried this could lead to disciplinary intervention or involvement with school resource officers. Additionally, the onset of the Student's symptoms was unpredictable and could occur at any location in the School.

44. In a September 4, 2024 email exchange, the Case Manager and the Nurse discussed who at the School should be trained to administer the Student's medication. The Case Manager identified six individuals who the Nurse previously indicated should be trained.

45. In a September 4, 2024 email to Director, the Nurse wrote, "I am just touching base about a lockbox for [the Student's] medication. Are you buying it? Currently it is still in [the Case Manager's] room but I am understanding it will be kept up in [the Teacher's] room in a lock box. We will need to make sure the key is in a centralized location so those that end up trained can access the meds."

46. On September 12, 2024 an incident occurred at the School involving confusion amongst District staff and a delay in locating the Student's medication. Both parties acknowledge that this occurred, but disagree on some details.

47. A September 12 to 18, 2024 email exchange between District staff discussing the Student's medical plan and what occurred on September 12, 2024 included the following information, among other things:

    a. The Nurse reported the Emergency Contact was contacted at 10:12 a.m. and arrived at the School at noon to assess the Student. The Student was not in their designated break

space and had to be "tracked down." Once assessed, the Emergency Contact determined the Student needed medication and went to office to request the medication.

b. The Nurse went to the Case Manager's room, where the Student's medications were stored, but the Case Manager could not find the key to unlock the medication. A key was eventually obtained from a different staff member in a different part of the building. However, once the Nurse got the bag of medications provided by the Parent, the specific medication needed was not in the bag. The Emergency Contact left and retrieved the medication from the Student's home while the Student stayed with the Nurse.

c. Following the incident, the Nurse emailed the Principal and other staff, expressing concern that this process was not efficient or safe. They recommended keeping the Student's medication in the office.

d. Additionally, there was some confusion about the Student's access to the elevator, which not all team members were informed of. The Case Manager reported the Parent and the Principal discussed elevator use because of concern about the Student using stairs when experiencing muscle weakness.

e. The Case Manager reported the lockbox for the Teacher's room was ordered. Once it arrived the Teacher's room would be the primary location for the Student's breaks and medication storage.

f. The Principal reported the current plan was for the Student to go to the Teacher's room as needed when upstairs, and the Case Manager's room when downstairs. The Student was allowed to get the elevator key as needed, but would need an escort if using the elevator for safety reasons. Additionally, if the Parent felt it was necessary to assess the Student in person, the Parent would notify the office that they or the Emergency Contact were coming and upon arrival would need to check in at the front desk to get a visitor's badge.

g. The Vice Principal noted they had been checking on the Student twice per day and the Student had been well, but they were out of the building when this incident happened. They requested that relevant staff meet to "review and refine the process."

h. Emails indicated District staff met on September 20, 2024 to discuss these issues.

48. Although both parties agreed there was a delay in locating the Student's medication, there were conflicting accounts on who administered medication to the student on September 12, 2024.

a. According to the Parent, the Emergency Contact administered the medication to the Student after picking up the medication and bringing it to the School. The Parent reported the Nurse made the Emergency Contact sign a blank medication administration record

(MAR) form after giving the Student the medication, even though the form is only to record medication administered by District staff.

b. When asked who administered the medication, the Nurse reported it was recorded as being administered by the Nurse. The Nurse couldn't recall specifically, but if they signed it then they administered the medication. The Nurse competed the intake when the Emergency Contact brought in the new medication the form was signed.

c. When asked, the Emergency Contact confirmed the Parent's report that they administered the medication and had to sign a blank MAR form.

49. The District provided a one-page document titled, "Student Medication Record," which included the following information:

a. The authorized medication administrators were listed as the Nurse and Nurse 2.

b. Three medications were signed in on August 22, 2024, and a fourth was signed in on September 12, 2024. For each medication signed in there was a signature of the Nurse to confirm it was received, as well as an additional witness signature. All medications were signed out by the Parent on October 7, 2024.

c. School staff recorded administering medication to the Student on one occasion during the 2024-25 school year, on September 12, 2024 at 12:28 p.m. This entry was initialed by the Nurse.

50. The District also provided a completed "Authorization for Medication Administration" form for each of the Student's four medications; three with the Parent's signature dated August 27, 2024 and the fourth dated September 12, 2024.

51. In a September 23 to 24, 2024 email exchange, District staff shared a list of peer "buddy" escorts designated for each class to escort the Student to the office if they needed to take a break.

52. The portion of the "Updated 9/23/2024" medical plan provided by the Parent indicated the Student's medications would be kept in the office; Student had access to an elevator key; and included a list of peers designated to escort the Student to their designated break area in either the Teacher's classroom or the Case Manager's room.

53. On September 25, 2024, the Principal called to notify the Parent that the Student's medications would be "kept in the office for security and safety purposes." After the Parent expressed concern about the District changing the medical plan, an IEP meeting was scheduled for October 7, 2024.

54. The Principal reported the School wanted to accommodate the Parent's request for an alternate medication plan but after the September 12, 2024 incident and concerns from the

Nurse, it became clear that deviating from the District's medication policy was not safe. The School needed to ensure there were no delays in meeting the Student's medical needs, and the medication needed to be stored in an area that was always supervised for the safety of all students. A staff member was always present in the office, but that was not the case in classrooms.

55. On September 25, 2024, the Nurse sent the Student's teachers a copy of the Student's medical plan and stated, "I do still need to add who will be the buddy's [*sic*] for [other classes]. … This plan has changed slightly because the meds will now be kept in the office. After reading through this let me know what questions you have."

56. In a log note dated September 26, 2024, Nurse 2 reported the Case Manager sent an email to all school staff, stating, "Per [the Parent's] phone call this morning-[the Student] is off medication today, so [the Parent] will be checking in via [the Student's] phone/watch to ask [them] screening question several times throughout the day. [The Parent] asked to pass this along to staff."

57. The District reported the Parent made "a broad records request regarding [the Student] that included non-education records (i.e., emails not included in the Student's education file)" on October 3, 2024.

58. On October 7, 2024, the District convened a meeting to discuss the Parent's concerns about the District's decision to move the Student's medication to the office.

59. The Parent's October 7, 2024 meeting notes included the following, among other things.

    a. "[The Principal]-Not a privacy issue, as rooms are available for privacy. Parent-does not want [a specific staff member] to be involved."

    b. "Parent feels that following district policy (involving office staff vs not involving office) is a change in FAPE and should not be decided without IEP meeting."

    c. Parent asked about revoking medication consent. "Parent chooses to eliminate having school distribute medication… only parent and emergency contacts."

    d. "Review of the most recent protocol; [Parent] concerned that [they haven't] received the doc."

60. The Parent reported that, at the meeting, the Case Manager "gave a medical plan that they had finished without parent."

    The Parent also reported that October 7, 2024 was the first time the Parent received a copy of a medical plan from the School.

61. On October 7, 2024, following the meeting, the Case Manger emailed the Parent a copy of an "Updated 10/7/2024" medical plan.

62. The Parent provided a copy of the "Updated 10/7/2024" medical plan, which included the following changes, among others:

    a. Added "designated break rooms are to be used for heating and cooling strategies listed below, as well as private spot for the student to rest and contact [their] Parent."

    b. The Parent may assign an emergency contact to personally evaluate the Student when the Parent is not available.

    c. Visitors will quickly check into the office to obtain a visitor's badge and then proceed to the designated break room where the Student is. "If [the Student] leaves for the day [they need] to be signed out at the office. If [the Student] is taken out of a side door, [the Parent] will call the school to let the front office know that [the Student] has left."

    d. If the Student is escorted to a designated break room or uses the elevator, they need to be escorted by one of the designated buddies for that class.

    e. The provision for an assigned point person to help administer medication was removed and replaced it with, "Parent will assess symptoms and assign designee to evaluate and/or medicate."

63. The Parent reported, "[A]fter repeated unsafe incidents and being told by district leadership that [the Student's] 'privacy was not guaranteed' and that [their] medication could be delegated to front office staff despite a known conflict of interest, I made the decision to remove [the Student's] medications from the school entirely.

    This was not because I wanted to deny [the Student] access, but because I was gravely concerned that medications were not being stored, tracked, or administered in compliance with nursing standards, IDEA, or section 504."

    The Parent further stated, "The district then inaccurately documented this as 'voluntary removal of medication,' shifting liability onto me, rather than acknowledging that I removed medication due to lack of trust in their unsafe practices."

64. On October 8, 2024, the Parent emailed the Director (copying the Principal, the Case manager, the Nurses, and the Superintendent) to express concerns about the October 7, 2024 meeting, including the following:

    a. The Parent indicated they were told by the Principal that "[the Student] should have no expectation of privacy during an emergency (when [the Student] needs [their] medicine) and that the nurse has right to delegate protocol to supportive staff," including specific staff members with whom the Parent had conflict of interest concerns about.

b. The Parent wrote, "I was given a copy of procedural safeguards and was told that a general staff meeting takes place so they are informed of students with medical needs … I never signed a medical release allowing my child's medical information to be released to all staff (even those [the Student] doesn't interact with daily) without clarification on what information is being relayed."

c. The Parent stated they "revoked the school from providing medication as I am unsure the staff is accurately following medical protocols and department of education disabilities department expectations and school board policies for children."

The Principal responded, disagreeing "with the content [the Parent] provided in [their] previous email detailing the overview of our meeting on Oct. 7th, as well as [the Parent's] representation of the specific items we discussed in that meeting." The team updated two items "from the original plan," including "[m]oving [the Student's] medication to the main office and having it locked in that location for security reasons"; and in certain situations the "front staff" may need to deliver medication to the Student's location "where a trained staff member would oversee administration of the medication. The Principal stated they "had consulted legal counsel and verified that the school has legal grounds to have these protocols in place when student medication is checked in with us. At the end of the meeting, [the Parent] chose to sign out [the Student's] medication and informed us that [the Parent] or [their] designee would be bringing and administering [the Student's] medication as was needed."

65. In an October 10, 2024 email to the Director, the Parent expressed concerns about the implementation of the Student's IEP and medical plan, and violations of the Student's privacy. The Parent cited information from the Families Educational Rights and Privacy Act (FERPA), stating personally identifiable information can only be disclosed to staff members without prior consent if they "have been determined to have 'legitimate educational interests.'"

66. On October 14, 2024, the Director emailed to notify the Parent that the special education records they requested were ready to pick up.

67. The Parent reported that, on October 14, 2024, the Director gave the Parent "the first IEP ever received, the district had finalized over summer. Did not include medical protocol attached."

68. On October 21, 2024, the District convened an IEP meeting to "[d]evelop or review" the Student's IEP and placement, resulting in an IEP dated October 21, 2024.

69. The Student's October 21, 2024 IEP (October 2024 IEP), included the following changes, in relevant part:

j. Parent Concerns: "Concerns about medical plan, emergency medical plan for field trips."

k. Present Levels: added information, including

Writing: "[The Student's] IEP came with no writing assessment scores."

Functional Performance: "[The Student] experiences… a neurological disorder which is characterized by attacks of pain on one side of the head along with autonomic symptoms, such as tearing up, eye strain, thermal dysregulation, exhaustion, drooping eyes/facial features, 'electric shock' like sensations across [their] body, temporary cognitive 'brain fog' slurred speech, inability to articulate and other impacts. Triggers for this attack can come from overexertion, overheating, illness, pain from other areas in [their] body, eye strain, intellectual functioning and adaptive behavior. ([T]his is not an exhaustive list.) [The Student] also experiences an adjustment disorder which can lead to periods of anxiety and panic attacks, which are treated with medication… would benefit from accommodations to support [their] unique medical needs in the school setting."

l. Annual Goals: revised the reading goal ("Given a 5th to 6th grade level text, [the Student] will decode and comprehend text with 80% accuracy") and added one goal, in the area of math ("Given math intervention curriculum, [the Student] will increase [their] ability from a 5th grade level to a 6th grade level").

How progress will be reported: "2x per year, in writing, near semester report cards."

m. Specially Designed Instruction (SDI): added math (75 minutes per week); all SDI to be provided in the general education classroom and monitored by a special education teacher.

n. Accommodations: changed the wording of several accommodations, and added "Monitor for signs of exhaustion, overheating, droopy eyes, or illness"; "Breaks when tired or hot/cold"; "Non-verbal signal to encourage water consumption"; "Elevator key as needed"; "Designated break areas for management of symptoms as listed in medical plan"; "Paper notes provided"; "Separate setting when requested for assigned work"; and "Check for comprehension."

o. Supports for School Personnel: Consultation to teaching staff (reduced to 30 minutes per quarter); nursing consultation (reduced to 60 minutes per year).

p. Non-Participation Justification: "[The Student] will not be separated from [their] peers as [they] will receive their special designed instruction within the general education setting."

70. In the October 21, 2024 Special Education Placement Determination, the team selected "General education with push-in specially designed instruction," from the two options listed.

71. The District's October 21, 2024 IEP team meeting notes included the following, among other things:

a. The team discussed nursing services and the medical plan. "Parent wants to know exactly what nursing services are being given. Explain formation of medical plan, training staff, and delegating to staff… Parent wants to know who is screening [the Student]. Teachers are screening for physical symptoms throughout the day… Nursing has asked to speak with doctor and [the Parent] has refused to do this. Nursing is asking for medical documentation to be given to the nurses directly … Parent wants to be informed of when the medical plan is updated. Need Dr. medical notes to build the plan… [The Parent] will get the doctor to create a medical plan for the school district to follow. Parent will pick up the student and take them home to give [them] medication. Parent has requested to not call 911."

b. "All medical documents need to be scanned into [the District's computer data system] in the future."

c. "Field trip concerns regarding medicine; nurses will be at the outdoor school field trip… parent picked up medication after this meeting. No medication is remaining at the school… Decided to reconvene to create emergency medical plan for field trips."

d. "[The Case Manager] indicated this is an amendment to the IEP from last year and making corrections to that IEP. Parent said that the IEP had not been completed due to a disagreement. [The Parent] concerned about the timeline for making complaints. [The Case Manager] edited the 'current IEP date' from May 21st to October 21st (today's date)."

72. The October 21, 2024 meeting notes indicated the team reviewed and discussed each section of the IEP.

73. The District provided a copy of an "Updated 10/21/2024" medical plan, almost identical to the "Updated 10/7/2024" medical plan, with a few minor additions.

74. The District issued an October 22, 2024 prior written notice (PWN), stating the Student "has been [at the School] 9 weeks; there are beneficial accommodations to add given [their] unique medical needs; [the Student's] medical plan was updated in the team setting; review of [the Student's] placement to keep [them] with [their] non-disabled peers given the 6th grade schedule."

75. The District reported the following about the implementation of the Student's SDI during the 2024-25 school year:

a. The District stated, "[The Student] received [their] specifically designed instruction in the general education classroom. In the content area of math [they] received SDI during intervention time in [their] homeroom class for about 20 minutes… and about half of that was math lessons on IXL that were targeted to [the Student's] specific strands based on [their] diagnostic results. There were times when [the Student] would do [their] SDI at the

end of class, instead of the beginning like the other students so [they] could work one-on-one with the teacher to go over [the Student's] copy of notes for the lesson [the Student] was working on that day, and do a few practice problems with the teacher so [the Student] understood what to do. In addition, [the Student] utilized [their] separate setting to work on [their] assignments and SDI every day that [the Student] requested it. In the area of Reading, the Student generally received their SDI during the first 10 minutes in each class."

b. The Case Manager reported the Student's SDI was provided by general education teachers, under the supervision of a different special education teacher, the Teacher. The Case Manager remained responsible for monitoring and reporting on the Student's progress on their IEP goals. They asked the Student's teachers for information, which they added to the Student's IEP progress notes.

76. In an October 22, 2024 email, the Director notified the Parent the "[the Student's] academic records" requested were ready to pick up. The District reported these were the Student's general education records.

77. The District emailed the Parent on October 24, 2024, stating, "[E]mails about students are not considered 'student records' unless the email has been included elsewhere in a child's education file… We have checked and for your child, no emails match that description. As such, any/all emails that relate to your child are covered under Oregon's public records laws."

78. On October 29, 2024, the Parent submitted a formal public records request.

79. The Parent noted on November 1, 2024, "Went to Doctor… tried to create a standing order for a medical plan. Doctors said it was a school nurse's job."

80. On November 8, 2024, the District notified the Parent that their public records request was completed and ready to be picked up.

81. According to the Parent, they picked up records in response to their public records request on November 12, 2024.

After reviewing the records provided by the District, the Parent noted, "some records missing. Get medical plan revisions we've never seen, [IEP] changes never seen, PWN that was created after school got out that we'd never received… IEP Documents are missing pages."

82. On March 21, 2025, the Parent emailed the Director and the Superintendent requesting an IEP meeting to discuss an alternative assignment for outdoor field trip and revise the Student's medical plan. The Parent stated they "will be requesting to decline medical consultation services from the school district" and the Parent wanted "[the Nurse] to be removed from interacting with [the Student] in the school," as it was "no longer appropriate for [the Nurse] to be involved in [the Student's] care."

The Superintendent responded, stating the District "could not guarantee [the Nurse's] removal from all interactions, as we only have two school nurses in the district. There may be instances when [the Nurse] is the only nurse available individuals to provide necessary medical support. "

83. In a March 30, 2025 email to the IEP team, the Parent alleged they have "been unable to have meaningful participation in helping create a plan for [the Student] going forward because the district records suggests that [the Director], [the Principal], [the Case Manager] and both nurses lied to me during meeting discussions. It's not ethically beneficial for the team for me to provide updated follow up medical information while I'm concerned about teacher/medical staff's ethics and misinterpretation of education standards."

84. The Parent reported the District convened a meeting on April 18, 2025 to discuss the Parent's concerns about the Nurses (alleged HIPAA violations, falsifying records, lack of documentation), the Case Manager (alleged interference with documents and communication), and the Principal (alleged unprofessionalism, interference, and FERPA issues). The meeting included the Superintendent, the Director, the Principal, and the Parent.

85. On April 21, 2025, the District convened an IEP meeting to discuss the Parent's request to remove nursing services and an outdoor school alternative.

86. The April 21, 2025 Amended IEP (April 2025 Amended IEP) added an accommodation for "Extended time to make up missed work," and an "Emergency Medical Plan" was added under "Supplementary Aids/Services; Modifications."

87. The District's April 21, 2025 IEP meeting notes included the following, among other things:

    a. "Parent is asking that Nurses not be a part of the consultation services… They are currently not providing services… There are not any medical services being provided to [the Student] to date as [the Parent] is providing the medication."

    b. "The team agreed to have the para[professional] stay in the room while [the Student's] meds are kicking in." The team agreed the designated area would be the Teacher's room, with "the nurses area in the event they are not present" as back up. "Buddies are no longer being utilized per [the Student's] request and needs to be removed from the plan… Remove items pertaining to parent checking in at the office on the safety plan."

88. The District provided a copy of an "Updated 4/21/2024" medical plan, which included the following changes, among others:

    a. "[The Student's medication] will be kept in the office. [The Parent] will decide what medication will be given to [the Student] and will communicate that to the front office. Only Medication Administration trained staff, [the Parent] or [the Emergency Contact] will be able to administer medication to [the Student] while [the Student] is at school."

b. "Assigned point person will help administer medication if directed by [the Parent]."

89. The "Updated 4/21/2024" plan did not include the changes discussed at the April 21, 2025 IEP meeting. It is unclear whether this was a draft prepared before the meeting or whether this version of the medical plan was ever implemented.

90. An April 25, 2025 letter from the Director to the Parent regarding the Student's medical plan, and discussions at the April 21, 2025 IEP meeting, included the following information, in relevant part:

a. Regarding the request to reduce interactions between the Student and the Nurses, "the District will continue to honor your request to the greatest extent possible… at the same time, we want to be clear that the District cannot guarantee that [the Student] will not have interactions with, or receive medical support from, District nurses… [they] may need to administer nursing support to [the Student] in the event of an emergency… To date, the need for [the Student] to receive direct services from the nurses has been reduced because of steps you have volunteered to take, such as coming onto campus to administer medication to [the Student] in non-emergency circumstances."

b. Regarding the request to decline medical consultation services as part of the IEP, "the only way this could happen would be if the IEP team were to determine that those services were not necessary for [the Student] to receive a free and appropriate public education… confirmed with legal counsel that districts may not require parents to provide services outlined in the IEP… includes consultative services for District nurses to provide to [the Student's] teachers… District is able and willing to implement all parts of the IEP until the IEP team determines that those parts are not necessary for [the Student] to attend school safely and receive a free and appropriate public education … unlikely that the IEP team would reach that conclusion given that there are components of the medical protocols the teachers need to be aware and have explained to them by nursing staff."

91. A May 12, 2025 email from the Emergency Contact, on the Parent's behalf, to the District expressed concerned that documents from the April 21, 2025 IEP meeting had not been provided, although District stated documents would be provided within three days. Additionally, the Parent had not yet received an IEP progress report.

The Case Manager responded, stating the documents were delayed because the Case Manager "was waiting on information from the District Office regarding nursing protocols[.]"

92. On May 12, 2025, the Case Manager emailed the Parent, stating, "Attached is [the Student's] progress Report from January 25."

The Case Manager subsequently apologized (in a May 21, 2025 email to the Parent) and stated they completed the IEP progress report in February and inadvertently failed to send it to the Parent.

93. The District provided one IEP progress report for the Student containing progress information dated February 11, 2025 and June 9, 2025. The February 11, 2025 progress updates stated:

a. Reading: "Limited Progress" and "[The Student's] winter iReady score indicated a drop of 5 scale score points."

b. Math: "Progressing" and "[The Student's] is making progress and has increased in district assessment performance by one scaled score point."

94. The Emergency Contact emailed the District again on May 13, 2025 and 19, 2025, requesting a copy of the Student's updated medical plan.

95. The District issued a PWN dated May 14, 2025, which stated, "At this time, the district is not willing to remove the nursing consultation outside of the IEP process… However, the district stands ready to reconvene the rest of the IEP team should the family like to propose removing those services from the IEP because those services are not necessary for [the Student] to safely attend school," among other things.

96. In a May 19 to 20, 2025 internal email exchange between the Principal, the Director, and the Case Manager regarding documents requested, the Director stated the changes to the medical plan "were captured in the meeting notes" and the Director could update the plan."

The Case Manager wrote, "Also waiting for the attorney's response before sending the updated IEP/Prior Written Notice.

97. On May 20, 2025, the Case Manager emailed the Parent a copy of the April 2025 Amended IEP documents and indicated the Director would send the Parent the updated medical plan.

98. In a May 21, 2025 email to the IEP team, the Parent requested an "emergency IEP meeting" because of concerns the Parent had after receiving "a [PWN] and a formal district response stating [the District's] position regarding the medical consultation plan[.]"

99. On May 21, 2025, the Director emailed the IEP team, stating they would send an updated medical plan.

It is unclear whether an updated medical plan was sent to the team prior to the May 30, 2025 IEP meeting.

100. In a May 23, 2025 email to the IEP team, the Parents stated, "I am making a Formal Objection and Request for Alternative Medical Consultation for this IEP Meeting… I will attend the IEP meeting… under protest due to the continued inclusion of [the District Nurses]. As previously documented, we have raised clear and ongoing concerns regarding these two staff member[']s] involvement as well as their professional ability to understand their role and the

negative impact it has had on [the Student] and our ability to meaningfully engage in the process."

The Director responded, "We work to accommodate parent requests whenever possible however, there are times when staffing limitations and resource availability make certain requests unfeasible. Your request to exclude [the District Nurses] – our assigned nursing staff - from [the Student's] IEP team would require the District to secure a third-party provider not currently contracted or available. At this time, we are unable to fulfill that request… Your concerns regarding their involvement will be documented and reflected in the Prior Written Notice related to the upcoming IEP meeting."

101. The Parent submitted a "Parent Statement for Emergency IEP Meeting (May 30, 2025)," which stated the Parent was attending the meeting under protest and their "participation and presence at the meeting should not be interpreted as agreement with the current team composition, nor with all aspects of the IEP process or decisions being made here today," among other things.

102. The May 30, 2025 Amended IEP (May 2025 Amended IEP) reflected the IEP team's determination that the Student was not eligible for extended school year services.

103. The District's May 30, 2025 IEP meeting notes included the following information, in part:

a. Parent reported, "Issues with mistakes happening… Specific issues about medical protocol, Hippa [*sic*] violations, [the Student] not comfortable talking about [their] needs with the team, doesn't feel that the medical plan is in place."

b. The Parent stated the Student needed triage and assessment, not nursing. The Parent did not want to bring the Student's medication back to the School.

104. The Parent's May 30, 2025 meeting notes including the following, among other things:

a. The Parent did not want the Student's medication stored in the School. Assessments of the Student would come from the family. The School should only call 911 if the Student is in significant pain. The Director asked the Parent to have the Student's medical provider review the plan. The Parent stated that was not necessary.

b. The Parent stated the Student is choosing for the Nurses to not be involved in the medical plan. But if there is an emergency, the family is not taking liability or blame. "We are not going to say we are not going to allow nurses not to do emergency protocol for the school."

105. The District issued a May 30, 2025 PWN, which listed the changes made to the Student's IEP and medical plan.

106. The District provided a copy of an "Updated 05/30/2024" medical plan, which included the following changes, among others:

a. The designated peer escorts were removed. The Case Manager's involvement was removed and the designated break room for downstairs was changed to "Downstairs Nursing Station."

b. Panic attack symptoms were added (hyperventilating, dizzy, may run away, pale, sweaty, fight or flight response, will refuse to put anything on their face, emotional, crying, and may faint).

c. If "[e]xperiencing multiple episodes an assessment needs to be completed by [the Parent]." "If a combination of multiple symptoms/significant pain and parent or emergency contacts are not available then call 911."

d. "District nurses may need to administer nursing support to [the Student] in the event of an emergency (e.g., cardiac arrest, anaphylactic shock, seizures), etc."

107. On June 10, 2025, the Director sent the Parent a copy of the District's May 30, 2025 meeting notes.

108. The Parent responded to the Director and the IEP team on June 13, 2025, with a "Request for Correction and record inclusion" regarding the District's meeting notes, stating, "[the Student's] record is currently incomplete nor reflective of specific information and parent participation." The Parent claimed many items were "missing or inaccurately represented," including the Parent Protest Statement; "[FERPA]-related concerns regarding middle school management staff involvement in previous documented concerns/family disclosure"; "Emotional safety/trust concern with nurses and school management"; "Clarification of liability concerns for medical emergency protocol"; and "Missing medical documentation attachment created during the meeting." The Parent requested that the Parent's meeting notes be added to the Student's education record "to help balance the perspective of team dynamic and each interpretation of [the Student's] needs to access education."

The Director replied on June 16, 2025, agreeing to include the Parent's meeting notes in the Student's education record.

109. The Student's fourth quarter report card for the 2024–25 school year indicated the Student had a 4.0 GPA.

110. On July 25, 2025, the Parent met with the Director to discuss the Parent's ongoing concerns.

111. On July 26, 2025, the Parent emailed the Director, "sharing [the Parent's] understanding of the dialog and current next steps" discussed at their July 25, 2025 meeting. The Parent included the following requests, among other things:

a. The District's April 25, 2025 letter and the May 14, 2025 PWN contained inaccurate information and the Parent "requested correction."

b. The Parent asked that the Student's medication be stored in the Teacher's room and the Teacher be trained to administer medication to the Student.

c. The Parent requested (1) an education service district (ESD) nurse; (2) a named "designated paraeducator/staff member"; and (3) a writing goal be added to the Student's IEP.

d. "Parent asked that any denial of requests…be clearly documented in writing with a definitive 'no,' to allow the family to exercise procedural safeguard options appropriately."

112. In an August 1, 2025 email to the Parent, the Director responded to the Parents requests, providing an explanation for each decision.

a. In response to the request to amend documents, the Director declined to remove "volunteered removal of medication" from their April 25, 2025 letter to the Parent because the Parent "opted to remove the medication from the school, and this was not something that was requested by the District." The District also declined to change the date of the May 14, 2025 PWN as that "is the date of which the PWN was sent, not the date of the actual IEP meeting."

b. "Having controlled substances delivered by staff in the classroom is not an option due to safety and privacy concerns."

c. At the upcoming IEP meeting on August 21, 2025, the team would discuss the request for a writing goal, as well as an ESD nurse "be added to [the Student's] IEP or to be used to provide training to district staff… Generally, those supports would only be added/included in the IEP if the IEP team found they were necessary for the Student to receive a FAPE… Similarly, [the Student's] IEP would only reference a specific individual of the team determined that only one specific person, and nobody else, is able to provide a FAPE to [the Student]."

113. On August 21, 2025, the District convened an IEP meeting to review the Student's IEP and medical plan.

114. The August 21, 2025 Amended IEP (August 2025 Amended IEP) included the following changes, in relevant part:

a. Parent Concerns: "Parent stated [they do] not feel comfortable with nursing staff and the family will not be contributing to the conversation today and will not agree to any changes."

b. Accommodations: added "Ability to move seats within the classroom if light from windows, overhead, or screen is impacting [the Student]."

115. The District's August 21, 2025 IEP meeting notes included the following information, in relevant part:

a. The Parent stated they want "nursing assignment change to a nurse provided by the ESD and [they do] not want to work with any/either of the nurses currently employed by the district."

b. "Parents stated that [they] will not be part of any team discussions nor [are they] agreeing to any decisions today."

c. The team reviewed the medical plan. The Director asked the Parent "to confirm that the information about [the Student's] anaphylaxis shock was correct, [the Parent] declined to share any information or ask any questions."

d. "The parent is in disagreement with the statement 'District nurses may need to administer nursing support to [the Student] in the event of an emergency[.]'"

e. "A teacher asked [the Parent] if it is okay to ask [the Student] if [they are] having symptoms. [The Parent] responded that the teacher should not be alone with [the Student] as they are in conflict with the district. [The Parent] recommends to the teacher that [they] should have a witness when talking to [the Student]."

f. The Parents asked for "clarification on what to do when [they need] a record corrected." [The Director] informed [the Parent] that [they] could submit in writing [their] input regarding the meeting minutes and that [the Parent's] document would be attached to the district's meeting minutes so it would be a part of [the Student's] educational record."

g. "[The Director] shared we do have nursing staff to support [the Student's] needs therefore staffing would not be changed because of personality conflict."

h. "The parent requested medical services be removed from IEP as [the Parent] provides the medication and can teach/train the staff…. [The Parent] then shared that [the Parent] is refusing nursing care until [the Student] passes out or unless an extreme emergency occurs."

116. The District issued an August 21, 2025 PWN, which stated the IEP team met to update and review the Student's IEP and medical plan. The Team agreed to add an accommodation to the IEP for the option to move seats within the classroom. No edits were made to the medical plan. The team also discussed some potential changes that could be made at the Student's upcoming annual IEP meeting in October 2025, including adding a writing goal and putting text from the medical plan in the IEP rather than in a separate document.

117. On August 26, 2025, the Parent filed this Complaint.

IV. DISCUSSION

When IEPs Must Be in Effect

The Complaint alleged that the District violated the IDEA by not providing special education and related services in accordance with the Student's IEP.

School districts must provide special education and related services to a student with a disability in accordance with the student's IEP.[3] As soon as possible after the development of the IEP, the services included therein must be made available to the student.[4] The district must ensure that each staff member, including service providers, has access to a student's IEP and is informed of their specific responsibilities for implementing the IEP and the specific accommodations, modifications, and supports in accordance with the IEP.[5] "IEP Teams and other school personnel should be able to demonstrate that, consistent with the provisions in the child's IEP, they are providing special education and related services and supplementary aids and services."[6]

An IEP must include a description of how the child's progress towards meeting their annual goals will be measured and when periodic reports on their progress will be provided.[7] "IEP Teams must implement policies, procedures, and practices relating to… how a child's progress towards meeting annual goals will be measured and reported," to ensure that the district offers "an IEP reasonably calculated to enable a child to make progress appropriate in light of the child's circumstances."[8] "IEP Teams should use the periodic progress reporting required [by the IDEA] to inform parents of their child's progress."[9]

Not every instance of a school district failing to implement a student's IEP constitutes a violation of the IDEA.[10] "[A] district does not violate the IDEA unless it is shown to have materially failed to implement the child's IEP. A material failure occurs when there is more than a minor discrepancy between the services provided… and those required by the IEP."[11] A student's educational progress, or lack thereof, is probative but not determinative, of whether the failure to implement the IEP was material.[12]

There were five IEPs implemented during the complaint period (the May 2024 IEP, the October 2024 IEP, the April 2025 Amended IEP, the May 2025 Amended IEP, and the August 2025 Amended IEP). The primary contention was related to the Student's IEP accommodation for a

[3] OAR 581-015-2220(1)(a); 34 CFR §300.323(c).
[4] OAR 581-015-2220(2)(b); 34 CFR §300.323(c)(2).
[5] OAR 581-015-2220; 34 CFR §300.323.
[6] Questions and Answers on *U.S. Supreme Court Case Decision Endrew F. v. Douglas County Sch. Dist.,* Re-1, 71 IDELR 68 (EDU 2017).
[7] OAR 581-015-2200(1)(a); 34 CFR §300.320.
[8] Q&A on *U.S. Supreme Court Case Decision Endrew F.*, 71 IDELR 68
[9] Q&A on *U.S. Supreme Court Case Decision Endrew F.*, 71 IDELR 68
[10] *Van Duyn v. Baker Sch. Dist. 5J*, 502 F3d 811, 821 (9th Cir. 2007)
[11] *Id*. at 815.
[12] *Id*. at 822.

medical plan, and there were discrepancies on which versions of the Student's medical plan were implemented during this time. When asked to provide copies of all versions implemented during the complaint period, the District provided medical plans dated August 26, 2024; October 21, 2024; April 21, 2024; and May 30, 2024. The Parent provided different versions of the medical plan, dated August 22, 2024; August 26, 2024; September 23, 2024; and October 7, 2024. It is unclear which versions were drafts and which were definitively implemented.

The Parent claimed the District violated the Student's medical plan on multiple occasions by failing to medically assess the Student's when necessary, and requiring the Student to go to the office during a medical crisis, among other things. However, as it is unclear which versions of the Student's medical plan were implemented and when, it difficult to determine to what extent implementation failures may have occurred. At a minimum, the District did not finalize a medical plan for the Student before the start of the 2024-25 school year.

Although a medical plan was discussed at the August 22, 2024 IEP meeting, additional information was needed to finalize the document. The general plan was to store the Student's medication in both an upstairs and downstairs classroom, rather than the school office as prescribed by the District's medication policy. Internal email exchanges between District staff in August and September 2024 indicated confusion amongst staff regarding the details of the medical plan, leading to the September 12, 2024 incident which delayed the Student's access to medical treatment. Although the team agreed to designate and train additional staff to administer the Student's medication, this never occurred. By October 7, 2024, the Parent removed the Student's medication from the School, which continued through the end of the school year. Finalizing the Student's medical plan was further complicated by the Parent's requests to exclude school staff, including those responsible for managing medications for students at the School. The District showed good faith in considering the Parent's requests for specific staff members to be excluded from working with their Student. In this instance, the District determined it would not be feasible to shift staffing in line with the Parent's preferences. Absent the IEP team's determination that the exclusion of specific District personnel is necessary for the provision of a FAPE, it is the school's responsibility to determine staffing decisions. Parents do not generally have the right to determine which specific staff members will work with, or will be kept away from, their student.

In addition to issues related to the medical plan, the District acknowledged that it did not provide the Parent with any IEP progress reports during the complaint period until May 12, 2025, contrary to the progress reporting requirement in the Student's IEPs.

No evidence was presented to suggest that the District failed to deliver the Student's SDI, or that any implementation failures interfered with the Student's involvement or progress in the general education curriculum. There is insufficient evidence to conclude that the District's errors resulted in a material failure to implement the Student's IEPs.

The Department does not substantiate this allegation.

Access to Student Education Records

The Complaint alleged that the District violated the IDEA by failing to comply with the safeguards required for education records of children with disabilities, and failing to comply with the Parent's request to inspect and review records without unnecessary delay and provide copies of these records to the Parent within the required timeline.

School districts must comply with a parent's request to inspect and review their child's education records without unnecessary delay before any meeting regarding an IEP, and in no case more than 10 business days after the request has been made.[13] OAR 581-015-2300 adopted provisions of FERPA for purposes of ensuring the safeguards required for education records of children with disabilities. This includes all education records with respect to the identification, evaluation, placement, and provision of FAPE to the child. [14] Under FERPA, "education records" are defined as those records that are (1) directly related to a student; and (2) maintained by an educational agency. This does not include records that are kept in the sole possession of the maker, are used only as a personal memory aid, and are not accessible or revealed to any other person except a temporary substitute for the maker of the record.[15] "Maintain" has been interpreted as covering records that are "kept in a filing cabinet in a records room at the school or on a permanent secure database."[16] Therefore, a district "is not required to turn over emails that were not 'maintained' in a physical file or secure electronic data base."[17]

Parents have the right to request that a district amend education records the parent believes are inaccurate, misleading, or violate the student's privacy rights.[18] If requested, the district must decide whether to amend the record within a reasonable period of time. If the district declines to amend the record as requested, the district must notify the parent of the refusal and the parent's right to a hearing.[19] Upon request, the district must provide the parent an opportunity for a hearing to challenge information in a student's records.[20]

A district may disclose personally identifiable information from an education record of a student without consent if the disclosure is to other school officials, including teachers, within the district if they have been determined to have legitimate educational interest.[21] Districts must use reasonable methods to ensure that school officials obtain access to only those education records in which they have legitimate educational interest.[22] "The FERPA regulations requires a school to include in its annual notification of rights under FERPA a statement indicating whether it has a policy of disclosing personally identifiable information under this exception, and, if so, a specification of the criteria for determining which parties are school officials and what the school considers to be a legitimate educational interest… It is the school's

[13] OAR 581-015-2300(3); 34 CFR § 300.501.
[14] OAR 581-015-2300(3); 34 CFR § 300.501.
[15] OAR 581-015-2300(1); 34 CFR § 99.3.
[16] *Owasso Indep. Sch. Dist. No. 1-011 v. Falvo*, 536 U.S. 426 (2002) .
[17] *S.B. v. San Mateo-Foster City Sch. Dist.,* 118 LRP 31608 (N. D. Cal. 04/11/17), aff'd, *Burnette v. San Mateo Foster City Sch. Dist.*, 72 IDELR 147 (9th Cir. 2018, unpublished).
[18] 34 CFR §300.618(a).
[19] 34 CFR §300.618.
[20] 34 CFR §300.619.
[21] OAR 581-015-2300(1); 34 CFR §99.31(a)(1)(i).
[22] OAR 581-015-2300(1); 34 CFR §99.31(a)(1)(ii).

responsibility to determine who is a school official and what the school considers to be a legitimate educational interest."[23]

The District's school board policy for "Education Records/Records of Students with Disabilities Management" stated, "'legitimate educational interest' means a district official employed by the district as an administrator, supervisor, instructor or staff support member… who need to review an educational record in order to fulfill their professional responsibilities, as delineated by their job description, contract or conditions of employment."

There are three issues related to this allegation: whether the District complied with the Parent's request to inspect and review the Student's records and provide copies of these records; whether the District followed required procedures related to the Parent's requests to amend the Student's records; and whether the District disclosed the Student's personally identifiable information with school officials without a legitimate educational interest.

The Parent requested a copy of the Student's education records on October 3, 2024. These were provided in a timely manner, on October 14 and 22, 2024. After reviewing the records, the Parent claimed they included special education documents that had not been previously provided to the Parent. Additionally, the Parent claimed the District failed to provide a copy of one specific document, which the Parent believed should have been in the Student's education records (a medication administration record (MAR) allegedly signed by the Emergency Contact on September 12, 2024). The Parent did not specifically request this document or mention that any documents were missing from the Student's education records provided by the District until the Parent's September 26, 2025 complaint. The record contained conflicting information on whether a separate MAR document existed, in addition to the Student Medication Record provided by the District. There is insufficient evidence to conclude that the District failed to comply with the Parent's request to inspect and review the Student's education records.

The District considered the Parent's request to amend records the Parent believed were inaccurate or misleading. The District notified the Parent when it declined the request to amend records, as well as the reason for the determination, as seen in the Director's April 25, 2025 letter and July 25, 2025 email. Meeting Notes from the August 21, 2025 meeting indicated the District notified the Parent they could submit input in writing regarding their disagreements with the District's meeting minutes, which would be attached to the District meeting minutes and included in the Student's education record. However, there was no evidence that the District informed the Parent of the right to a hearing to challenge the District's decision.

The Case Manager emailed the Student's medical plan and other medical information to all school staff. The Parent expressed concerns to the District about the Student's medical conditions, including that school staff needed to watch for the onset of symptoms and assess the Student, the Student's symptoms could be misinterpreted, and at times the Student may experience muscle weakness making it unsafe for the Student to use stairs or physically move around the School. Because the District had discretion to determine who was considered a school official and what is a legitimate educational interest, there is insufficient evidence to

[23] Letter to Anonymous, 122 LRP 14846 (SPPO, 2021); 34 CFR §99.7.

conclude that the decision to share the Student's medical information with all school staff resulted in a violation of FERPA provisions.

The District provided access to education records as required and acted appropriately in considering the Parent's request to amend records. However, the District erred in not informing the Parent of a right to a hearing to challenge their ultimate decision to not amend the records.

The Department substantiates this allegation in part.

Parent Participation

The Complaint alleges that the District violated the IDEA by interfering with the Parent's ability to participate in decisions with respect to the identification, evaluation, IEP and educational placement of the Student, and the provision of a free appropriate public education to the Student.

A school district must provide one or both parents the opportunity to participate in meetings with respect to the identification, evaluation, IEP, and educational placement of the child.[24] Districts must consider the concerns of the parents for enhancing the education of their child, among other indicators of the student's academic, developmental, and functional needs.[25] "[P]arents have the right to bring questions, concerns, and preliminary recommendations to the IEP Team meeting as part of a full discussion of the child's needs and the services to be provided to meet those needs."[26] While school districts have educational discretion, parents still have the right "to remain informed of, and to participate in, educational decisions concerning their children."[27]

School districts must give the parent a copy of the IEP at no cost to the parent.[28] "Parents must be able to use the IEP to monitor and enforce the services their child is to receive."[29] "Parents and other IEP Team members should collaborate and partner to track progress appropriate to the child's circumstances."[30] If progress is not reported to parents, they cannot determine whether their child is "making expected progress toward his or her annual goals" or whether "the IEP Team must revise, as appropriate, the IEP to address the lack of progress."[31]

In this case, there was a significant amount of communication between the District and the Parent throughout the complaint period. The District responded to the Parent's concerns and scheduled IEP meetings when requested by the Parent. The IEP team listened to the Parent's input and adopted many of the Parent's recommendations and requests. While the Parent disagreed with some of the District's decisions, this does not amount to a lack of meaningful participation at IEP meetings.

[24] OAR 581-015-2190(1); 34 CFR § 300.501(b).
[25] OAR 581-015-2205(1)(b) and (d); 34 CFR §300.324(a)(1).
[26] Letter to Northrop (OSEP 5/21/2013), citing 71 Fed. Reg. 46,678 (2006).
[27] *Pasatiempo v. Aizawa*, F.3d 796, 804 (9th Cir. 1996).
[28] OAR 581-015-2195(5); 34 CFR § 300.322(f).
[29] *M.C. v. Antelope Valley Union High Sch. Dist*., 858 F.3d 1189, 1198 (9th Cir. 2017)
[30] Q&A on *U.S. Supreme Court Case Decision Endrew F.*, 71 IDELR 68
[31] Q&A on *U.S. Supreme Court Case Decision Endrew F.*, 71 IDELR 68

There were some delays in providing the Parent with copies of the Student's IEP, updated medical plans, and other documents. Records indicated the April 21, 2025 Amended IEP was provided to the Parent on May 20, 2025. It is unclear whether an updated medical plan from the April 21, 2025 IEP meeting was ever sent to the Parent. Overall, it is unclear which versions of the medical plan were provided to the Parent, which versions were drafts prepared by District staff in preparation for discussions at IEP meetings, or whether the District made any unilateral changes to the medical plan that were implemented without team discussion.

As previously mentioned, the District did not send the Parent an IEP progress report for the Student until May 12, 2025. However, there is no evidence that the Parent or the rest of the team had concerns about a lack of progress on the Student's IEP goals or that receiving the IEP progress report three months earlier would have resulted in any change to the Student's IEP or educational opportunities.

The Department does not substantiate this allegation.

Free Appropriate Public Education (FAPE)

The Parents alleged that the District violated the IDEA by not providing special education and related services in accordance with the Student's IEP.

Each school district is responsible for providing a free appropriate public education to school age children with disabilities for whom the school district is responsible.[32] In order to determine whether a student has been denied a FAPE, the courts review a district's compliance with the procedural and substantive components of the student's education. Reviewing courts must inquire whether the school district complied with the procedural requirements of the IDEA, and whether the school district met the substantive requirement to develop an IEP reasonably calculated to enable a child to make progress appropriate in light of the child's circumstances.[33]

Not every procedural error is sufficient to rise to a denial of FAPE.[34] The procedural test consists of three pivotal procedural errors: (1) whether the student suffers a loss of educational opportunity;[35] (2) whether the parent's right to participate in the IEP process was infringed;[36] or (3) whether the procedural error caused a "deprivation of educational benefit."[37] Procedural errors rise to the level of a denial of FAPE where, absent the errors, there is a "strong likelihood" that alternative educational possibilities for the student "would have been better considered."[38]

[32] OAR 581-015-2040(1); 34 CFR §300.101(a).
[33] *Endrew F.*, 137 S.Ct. at 999.
[34] *Amanda J. v. Clark Co. Sch. Dist.*, 267 F.3d 877, 892 (9th Cir. 2001) (citing *Roland M. v. Concord 13684 Sch. Comm.*, 910 F.2d 983, 994 (1st Cir. 1990)).
[35] *W.G. v. Board of Trustees of Target Range Sch. Dist*., 960 F.2d 1479, 1484 (9th Cir. 1992).
[36] *Id.*
[37] *Amanda J*., 267 F.3d at 892 (citing *Roland M.,* F.2d at 994).
[38] *M.L. v. Federal Way Sch. Dist*., 394 F.3d 634, 657 (9th Cir. 2005).

While the Student's medical plan should have been finalized before the start of the 2024-25 school year, the Student continued to be successful and make progress in the general education curriculum. There is insufficient evidence to conclude that any errors made by the District resulted in a loss of educational opportunity.

The Department does not substantiate this allegation.

V. CORRECTIVE ACTION

In the Matter of La Grande School District 1
Case No. 25-054-055

Based on the facts provided, the following corrective action is ordered:

Action Required	Submissions	Due Date
1. The District must ensure that all District staff involved in implementing the Student's IEP supports and services receive training in each of the following areas: • Access to student records and providing notice to parents of the right to a hearing to challenge the district's refusal to amend a student's education records; • IEP progress monitoring and reporting; • Providing special education records to parents in a timely manner.	Training agenda/materials to ODE for review/approval. Sign-in sheet for training.	**December 1, 2025** **April 1, 2026**

Dated: this 24 Day of October 2025



Ramonda Olaloye
Assistant Superintendent
Office of Enhancing Student Opportunities

E-mailing Date: October 24, 2025

Appeal Rights: Parties may seek judicial review of this Order. Judicial review may be obtained by filing a petition for review within sixty days from the service of this Order with the Marion County Circuit Court or with the Circuit Court for the County in which the party seeking judicial review resides. Judicial review is pursuant to the provisions of ORS § 183.484. (OAR 581-015-2030 (14).)