BEFORE THE STATE SUPERINTENDENT OF PUBLIC INSTRUCTION

In the Matter of In the Matter of Forest Grove School District 15	))))	FINDINGS OF FACT, CONCLUSIONS, AND FINAL ORDER Case No. 26-054-043

I. BACKGROUND

On March 30, 2026, the Oregon Department of Education received a written request for a special education complaint investigation from the parents (Parents) of a student (Student) residing in the Forest Grove School District 15 (District). The Parents requested 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 Parents 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 April 13, 2026, 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 April 24, 2026.

The District submitted a *Response* on April 24, 2026, denying the allegations, providing an explanation, and submitting documents supporting the District's position. The District submitted the following relevant items:

1. District's Written *Response* to Complaint, 04/24/26
2. Student IEP, 09/25/25
3. Student IEP inclusive of Health Management Plan (HMP), 04/28/25
4. Student Evaluation, 02/21/25
5. Prior Written Notice, 09/25/25
6. IEP Progress Report – Measurable Annual Goals, 12/05/25
7. Meeting notice emails, 04/09/25, 05/22/25, 05/29/25, 09/08/25, 10/01/25
8. Emails, 03/17/26, 03/18/26, 03/19/26, 03/24/26, 03/29/26, 03/30/26, 04/03/26
9. Current HMP, 03/18/26

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

The Parents submitted a *Reply* on April 24, 2026, providing an explanation and rebuttal and documents in support of the Parents' position, as well as additional documents submitted on May 10, 2026. The Parents submitted the following relevant items:

1. Parents' *Reply* to the District's *Response* to *RFR*, 10/24/26
2. Medical Documentation, 02/19/26, 04/07/26
3. Email, 02/24/26
4. District Response to Level 2 Complaint, 04/24/26

The Complaint Investigator interviewed the Parent on May 6, 2026. On May 12, 2026, the Complaint Investigator interviewed District personnel. 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 Parents' 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 March 31, 2025, to the filing of this Complaint on March 30, 2026.

Allegations	Conclusions
When IEPs Must Be In Effect The Complaint alleged that the District failed to implement the Student's IEP, including medical, safety, supervision, and meal-monitoring accommodations.	**Substantiated in Part** The evidence shows the District implemented the IEP as written, provided specially designed instruction (SDI) and related services, and followed the Student's Health Management Plan; however, stating that the student does not require a specified level of supervision is not completely accurate. The accommodations of strategic seating near the instructor and strong peer models, comprehension checks after directions are given, frequent check ins during work time, and Health Management Plan for

(OAR 581-015-2220; 34 CFR §300.323)	metabolic condition are clear indications that the student requires adult intervention and support. Therefore, with the accommodation of the health management plan, it is the adult supervising' responsibility of accommodating student in delivery of the health management plan that should be accurately documented for responsibility and level of support. Additionally, the health management plan specifically states to call parents or 911 as soon as possible for medical crisis with symptoms such as lack of energy, irritability, and weakness requirement judgment.
Parent Participation The Complaint alleges the District failed to ensure the Parent's meaningful participation in the IEP process and failed to provide proper notice of IEP meetings. (OAR 581-015-2190; 34 CFR §300.501)	**Not Substantiated** The District relied exclusively on Parent 1 for scheduling and communication. Parents were notified and afforded the right to participation.
Free Appropriate Public Education (FAPE) Due to the alleged IDEA violations detailed above, the Complaint alleges that the District failed to provide the Student with a free appropriate public education.	**Substantiated in Part** The Student made progress toward IEP goals; however, the District's failure to adequately address the Student's medical needs through the IEP constitutes a procedural violation. Because the medical issues were not fully or appropriately incorporated into the IEP, the Student's ability to participate in their educational program was limited. This procedural violation impeded the Student's right to

(OAR 581-015-2040; 34 CFR §300.101)	meaningful participation in their education and contributed to the Parents' concerns regarding the adequacy of support services and safety.

REQUESTED CORRECTIVE ACTION
1. Review and revise the Student's IEP to ensure all medical, safety, supervision, and meal-monitoring accommodations are clearly documented, including explicit staff responsibilities for implementing the Health Management Plan. 2. Document in the Student's IEP how adult supervision will be provided to ensure timely recognition and response to medical symptoms consistent with the HMP. 3. Train all staff assigned to the Student on the updated IEP and HMP requirements, including timelines for contacting Parents and emergency services. 4. Submit evidence of the updated IEP and health management plan.

III. FINDINGS OF FACT

IDEA regulations limit complaint investigations 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 March 31, 2025. Any facts listed below relating to circumstances or incidents earlier than that date are included solely to provide the context necessary to understand the Student's disability and special education history.

1. The Student is seven years and nine months old and attends an elementary school in the District.

2. The Student received Early Childhood Special Education and was referred for a special education evaluation by their grandmother on September 8, 2022 with expressed concerns for the Student's communication. The Student was found eligible for special education under the category of Developmental Delay.

3. The Student's May 17, 2023 IEP documents special factors: communication, assistive technology devices/services, goals and specially designed instruction (SDI) for receptive and expressive communication, adaptive functioning (self-care routines), no related services, special education teacher consultation, and the following accommodations: visual supports, comprehension checks, prompts and cues, pre-teaching and modeling expected behaviors, movement breaks, preferential seating, shared adult support, and medical protocol.

4. A Health Management Plan (HMP) included in an IEP dated 3/11/2024 reflects a diagnosis of 3-Methylcrotonyl-CoA Carboxylase deficiency (3MCC Deficiency) which is an inherited disorder in which the body is unable to process certain proteins or amino acids. 3MCC

Deficiency results in the body's inability to process certain leucin proteins or amino acids, making the Student sensitive to fasting and low blood sugar. This disease is routinely managed by supplementing with carnitine and rapid emergent treatment if "metabolic crisis" occurs. There is a statement that the Student will likely never experience symptoms of the condition; however the Student is at risk for metabolic decompensation if they don't eat enough or if undergoing lasting or acute illness, signs/symptoms can include: poor appetite, lack of energy irritability, weakness, nausea and or vomiting, involuntary movements, seizures, and if any of these symptoms are noted, to call parents asap or 911 if indicated.

5. An IEP meeting on April 28, 2025 was attended by one of the Parents (Parent 1) as indicated in documentation. Notice was sent to the family on April 9, 2025. The purpose of the meeting was to review the IEP. At this time, the Student had goals in speech therapy, occupational therapy, school routines, and social emotional skills. Accommodations provided were visual supports, comprehension checks, prompts and cues, pre-teaching and modeling behavior, preferential seating, shared adult support, and a medical protocol.

6. The Student's Annual IEP dated September 25, 2025 indicates the Student continued to be eligible for special education under the category of Developmental Delay. The IEP notes the Student's diagnosis of 3MCC Deficiency and that the Student currently has temperature checks 3 times/day to ensure health safety at school. The IEP states the Student has accommodations that address medical needs. The Student understands directions and is beginning to use longer phrases and sentences to express needs and wants. With modeling, the Student is beginning to follow simple 1-step instructions for activities and games. When given literacy or conversational activity, the Student is answering wh-questions with 20% accuracy (1 of 5 opportunities) when given a visual prompt and answers what questions more accurately. The Student has assistive technology and communication accommodations. The Student's Developmental Delay causes weakness in the areas of communication, cognitive, social, adaptive and motor skills make engaging with grade level peers a challenge. The annual IEP goals were developed for behavior, social skills, occupational therapy, speech language, adapted physical education, reading and math. The Student's accommodations are strategic seating, comprehension checks, movement breaks, visual supports for communication, and an HMP. The Parents were not in attendance, and Parent 1 is documented as excused. During a staff interview, staff indicated they called Parent 1 who indicated they were unable to attend and agreed the staff should continue the meeting. An email was sent to Parent 1 on September 8, 2025, with notice of the meeting and procedural safeguards.

7. The District's Response states that the Student's IEP does not include any accommodations related to meal monitoring or supervision. The Student does have a HMP, dated September 18, 2025, which was developed by a Registered Nurse in accordance with physician orders. The HMP does not include provisions for meal monitoring; however, it does require staff to notify the Parent if the Student refuses to eat. While the HMP does require school staff to contact the Parents and/or call 911 under specified conditions, it does not outline any supervision requirements.

8. On April 7, 2026, the Parents provided a letter to the Student's administrators and teachers stating that the Student's global developmental delay affects expressive and receptive speech, as well as motor skills. The Parents also shared concerns with the Student's doctor about an elopement incident at school. The doctor recommended reevaluating the IEP and considering one-to-one assistance because of the Student's flight risk. The doctor also recommended allowing snacks as needed during the school day and providing acetaminophen and ibuprofen if the Student developed a fever.

9. The District's Response reports that, during the IEP meetings convened within the relevant time period of the Complaint, neither Parent raised questions nor expressed concerns regarding the Student's services or support. The Response further indicates that the Parents have more recently expressed concerns outside of the IEP process, and the District plans to address those concerns at the next IEP meeting to avoid any predetermination and to ensure decisions are made within the required special education procedures.

10. The District's Response states that documentation reflects the IEP has been implemented as written and that the Student's needs have been consistently addressed during the school day. Since the 2023–24 school year, the Student has accessed the health room on 16 occasions, during which trained health assistants or school staff provided care in accordance with established protocols. The District asserts that this demonstrates responsiveness to the Student's medical needs and alignment with District procedures and the Student's HMP.

11. The District states that it has not received documentation from any medical provider indicating that the Student's medical needs are not being met in the school setting or that different actions are required. Additionally, the District notes that the Student's attendance patterns closely mirror those of the Student's non-disabled twin, indicating that absences are not attributable to disability-related needs.

12. The District's Response states that meeting notices have consistently listed both Parents. According to the District, coordination of IEP meetings has occurred through the special education secretary and Parent 1, with follow-up notices and reminders sent to Parent 1's email. The District records reflect that both Parents reside at the same address, and the District reports it was never informed that alternative scheduling arrangements were needed. The District further states that Parent 2 has attended only one IEP meeting during the Student's enrollment and had not previously requested to be the primary point of contact or raised concerns regarding IEP-related communication.

13. The District's Response states that on April 9, 2025, Parent 1 was contacted to schedule an IEP meeting – consistent with past practices – and agreed to a meeting date of April 28, 2025. The meeting notice and procedural safeguards were provided to Parent 1 via email on April 9, 2025. On April 25, 2025 the special education teacher emailed the Parents requesting parent input for the meeting with a reminder of the approaching meeting. The annual IEP meeting was held on April 28, 2025 with Parent 1 in attendance via zoom. During the meeting, Parent 1 agreed with the proposed goals and accommodations, and no questions or concerns were raised regarding the Health Management Plan. Parent 2 did not

attend this meeting. A copy of the IEP and related documents was emailed to Parent 1 on 5/29/25.

14. The District's Response states that on September 8, 2025, the District's special education secretary contacted Parent 1 to schedule an eligibility and IEP meeting for September 25, 2025, and a meeting notice was sent the same day. Parent 1 was contacted again on September 24, 2025 to confirm the meeting. On September 25, 2025, the Parents did not attend the meeting. The Case Manager contacted Parent 1 by phone at the start of the meeting, and they reported a last-minute conflict and requested the team proceed without them, with follow-up communication to occur afterward. The District moved forward with the meeting, in accordance with Parent 1's request. Meeting documents were subsequently emailed to Parent 1 on October 1, 2025.

15. The District provided parent notification emails containing IEP meeting notice, Procedural Safeguards, and/or IEP information or requests on the following dates: 10/01/2025, 04/09/2025, 05/22/2025, 05/29/2025, 09/08/2025, 03/17/2025, 04/08/2025, 04/17/2025, 04/18/2025, 04/24/2025, 05/01/2025, 05/02/2025, 05/22/2025, 05/22/2025, 09/25/2025, 10/23/2025, and 12/18/2025.

16. An email dated May 27, 2025 between District staff members stated the Parent had called and the Student was in the hospital and has been since Sunday with symptoms of fever, vomiting, and shakiness.

17. The District's Response stated since the 2023-24 school year, the Student has accessed the health room on 16 occasions, during which care was provided by trained health assistants and/or school staff in accordance with established protocols. The District has been responsive to the students' medical needs and has provided appropriate support consistent with District procedures and the students' plan. The District has never received documentation from a medical provider stating that the students' medical needs are not being addressed in the school setting or that staff should be doing something different to meet the students' needs.

18. District provided an email from the Student's teacher to the Parents on 02/24/2026 stating that after talking to the school nurse and sped coordinator, the teacher planned to track food and intake. They will begin printing lunch/breakfast menus, we will circle food choices the Student made and write a note about how much the Student ate. They will also record the snacks the Student eats in the classroom. The printed-out menu will be going in the Student's backpack each day. If the Student does not eat all meals, the teacher will be notified to issue the Student their protein drink. They will store protein shakes in the classroom where they are accessible. They will reach out if showing any signs of low blood sugar. Staff initiated this meal monitoring plan. On 03/03/2026 the teacher emailed the food tracker home indicating they missed the Student's backpack.

19. The District's Response stated that the family has not previously indicated that the Student's absences are attributable to disability-related needs not being met in the school setting.

20. The Student's IEPs and corresponding meeting notices provided by the District document the Parent's participation via Zoom on February 21, 2025, and April 28, 2025, IEP meetings. The IEP dated September 25, 2025, documents that the Parent was unable to attend.

21. The Parents requested access and copies of the Student's records; specifically noting comprehensive documentation of IEPs, including evaluations, re-evaluations, progress reports, meeting minutes and amendments on March 18, 2026. The District emailed the requested documents on March 19, 2026.

22. On March 30, 2026, the Parent emailed a request to visit the Student's classroom. On April 3, 2026, the Principal emailed a response to the request with documentation of the District's policy KK linked for reference to school visits. Additionally, the Principal offered the Parent the opportunity to coordinate the visit through email.

23. Staff interview May 12, 2026, staff member indicated they would be ensuring all accommodations, supports, and supervision that are being conducted outside of the classroom are documented in the IEP. She indicated once she found out the food monitoring and documentation of food intake were happening; she indicated what was happening needed to be documented within the IEP.

24. Health Management Plan dated 03/18/ 2026 was shared following the May 12, 2026, staff interview. This health plan has adjusted language to previous HMP's. If Student is vomiting, has altered mental status, lethargy, or problems breathing call parents and RN immediately. If the Student shows signs of low blood sugar and is having an episode call RN and parents. Please inform the family if the Student is not eating snacks and meals. If the Student is shaky, dizzy, or sweating check blood sugar and if has not eaten in 3 hours call Parents and RN. If symptoms are severe call 911 immediately. Ensure EMS has the form to outline care in HMP.

25. During the May 6, 2026, interview, the Parent expressed concern that the Student's IEP was not implemented in a manner that met the Student's health needs, referencing a medical incident that occurred on May 10, 2024, during which the Student was transported from school to the hospital. Because the referenced incident occurred on May 10, 2024, it falls outside the timeline for this investigation.

26. The Parent stated concern with not being able to receive video surveillance of the May 10, 2024, medical incident. The District response was the medical incident the parent references in this complaint took place on 5/10/24. The District does not have audio or video surveillance in classrooms, and any other audio or video surveillance is only retained for 30 days.

27. On April 22, 2026, Teacher 1 response to grievance and medical incident taking place on 5/10/2024. Student was in her group with an instructional assistant, parent volunteer, and two other students. Student has a bit of Gatorade, water, pirate booty, Chex mix at the first snack time. The student had water and most of uncrustable at lunch time. Towards the end of the day at about 1:00 pm we walked to the entrance and played I-spy. It was a hot day,

and we took several shade/water/bench breaks during the day. Several times throughout the day the Student was using full sentences and phrases about animals. I did not notice any concerns. I did not ride the bus home with them.

28. On April 22, 2026, Teacher 2 response to grievance and medical incident taking place on 5/10/2024. We went on a zoo trip on the field trip the Student was with staff member the whole day. Happy and engaged. We got back to HC and went to the playground. We came in and were walking a child to the office to go home when I noticed the Student had started shaking. The health aide took their temperature. It was high but I do not recall what it was. She stayed with him and a staff member called 911 and the parent. Parent 1 was already here to pick them up and came right to the office. Fire personnel came and were taking the Student's info. I was standing and talking to a firefighter coming back from the zoo.

29. On April 22, 2026, Staff member 1 response to grievance and medical incident taking place on 5/10/2024. The Student went on a field trip to the Oregon Zoo. Upon return in the afternoon, the class went out to an extra recess. Teacher brought them into the office. The Student was visibly shaking upon arrival to the office. Our health aide at the time attended the Student and took the temperature. She asked me to call 911 and the parent. I believe I called mom. The paramedics and mom arrived at the school, and the student was transported by ambulance for medical attention.

30. Although the incident that occurred on May 10, 2024, falls outside the one-year jurisdictional window for complaint investigation under OAR 581-015-2030, the information provided about that event is included solely as contextual background. The prior medical emergency, during which 911 was called for the Student, illustrates the seriousness of the Student's underlying medical condition and underscores the importance of ensuring that the IEP accurately documents the Student's individualized medical, supervision, and safety needs. This contextual information is not used as the basis for findings or corrective action but helps inform the understanding of the Student's medical vulnerability and the need for clear procedures within the IEP.

31. The Parent provided images of the documents from the formal complaint filed in accordance with District Policy KL. The parent requested video footage of the Student's elopement from the gym without supervision which occurred on March 24, 2026. The district responded that since the request was made to review the video was beyond 30 days that the video would no longer be available.

32. Parent request was made for the twin students to be placed in the same classroom based on one student's disability-related needs. The District's response to the grievance states that school staff were directed to review the students' progress with the Assistant Superintendent and the parents, and that if consensus could not be reached, the Assistant Superintendent would make a final determination within two days.

33. The District's response to the complaint states, generally, classroom assignments are a general education process guided by District policy. Per School Board Policy JECD, classroom

assignment decisions are made at the building level by the principal, with a student's overall welfare as the primary consideration. While families may provide input regarding their child's needs, final placement decisions are based on multiple factors, including academic and social balance, program needs, staff recommendations, and available space. Parent is framing the need for the Student to attend the same classroom as their twin as a disability-based need/accommodation, the District has moved forward with convening an IEP meeting to discuss whether attending the same class as the twin is necessary for the Student to receive a free appropriate public education ("FAPE"). The Complaint is the first that the Parent has framed this request for the siblings to be in the same class as a disability-based need.

34. On March 30, 2026, the Parents filed this Complaint.

IV. DISCUSSION

When IEPs Must Be In Effect

The Complaint alleges that the District failed to implement the Student's IEP, including medical, safety, supervision, and meal-monitoring accommodations.
(OAR 581-015-2220; 34 CFR §300.323)

The evidence shows that the District implemented the IEP as written, provided specially designed instruction and related services, and followed the Student's Health Management Plan (HMP). However, the District's assertion that the Student did not require a level of supervision is inconsistent with the accommodations documented in the IEP and HMP. The IEP includes accommodations such as strategic seating near the instructor and strong peer models, comprehension checks after directions, and frequent check-ins during work time. These supports, combined with the HMP for a metabolic condition, indicate that the Student requires ongoing adult monitoring and intervention throughout the school day. Staff communicated outside of the IEP to develop a food intake and monitoring process, which indicated more support and documenting than what was identified in the IEP. Additionally, the student's communication expressive needs necessitate a way to safely communicate health concerns and is currently dependent on adult supervision for meeting the needs in the HMP.

In addition, interviews, and documentation show that the Parents have consistently provided updated medical information to the District, and IEP meeting records reflect the ongoing discussion of the Student's health-related needs. Despite this, staff reported providing supervision, snack monitoring, and other health-related supports that were not explicitly documented in the IEP. When staff are routinely implementing supports that are not written into the IEP, the IEP no longer accurately reflects the Student's individualized program or the level of supervision required to ensure access to instruction.

The HMP further specifies that staff must contact the Parents or call 911 immediately in the event of a medical crisis. The lack of clear, documented responsibilities within the IEP for monitoring symptoms and initiating emergency procedures contribute to inconsistent implementation and delayed notification ensuring safety of the Student.

Given the nature of the Student's medical condition and communication needs, the degree of supervision required to ensure safety, the IEP team must adequately and accurately document the Student's individualized medical, supervision, and safety needs within the IEP. Clear documentation is necessary to ensure consistent implementation across staff and to support the Student's access to a free appropriate public education.

The Department does substantiate this allegation, in part.

Parent Participation

The Complaint alleges the District failed to ensure the Parent's meaningful participation in the IEP process and failed to provide proper notice of IEP meetings.

The evidence shows the District provided notice of IEP meetings to both Parents and afforded them the opportunity to participate, as required under OAR 581-015-2190 and 34 CFR §300.501. Although the District relied primarily on Parent 1 for scheduling and communication, the documentation reflects that both Parents received meeting notices and were provided access to the IEP process.

However, the investigation identified an area where the District's practices could be strengthened. Relying exclusively on one Parent for communication may inadvertently limit opportunities for full participation when both Parents hold educational decision-making rights. The District can improve its procedures by ensuring that both Parents are consistently informed of IEP scheduling efforts, invited to participate in meetings, and provided with updates. Additionally, the District may consider asking Parents to identify their preferred communication method and clarify expectations when one Parent is unable to attend, to ensure that both Parents remain fully engaged in the decision-making process.

The Department does not substantiate this allegation.

Free Appropriate Public Education (FAPE)

Due to the alleged IDEA violations detailed above, the Complaint alleges that the District failed to provide the Student with a free appropriate public education.

The evidence demonstrates that the Student made progress toward IEP goals; however, the District did not adequately address the Student's medical needs within the IEP during the period under investigation. The Student's Health Management Plan (HMP) identifies specific medical risks and requires immediate parent notification or emergency response when symptoms of concern are observed. Because the monitoring responsibilities of these medical needs were not fully or appropriately incorporated into the IEP, the District did not ensure that staff had clear, documented responsibilities for monitoring the Student or responding to emerging symptoms.

Interviews and documentation show that the Parents consistently provided updated medical information to the District, and IEP meeting records reflect ongoing discussion of the Student's health-related needs. Despite this, staff reported implementing supervision, snack monitoring, and other health-related supports that were not explicitly documented in the IEP. When staff routinely provide supports that are not written into the IEP, the IEP no longer accurately reflects the Student's individualized program or the level of supervision required to ensure access to instruction.

Although the medical incident referenced by the Parents occurred outside the one-year jurisdictional window and cannot be considered for findings, the District's current actions are relevant. The District has indicated that it is now proposing a revised IEP to add medical accommodations and clarify staff responsibilities. The need for these additions at this time demonstrates that the Student's medical and supervision needs were not previously documented with sufficient clarity to guide consistent implementation.

The lack of clear, written procedures within the IEP for monitoring symptoms, providing supervision, and initiating required medical responses resulted in inconsistent implementation of the HMP and limited the Student's ability to participate fully in their educational program. This procedural failure to appropriately document and integrate medical supports into the IEP impeded the Student's right to meaningful access to a free appropriate public education.

The Department does substantiate this allegation, in part.

V. CORRECTIVE ACTION[3]

In the Matter of Forest Grove School District 15 *Case No.* 26-054-043

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

Action Required	**Submissions**	**As Soon As Possible But No Later Than Due Date**
1. The District must convene an IEP team meeting to: • Review the Student's medical needs as outlined in the Health Management Plan.	The District shall submit to the ODE the following: Submit the revised IEP, meeting notes, and evidence of parent	**September 1, 2026**

[3] The Department's order shall include any necessary corrective action as well as documentation to ensure that the corrective action has been completed (OAR 581-015-2030(13)). The Department expects and requires the timely completion of corrective action and will verify that the corrective action has been completed as specified in any final order (OAR 581-015-2030(15)). The Department may initiate remedies against a party who refuses to voluntarily comply with a plan of correction (OAR 581-015-2030(17) & (18)).

• Review medical information provided by the parent in the IEP meeting. • Determine what medical supports, supervision requirements, and emergency-response procedures must be explicitly documented in the IEP. • Update the IEP to clearly define staff responsibilities for monitoring symptoms, responding to medical concerns, and ensuring timely parent notification.	participation to the Department. Submit the revised HMP as part of the revised IEP. Submit a Written Medical Response Protocol that ensures immediate parent notification or emergency response consistent with the HMP; including clear communication pathways for staff when medical symptoms are observed. Evidence showing parents participated in the IEP meeting.	 **September 1, 2026** **September 1, 2026**
2. The District must ensure that all District staff responsible for reviewing, revising, developing, and implementing IEPs for this student receive training in each of the following areas: ● IEP accommodations and supervision requirements. ● Health Management Plan procedures, including timelines for contacting parents or emergency services. ● Documentation expectations when medical symptoms occur. ● Supervision Determinations; ● Prior Written Notices; and ● Parent Participation	Training agenda/materials to ODE for review/approval. Sign-in sheet for training.	**October 1, 2026** **January 15, 2027**

Dated: this 5 Day of June 2026



Ramonda Olaloye
Assistant Superintendent
Office of Enhancing Student Opportunities

E-mailing Date: June 5, 2026

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).)