BEFORE THE STATE SUPERINTENDENT OF PUBLIC INSTRUCTION

In the Matter of South Coast Education Service District	)	FINDINGS OF FACT, CONCLUSIONS, AND FINAL ORDER Case No. 26-054-060

I. BACKGROUND

On May 5, 2026, the Oregon Department of Education (Department) received a written request for a special education complaint investigation from the Complainant, an employee of the South Coast Education Service District (District 1). The Complainant 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 District 1.

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 Complainant and District 1 agree to the extension in order to engage in mediation or local resolution, or for exceptional circumstances related to the complaint.[2]

On May 20, 2026 and May 28, 2026, the Department's Complaint Investigator sent a *Request for Response (RFR)* to District 1 identifying the specific allegations in the Complaint to be investigated and establishing a *Response* due date of June 3, 2026, which was extended to June 19, 2026 through a written agreement between District 1 and the complainant.

District 1 submitted a *Response* on June 19, 2026 and July 1, 2026, denying the allegations, providing an explanation, and submitting documents supporting District 1's position. In lieu of interviews, District 1 submitted written responses from various staff members to questions generated by the Complaint Investigator between September 1 and September 10, 2026. Items submitted by District 1 are included in Appendix A.

The Complainant confirmed their allegations on May 17, 2026 and provided documents in support of the Complainant's position between May 28, 2026 and September 9, 2026. Additionally, the Complainant was interviewed on August 31, 2026 and submitted responses to written questions between September 1 and September 8, 2026. Items submitted by the Complainant are included in Appendix A.

[1] OAR 581-015-2030(12) and 34 C.F.R. § 300.152(a)

[2] OAR 581-015-2030(12) and 34 C.F.R. § 300.152(b)

Records custody involved multiple jurisdictions. While requests were sent to District 1 through District 7, the investigation revealed that District 8 also maintained relevant student files. District 1 then coordinated with District 8 to retrieve these documents. Despite these efforts, no records were provided for a subset of students.

Additionally, the three physical therapy service providers were not available for interviews. Physical Therapist 1 (PT 1) and the Physical Therapy Assistant (PTA) no longer work for District 1, and Physical Therapist 2 (PT2) and one of the service coordinators were on leave.

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 C.F.R. §§ 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 May 6, 2025, to the filing of this Complaint on May 5, 2026.

Allegations	Conclusions
Individualized Education Program (IEP)/Individual Family Support Plan (IFSP) Team The Complainant alleged decisions made regarding the provision of physical therapy services to approximately 40 students on the Complainant's caseload were made solely by administrators since February 7, 2026. (OAR 581-015-2210, OAR 581-015-2205, OAR 581-015-2820; 34 C.F.R. §§ 300.321, 303.343)	**Not Substantiated** While procedural violations were identified regarding four students, District 1 was not the responsible party. The primary liability rested with the Resident School Districts.
When IEPs/IFSPs Must Be In Effect The Complainant alleged District 1 violated the IDEA by failing to provide physical therapy services to meet individual student needs to approximately 40 students on the Complainant's caseload, as required by their IEPs/IFSPs, since February 12, 2025.[3] (OAR 581-015-2220, OAR 581-015-2830; 34 C.F.R. §§ 300.323, 303.114)	**Substantiated** Physical therapy services were not sufficiently provided to students on the Complainant's caseload in February, March, and April 2026.

[3] ODE 26-054-022 addressed this allegation to February 11, 2026.

Allegations	Conclusions
Personnel Qualifications The Complainant alleged that physical therapy services provided to approximately 40 students on the Complainant's caseload were delivered by unqualified personnel since February 7, 2026. (OAR 581-015-2210(1)(g)(B), OAR 581-015-2000(29), OAR 581-015-2700(9)(34)(35)(36), OAR 581-015-2900(4); 34 C.F.R. §§ 300.156(a)(b), 300.207, 303.12, 303.13(a)(7), 303.31)	**Not Substantiated** Physical therapy providers were appropriately licensed by the State Board of Physical Therapy.
Prior Written Notice (PWN) The Complaint alleged District 1 has not issued PWNs for proposed changes to related services for the students on the Complainant's caseload since February 7, 2026. (OAR 581-015-2310(1)(2), OAR 581-015-2745(1); 34 C.F.R. §§ 300.503(a), 303.421(a))	**Not Substantiated** District 1 was not responsible for the provision of PWNs.
Free Appropriate Public Education (FAPE) The Complaint alleged District 1 denied a FAPE to approximately 40 students on the Complainant's caseload by failing to provide required physical therapy services since February 12, 2026. (OAR 581-015-2040; 34 C.F.R. §§ 300.17, 300.101, 303.15)	**Not Substantiated** The obligation for the provision of a FAPE rested with the students' Resident School Districts, not with District 1. Although District 1 was not the entity legally responsible for providing a FAPE, the investigation substantiated that District 1 failed to deliver required physical therapy services that it contracted to provide.

REQUESTED CORRECTIVE ACTION

1. Investigate District 1's violation of stay-put protections.
2. Order immediate reinstatement of in-person physical therapy services delivered by a licensed PT.
3. Require compensatory education for all missed sessions.
4. Require District 1 to issue PWN for any proposed changes to related services.
5. Ensure compliance with qualified-provider requirements under the IDEA and Oregon law.
6. Prohibit administrators from issuing directives that alter clinical practice or service duration.
7. Require corrective action training for administrative staff.
8. Require a written corrective action plan to prevent recurrence.

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 May 6, 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.

Background

District 1 acknowledged in its response that the Complainant went on leave on February 6, 2026, leaving District 1 with one PT until a virtual PT started on March 4, 2026. District 1 acknowledged, "While the personnel change in [District 1's] physical therapy staff impacted the provision of services, [District 1] worked quickly to find staffing to cover the Complainant's caseload and worked with the component school districts to provide compensatory education for any missed services."

Findings for Students with IFSPs

Student A

1. An Individual Family Service Plan (IFSP), dated January 8, 2025 and reviewed on June 11, 2025 and December 8, 2025, included 45 minutes, twice per month, of direct PT services at home from January 8, 2025 to January 7, 2026.

2. An IFSP, dated February 24, 2026, and revised on April 27, 2026, included:
   a. Age 3, Resident District 3.
   b. Eligibility as a student with a developmental delay (DD).
   c. Early Intervention/Early Childhood Special Education (EI/ECSE) Services:
      i. From February 24, 2026 to March 31, 2026:

(1) Physical therapy, provided by a physical therapist (PT) as a direct service, at home, for 45 minutes, twice per month.

ii. From April 1, 2026 to February 23, 2027:

(1) Physical therapy, provided by a PT as a direct service, at an ECSE site, for 45 minutes, twice per month.

d. Gross motor goal:

i. "[Student A] will ambulate independently (minimum 20 feet) without an assistive device, demonstrating a step-through gait pattern (i.e., less of a marked[-]time pattern) with no loss of balance, 3 out of 5 trials" to be observed by parent or staff.

(1) Progress review, April 24, 2026, submitted by PT 1: "Data collection is underway/in process. Insufficient data has been collected to report on measurable progress at this time due to the recent transition to ECSE services (first session on 04/01/26) and [a] limited number of sessions (2 sessions). Focus has been on building rapport and allowing [Student A] to get comfortable in this new setting. Progress toward this goal will be reported at the next scheduled reporting period … [October 16, 2026] after sufficient data has been collected."

(a) Progress was not sufficient to meet the goal. Planned changes included, "Continue physical therapy sessions … and … report on progress as it is observed."

e. Meeting Notes, dated February 24, 2026, confirmed the aforementioned services and indicated the Parents, Service Coordinator 1 (SC 1), a speech-language pathologist (SLP), an administrator, and an occupational therapist (OT) were present for the meeting. Notes indicated "Physical Therapist was excused per parent request."

3. Service logs for Student A included:

a. March 30, 2026, from SC 1: "[The Parent] also asked about physical therapy services. I shared that I am not fully sure what is currently happening with PT, as there is a virtual PT provider, and I am unsure whether they are actively serving [Student A] at this time."

b. April 1, 2026, from PT 1: Virtual physical therapy session with a teacher, teacher aides, and Program Administrator 1 present for 75 minutes of direct service.

c. April 29, 2026, from PT 1: Virtual physical therapy session with teachers and an OT present for 45 minutes of direct service.

Student B

4. An IFSP, dated October 3, 2025, included:

a. Age 4, Resident District 3.

b. Eligibility as a student with deafblindness, deaf or hard of hearing (DHH), and a visual impairment (VI).

c. EI/ECSE Services:

i. From October 3, 2025 to October 2, 2026:

(1) Physical therapy, provided by a PT as a direct service, at an ECSE site, for 15 minutes per month.

(a) Physical therapy as a direct service ended on April 23, 2026 and was documented in a revised IFSP.

d. Modifications/Support for Program Personnel:
    i. From October 3, 2025 to October 2, 2026:
        (1) Physical therapy consultation services, provided by a PT to the ECSE team at an ECSE site, for 15 minutes per month.
            (a) Consultation services were removed on April 23, 2026 in a revised IFSP.
e. Gross motor goal:
    i. "[Student B] will consistently use [their] newfound stability by performing tandem walking for five consecutive steps on a flat floor without losing balance or requiring physical assistance to improve [their] dynamic balance and body awareness."
        (1) Progress was reviewed on April 23, 2026 indicating progress was sufficient to meet the goal.
            (a) Goal removed on April 23, 2026 in a revised IFSP.

5. A Written Agreement, dated April 23, 2026, documented the "... EI/ECSE Program and the Parent agree that an IFSP meeting is not necessary to revise the child's IFSP specified below between annual IFSP meetings." The document was signed and dated by the Parent of Student B and Service Coordinator 2 (SC 2).

6. PWN, dated April 23, 2026, documented the aforementioned service and goal revisions, indicating Student B's "physical abilities do not present a barrier to accessing their learning environment or participating in educational activities alongside their peers."

7. Service logs for Student B included:
    a. April 23, 2026, from PT 1: Direct service for 60 minutes, "Overall [Student B] has met [their] goals to be able to access the school environment from a gross motor perspective. … Recommend discharge from physical therapy at this time."
    b. A screenshot of a communication log provided with a response to written questions indicated that on April 23, 2026, PT 1 "Spoke with [Student B's] [parent] by phone to explain that [Student B] has met [their] goal(s) for physical therapy in the school setting at this time and recommended discharge from physical therapy at this time [*sic*]. We discussed ideas/activities they can do at home to continue [Student B's] progress. [The Parent] was in agreement."

Student G

8. An IFSP, dated December 18, 2025, included:
    a. Age 11 months, Resident District 2.
    b. Eligibility as a student with a "Physical or Mental Condition Likely to Result in Developmental Delay."
    c. EI/ECSE Services:
        i. From January 9, 2026 to December 17, 2026:
            (1) Physical therapy provided by a PT as a direct service at home for 45 minutes, one time per week per the calendar year.
    d. Gross motor goal:

i. "[Student G] will walk independently for 10 feet[,] 3 out of 5 trials[,] to be observed by parents and staff."

9. Service logs for Student G from PT 2 noted:
   a. April 7, 2026: Direct services and physical therapy reassessment were completed at the home for 55 minutes.
   b. April 13, 2026 and April 20, 2026: Family cancellation.
   c. April 27, 2026: The family canceled the "next four scheduled EI PT home visits … ."

Student M

10. An IFSP, dated October 3, 2025, included:
   a. Age 4, Resident District 4.
   b. Eligibility as a student with a DD.
   c. EI/ECSE Services:
      i. From October 3, 2025 to October 2, 2026:
         (1) Physical therapy consultation, provided by a PT at an ECSE site, for 15 minutes, twice per month.
      ii. From October 6, 2025 to October 2, 2026:
         (1) Physical therapy, provided by a PT as a direct service, at an ECSE site, for 15 minutes, twice per month.
            (a) Revision, April 2, 2026: Changed from direct service to consultation and ended on April 2, 2026.
   d. Modifications/Support for Program Personnel
      i. From October 3, 2025 to October 2, 2026:
         (1) Physical therapy consultation, provided by a PT at an ECSE site, for 15 minutes per month.
            (a) Revision, April 2, 2026: Consultation was removed.
   e. Gross motor goal:
      i. "[Student M] will ascend and descend 10-13 stairs with reciprocal gait and utilize a handrail independently" for four out of five opportunities to be observed by [the] PT and staff.
         (1) Progress was reviewed on January 12, 2026 and January 20, 2026, and indicated Student M was making sufficient progress to meet this goal.
         (2) Revision, April 2, 2026, new gross motor goals:
            (a) "Functional speed/pace for school participation with peers."
            (b) "Walk and negotiate functional obstacles in the classroom."
            (c) "Negotiate 15 stairs using handrail at [their] school independently and safely."
               (i) All goals were reviewed on April 22, 2026, and it was noted that Student M was making sufficient progress to meet their goals.
   f. Placement/Revision Meeting notes, dated April 2, 2026, indicated PT 1 participated in the meeting and documented the change in physical therapy consultation. Additionally, notes indicated a family member, PT 1, a service coordinator, a teacher, several SLP's, a subcontractor representative, and a preschool representative were present.
   g. PWN, dated April 2, 2026, documented the aforementioned service and goal revisions.

11. Service logs for Student M did not include any documented physical therapy services after February 4, 2026.

Student P

12. An IFSP, dated July 30, 2025, included:
    a. Age 2, Resident District 3.
    b. Eligibility as a student with a DD.
    c. EI/ECSE Services:
        i. From September 8, 2025 to July 29, 2026:
            (1) Physical therapy provided by a PT, as a direct service, at home for 45 minutes per week.
    d. Gross motor goal:
        i. "[Student P] will ambulate with two[-]hand support for 10 feet for 75% of opportunities" for 75% of structured opportunities, to be observed by staff and family.
            (1) Progress was reviewed on January 27, 2026 and indicated Student P was making sufficient progress to meet this goal.
    e. No relevant revisions to services or goals were noted on the January 29, 2026 revised IFSP.

13. Service logs for Student P noted:
    a. February 13, 2026, from SC 1: "The parents confirmed they received the letter about PT services. I explained that since I typically see them alongside the PT, services will look a little different for now - we will be engaging in more play-based activities and focusing on goals other than gross motor, though I am happy to support any PT-related activities they would like to continue."
    b. March 20, 2026, from PT 2: "[SC 1] and I sent a message to [the] family offering PT services at [District 1] on [T]hursdays at 3:30 [p.m.] starting 4/2/26. Their reply is pending."
    c. April 2, 2026, from PT 2: Direct service for 45 minutes, including "reassessment and resumption of PT services."
    d. April 9, 2026, from PT 2: Direct service for 45 minutes.
    e. April 16, 2026 and April 23, 2026, from PT 2: Family canceled.

Student S

14. An IFSP, dated November 17, 2025, included:
    a. Age 5, Resident District 4.
    b. Eligibility as a student with a DD.
    c. EI/ECSE Services:
        i. From November 18, 2025 to August 31, 2026:
            (1) Physical therapy provided by a PT as a direct service at an ECSE site for 15 minutes per month.

(a) Revision, April 23, 2026: Direct service was removed, and support for program personnel as consultation by a PT for 15 minutes per month at an ECSE site was added from April 23, 2026 to August 31, 2026.

d. Gross motor goal:
   i. "[Student S] will descend a full flight of stairs (10-12 steps) using a handrail and a marked-time pattern with only Standby Assistance (SBA) and no manual cueing, for 4 out of 5 opportunities" to be observed by parents and staff.
      (1) Revision, April 23, 2026, detailed new gross motor goals:
         (a) "By the end of the IFSP period, the student will independently navigate within the classroom environment from activity to activity while safely avoiding static and dynamic obstacles >90% of the time," based on a percentage of physical assistance required for participation in the classroom observed by direct observation and percentage of help required.
         (b) "By the end of the IFSP period[,] able to negotiate ascending and descending the stairs of the bus with minimal to moderate assist[ance]" based on direct observation and Student S ascending and descending the stairs with at least 50% of effort on their own, 100% of the time.
         (c) IFSP participants included a subcontractor representative, a parent, an EI/ECSE specialist/service coordinator, and an evaluator/SLP, PT 1, OT 1, and an autism specialist.
         (d) Team members determining placement included the Parents, the Complainant, several SLPs, a teacher, and an unknown person.
         (e) When asked via written question from the Complaint Investigator about the team composition for this meeting, Program Administrator 1 wrote, "I do not have access to the [ec]Web system for students with IFSP services. I am unable to access these documents or verify this information." Additionally, Program Administrator 1 cited a lack of access to confirm the existence of a PWN for this meeting.

15. An Individualized Education Program (IEP), dated April 17, 2026, included:
    a. Age 5, Resident District 4.
    b. Eligibility as a student with Autism Spectrum Disorder (ASD).
    c. Motor skills goals:
       i. "By the end of the IEP period, [Student S] will independently navigate within the classroom environment from activity to activity while safely avoiding static and dynamic obstacles >90% of the time."
       ii. "By the end of the IEP period, [Student S] will be able to negotiate ascending and descending the stairs of the bus with minimal to moderate assist[ance] in 4/5 opportunities."
    d. Specially Designed Instruction (SDI): Motor skills provided by an Education Service District (ESD) by a PT in a small-group setting for 30 minutes per month from September 11, 2026 to April 16, 2027.
    e. IEP team members included a parent, a case manager, a district representative, an individual interpreting the evaluation, an OT, a special education teacher, several SLPs, a general education teacher, and a service coordinator.

16. PWN, dated April 17, 2026, proposed a FAPE. The IEP team determined services listed in Student S's IEP were required. Teacher and parental input, assessment results, and records were taken into consideration. Not implementing the IEP was considered but rejected, as Student S required services to meet their educational needs. All options were considered by the team.

17. Service logs for Student S noted:
    a. April 30, 2026, from PT 1: Virtual physical therapy session with a teacher present for 30 minutes of direct service.

Student T

18. Meeting notes for an eligibility and IFSP meeting, dated December 9, 2025, did not document a need for gross motor goals and did not include physical therapy services.

19. An IFSP was not provided in the materials.
    a. Age: 4.
    b. Eligible as a student with a DD, dated April 20, 2026.

20. There was no documentation of service or contact after February 3, 2026.

Student U

21. An IFSP, dated November 6, 2025, included:
    a. Age 1, Resident District 2.
    b. Eligibility as a student with a "Physical or Mental Condition Likely to Result in Developmental Delay."
    c. EI/ECSE Services:
        i. From November 14, 2025 to November 5, 2026:
            (1) Physical therapy provided by a PT as a direct service at home for 45 minutes, twice per month.
    d. Gross motor goal:
        i. "[Student U] will independently maintain a prone on hands (straight elbow) position for 15 seconds to engage trunk extensors and shoulder girdle musculature, enabling visual exploration and reading with greater stability" to be observed by staff and parents.
            (1) A Progress Report dated May 5, 2026, indicated Student U made sufficient progress to meet their goal and noted, "... this progress report is based solely on the four documented physical therapy sessions that occurred between 12/5/25 and 1/28/26. As more than three months have elapsed since [Student U] was last observed by an occupational therapist, physical therapist, or early intervention provider, the information presented may no longer reflect [Student U's] current skill."

e. Meeting notes to review progress on goals, dated May 5, 2026, indicated PT 2, family members, and a service coordinator were present, and no changes were made to Student U's IFSP.

22. Service logs for Student U noted the following from PT 2:
    a. March 20, 2026: "[SC 1] and I sent [a] message to [the] family offering PT services at [District 1] on the 1st and 3rd Tuesdays at 1:15 [p.m.] starting on Tuesday 4/7/26. Their reply is pending."
    b. April 7, 2026: Student U did not attend the scheduled appointment.
    c. April 22, 2026: Canceled due to provider illness.
    d. May 4, 2026: Family canceled the May 5, 2026 visit.
    e. May 5, 2026: Documentation included the aforementioned statement regarding progress from the Progress Report of the same date, and included, "… During the documented period, [Student U] demonstrated gradual but meaningful gains in early mobility, including independent rolling with effort, improved tolerance of prone positioning, and emerging quadruped skills. Trunk control was identified as a primary area of difficulty, particularly during supported sitting and supine[-]to[-]sit transitions, due to persistent extension patterns. Continued intervention targeting trunk control, trunk rotation, and sustained weight[-]bearing remains indicated based on the information available during the reporting period for this progress report.'"

Student W

23. An IFSP, dated July 16, 2025, included:
    a. Age 4, Resident District 2.
    b. Eligibility as a student with a DD.
    c. EI/ECSE Services:
        i. From July 16, 2025 to July 15, 2026:
            (1) Physical therapy, provided by a PT as a direct service, in the home or at a regional site, for 45 minutes, four times per month.
                (a) Revision, April 28, 2026: Physical therapy as a direct service, provided in the second and fourth weeks for 30 minutes, twice per month.
            (2) Consultation provided by a PT for 15 minutes, once per month, on the phone or on-site.
    d. Gross motor goal:
        i. "[Student W] will ambulate 20 feet independently and step over a [three] 2-inch barriers without loss of balance and continue to ambulate."
            (1) Revision, January 6, 2026: "[Student W] will walk 20 feet on an uneven surface su[ch] as grass[,] without losing [their] balance."

24. Service logs from PT 2 for Student W noted:
    a. March 20, 2026: Student W's family scheduled physical therapy home visits for the second and fourth Tuesday of the month to start on April 14, 2026.
    b. April 14, 2026: Family cancellation.
    c. April 28, 2026: Direct service for 45 minutes.

25. On March 22, 2026, PT 2 emailed Program Administrator 1 regarding Student W: "I believe this child is currently either weekly or 4x/month - but … this child is walking now, and therefore after I see them on the 14th, I most likely will propose to decrease frequency to 2x/month."

26. PWN, dated April 28, 2026, proposed an action to change services and stated, "[Student W] has made strong progress in [their] gross motor development and is now walking independently. As a result, a reduced frequency of physical therapy is appropriate at this time." PWN included procedures, options, and considered factors.
    a. On September 3, 2026, SC 1 submitted a response to the Complaint Investigator's questions and indicated the revision meeting that resulted in the April 28, 2026 PWN included parents, PT 2, and SC 1. Additionally, SC 1 indicated PT 2 "assumed responsibility for providing physical therapy services for [Student W] during [the Complainant's] absence."

Student AG

27. An IFSP, dated October 16, 2025, included:
    a. Age 2, Resident District 3.
    b. Eligibility as a student with a DD.
    c. EI/ECSE Services:
        i. From October 24, 2025 to October 15, 2026:
            (1) Physical therapy provided by a PT as a direct service at home for 30 minutes, once per week.
    d. Gross motor goal:
        i. "[Student AG] will achieve assisted bipedal mobility using appropriate bracing (e.g., [Knee-Ankle-Foot Orthoses] KAFOs or [Ankle-Foot Orthoses] AFOs and an assistive device (e.g., gait trainer or walker), successfully traversing a distance of 20 feet across a continuous level surface to reach a functional goal (e.g., a toy or person)."
            (1) A Progress Report, dated April 9, 2026, indicated Student AG was making "sufficient progress to meet this goal."
    e. Meeting notes for a six-month progress review, dated April 9, 2026, indicated the IFSP team, including parents, a service coordinator/teacher/representative, a program representative, and the Complainant, met to review Student AG's progress, and it was determined to continue goals and services as written.

28. Service logs for Student AG noted the following from PT 2:
    a. March 20, 2026: "[SC 1] and I sent [a] message to [the] family offering PT services at [District 1] on [T]hursdays at 3:00 [p.m.] starting 4/2/26. [The] [f]amily replied[,] '[P]ut me down and if i cant ill let you [k]now when i have my schedule [*sic*].'"
    b. March 30, 2026: "... PT visits are scheduled and confirmed at [District 1] at 3:00 [p.m.] in April: 4/2-4/16 [2026], canceled per family request 4/23 [2026] and 4/30 [2026] then resuming confirmed PT visits in May on Thursdays at 3:00 [p.m.] at [District 1] starting 5/7 [2026] [*sic*]."

c. April 2, 2026: Direct service for 40 minutes including "reassessment and resumption of PT services."
d. April 9, 2026: Direct service for 60 minutes.
e. April 16, 2026: Direct service for 40 minutes, and the aforementioned family cancellations and future service resumption for May 7, 2026 were noted.

Student AH

29. An IFSP revision, dated February 6, 2025, included:
    a. Age 5, Resident District 4.
    b. Eligibility as a student with a DD.
    c. EI/ECSE Services:
        i. From January 22, 2025 to January 20, 2026:
            (1) Physical therapy provided by a PT as a direct service at an ECSE site for 15 minutes, once per month.
    d. Modifications/Support for Program Personnel:
        i. From January 22, 2025 to January 20, 2026:
            (1) Consultation services to a community preschool provided by a PT at an ECSE site for 15 minutes per quarter.
            (2) Consultation services to the ECSE team provided by a PT at an ECSE site for 15 minutes per quarter.
    e. Gross motor goal:
        i. "[Student AH] will negotiate standard[-]size stairs with [a] single railing with an alternating step pattern ascending and a marking time pattern descending" for 75% of structured opportunities with a structured monthly observation, staff and parent report, goal progress, and documentation as evaluation procedures.

Student AK

30. An IFSP, dated September 26, 2025, included:
    a. Age 2, Resident District 2.
    b. Eligibility as a student with a DD.
    c. EI/ECSE Services:
        i. From September 26, 2025 to October 2, 2025:
            (1) Physical therapy provided by a PT as a direct service at home for 45 minutes, once per month.
    d. Gross motor goal:
        i. "[Student AK] will maintain independent propped sitting for 30 seconds, demonstrating a protective response by extending one arm to the side when [their] center of gravity is challenged by a gentle push" for 75% of structured and spontaneous opportunities and evaluated by structured monthly observation, staff report, goal progress, and documentation.
            (1) Progress was reviewed on April 7, 2026, and indicated Student AK was making sufficient progress to meet this goal.

(2) Progress was reviewed on May 13, 2026, and it was noted, "The progress formulated below is based solely on a chart review of physical therapy service logs that were completed between October 7, 2025 and February 3, 2026," and indicated Student AK was making sufficient progress to meet this goal.

e. Meeting notes for an annual meeting dated March 19, 2026, listed meeting participants as the Parents, SC 1, PT 1, a vision specialist, and an OT, and indicated the IFSP team "reviewed progress on goals and the progress [Student AK] has made with being in the intensive PT unit out of town. There were updates to [Student AK's] gross motor goal since [the Student] has met the objective and [Student AK] will stay in the stander for about 45 minutes. The goal was increased to two 45[-]minute sessions." Additionally, it was noted that "[Student AK] just left the intensive care unit for PT ([Student AK] was there for a few weeks going daily) … and now will begin once a week on Thursdays."

31. Service logs for Student AK did not include any documented physical therapy services after February 3, 2026.

Student AP

32. An IFSP, dated November 6, 2025, included:
    a. Age 1, Resident District 2.
    b. Eligibility as a student with a DD.
    c. EI/ECSE Services:
        i. From November 6, 2025 to November 5, 2026:
            (1) Physical therapy provided by a PT as a direct service at an EI site for 30 minutes, once per week.
    d. Gross motor goal:
        i. "[Student AP] will lizard[-]crawl for 3 feet and pivot in either direction to retrieve a toy for 3 out of five trials," as listed per goal to be observed by parents and staff.
    e. PWN, dated April 27, 2026, documented attempts to serve Student AP and indicated Student AP did not attend their scheduled visits on April 16, 2026 and April 23, 2026. Additional emails and phone calls were documented. It was noted, "At this time we will be closing Physical and Early Intervention services for [Student AP], effective April 27, 2026. If there are any changes in the future and you would like to re-open services, we stand ready to support your family." Additionally, PWN documented the refusal to initiate services and described the proposal, actions, options, and other factors relevant to the refusal.

33. Service logs for Student AP did not include any documentation regarding physical therapy services after February 3, 2026.

Student AT

34. An IFSP, dated June 2, 2025 and revised on January 9, 2026, included:
    a. Age 4, Resident District 2.
    b. Eligibility as a student with an OI.

c. EI/ECSE Services:
    i. From June 2, 2025 to June 8, 2025:
        (1) Physical therapy provided by a PT as a direct service at home, for 30 minutes per month.
    ii. From September 22, 2025 to June 1, 2026:
        (1) Physical Therapy provided by a PT as a direct service at an ECSE site, for 15 minutes per month.
        (2) Physical therapy service coordination provided by a PT as a direct service at an ECSE site, for 15 minutes per month.
            (a) Revision, January 9, 2026: Start dates were adjusted to January 9, 2026.
    iii. Modifications/Support for Program Personnel from September 15, 2025 to June 1, 2026:
        (1) Consultation with the ECSE team from a PT at an ECSE site, for 15 minutes per month.
    iv. Gross motor goal:
        (1) "[Student AT] will negotiate a flight of 10 stairs (up and down) using a side-stepping pattern with both hands on the rail, with no more than 1 loss of balance with supervision" for 75% of trial opportunities to be observed by staff and family.
            (a) Revision, February 24, 2026: Progress was reviewed on January 23, 2026, and Service Coordinator 3 (SC 3) noted, "ECSE [p]hysical therapy services started January 9, 2026. There have not been enough opportunities to report progress."
    v. Meeting notes, dated January 9, 2026, described that a physical therapy evaluation report was shared and services were discussed.

35. Service logs for Student AT noted:
    a. April 15, 2026, from PT 1: Virtual physical therapy session with teacher present for 45 minutes of direct service as a "make-up" for March 1, 2026.

Student AU

36. An IFSP, dated March 6, 2026, and revised on April 29, 2026, included:
    a. Age 1, Resident District 4.
    a. Eligibility as a student with a "Physical or Mental Condition Likely to Result in a Developmental Delay."
    b. EI/ECSE Services:
        i. From May 5, 2026 to March 5, 2027:
            1. Physical therapy provided by a PT as a direct service at home for 30 minutes, twice per month.
    c. Gross motor goal:
        i. "[Student AU] will walk independently for 10 feet, squat to retrieve an object from the floor, and return to stand and walk an additional 10' one time in a session," as stated in the goal and each objective, evaluated by structured monthly observation, staff report, goal progress, and documentation.

d. Meeting notes for an Intake/Evaluation meeting dated March 6, 2026, listed a Parent, an OT, a program representative, and two SLPs as participants, and indicated the IFSP team met to review eligibility requirements, evaluation procedures, and program details.
e. PWN, dated March 6, 2026, described Student AU's eligibility for EI services and included a proposal to initiate services, evaluation procedures, options considered, and other factors considered.
f. Meeting notes, listed a parent, SC 1, and PT 2, dated April 29, 2026, indicated the IFSP team met to review the physical therapy evaluation report, to discuss eligibility for physical therapy services, and to review Student AU's gross motor goal.
g. PWN, dated April 29, 2026, indicated the IFSP team met to review Student AU's gross motor development evaluation. Physical therapy direct services for 30 minutes, twice per week, were added. Evaluations, options considered, and other factors were documented.

37. Service logs for Student AU noted the following from PT 2:
    a. April 23, 2026: Physical therapy evaluation was completed.
    b. April 27, 2026: Physical therapy evaluation write-up was completed.
    c. April 29, 2026: Participated in IFSP/eligibility meeting.
    d. May 5, 2026: Physical therapy direct services for 30 minutes.

Student AV

38. An IFSP, dated February 17, 2026, included:
    a. Age 2, Resident District 2.
    b. Eligibility as a student with a DD.
    c. EI/ECSE Services:
        i. From February 17, 2026 to March 5, 2026:
            (1) Physical therapy provided by a PT as a direct service at home for 45 minutes, four times per month.
    d. Gross motor goal:
        i. "***NEW MARCH 2025: [Student AV] will creep on hands and knees 7 feet with a typical cross crawl pattern to furniture and transition to standing at furniture utilizing a half-kneel, leading with either leg" for 75% of structured opportunities and evaluated by structured monthly observation, staff report, goal progress, and documentation.
    e. PWN, dated February 17, 2026, indicated the team met for an annual IFSP meeting. The Parent of Student AV "... was present and agreed to move forward without a physical therapist at this time. We reviewed [Student AV's] progress, updated services based on [Student AV's] current needs, and established new goals. PT goals were left unchanged for now and will be updated once a physical therapist is available to join the team."
        i. On September 3, 2026, SC 1 submitted a response to the Complaint Investigator's questions and indicated the Team Page for the February 17, 2026 meeting identified the following attendees: A parent, SC 1, a vision specialist, the Complainant, and an OT.
    f. Meeting notes for an annual IFSP Review dated March 6, 2026, listed the following meeting participants: the Complainant, a vision specialist, SC 1, a parent, and an OT, and

described, "The team reviewed [Student AV's] developmental progress and current IFSP goals. A physical therapist was not present for the meeting, so PT goals will remain as written. Once we receive notice that a PT is available to join the team, we will hold an IFSP revision meeting to review and update [Student AV's] gross motor goals as appropriate."

i. In a written response dated September 3, 2026, SC 1 wrote, "Upon review of [Student AV's] record, I was unable to locate documentation of an IFSP meeting held on March 6, 2026. The meeting documentation available in the record indicates that [Student AV's] annual IFSP meeting was held on February 17, 2026."

39. Service logs for Student AV noted the following from PT 2:
    a. March 20, 2026: "[The] [f]amily agreed to home PT services on Tuesdays at 8:00 [a.m.] starting Tuesday 4/7/26."
    b. April 7, 2026: Direct service for 55 minutes.
    c. April 14, 2026: Direct service for 60 minutes.
    d. April 21, 2026: Direct service for 75 minutes.
    e. April 28, 2026: Direct service for 60 minutes. Additionally, the family canceled service for May 5, 2026.

Student AW

40. An IFSP, dated November 5, 2025, included:
    a. Age 2, Resident District 3.
    b. Eligibility as a student with a "Physical or Mental Condition Likely to Result in Developmental Delay."
    c. EI/ECSE Services:
        i. From November 5, 2025 to November 13, 2026:
            (1) Physical therapy provided by a PT as a direct service at home for 45 minutes per week.
    d. Gross motor goal:
        i. "[Student AW] will walk independently for 10 feet without any upper extremity assistance" for 75% of structured opportunities to be observed by staff and parents.
    e. Meeting notes for a revision meeting dated April 29, 2026, listed a parent, PT 2, SC 1, and an OT as participants and indicated, "Physical Therapy services will be provided for 30 minutes, two times per month through direct services."

41. Service logs for Student AW noted the following from PT 2:
    a. On March 20 and March 30, 2026: Home physical therapy visits were scheduled to begin on April 7, 2026.
    b. April 7, 2026: Direct service for 50 minutes.
    c. April 17, 2026: Direct service for 60 minutes.
    d. April 22, 2026: Canceled due to provider illness.
    e. April 28, 2026: Direct service for 45 minutes.
    f. April 29, 2026: Six-month review; a new gross motor goal and a decrease in physical therapy to 30 minutes twice per month were recommended.

g. May 4, 2026: Family canceled service for May 5, 2026.

Student AX

42. The IFSP provided for Student AX, dated May 20, 2026, was outside the Complaint window.
    a. Age 4, Resident District 2.
    b. Eligibility as a student with a DD.

43. Service logs from PT 1 for Student AX noted:
    a. April 15, 2026: Virtual physical therapy session for 45 minutes as a "make-up" for March 1, 2026.

44. On July 27, 2026, District 7 responded to the Complaint Investigator's *Request for Records* indicating they had no additional information regarding Student AX. According to District 7, Student AX was "... an early intervention student and all records are managed through [District 1]. I have had no communication other than one email from [Program Administrator 1] … that included the child in a comprehensive list of students receiving services."

Student BB

45. An IFSP, dated May 30, 2025, included:
    a. Age 3, Resident District 2.
    b. Eligibility as a student who experiences DHH and an Other Health Impairment (OHI).
    c. EI/ECSE Services:
        i. From May 30, 2025 to August 8, 2025:
            (1) Physical therapy provided by a PT as a direct service at home for 30 minutes, once per month.
        ii. From September 2, 2025 to May 29, 2026:
            (1) Consultation from PT to staff at an ECSE site for 30 minutes, once per month.
    d. Developmental areas: "No IFSP goals needed in this area."

46. On July 20, 2026, the Special Education Director emailed Program Administrator 2 to inquire about Student BB: "[Student BB] was noted in prior documents as having had PT services removed from [their] IFSP in May of 2026, but there seems to be a gap in information from December 2025 to May 2026 … . Can you clarify for me when [Student BB's] PT actually ended and whether or not [their] PT services had been provided from December to May?" On the same day, Program Administrator 2 responded, "Compensatory education has been confirmed for eligible students. However, several families have cancelled [*sic*] services, and those minutes have been deducted from the total owed. Additionally, [Student BB] should have received 30 minutes of consultation per month from September [2025] through May [2026]."

47. No physical therapy services or attempts to serve were documented in service logs after November 5, 2025.

Student BC

48. An IFSP, dated September 4, 2025, included:
    a. Age 4, Resident District 2.
    b. Eligibility as a student with a DD.
    c. EI/ECSE Services:
        i. From September 4, 2025 to September 3, 2026:
            (1) Physical therapy provided by a PT as a direct service at an ECSE site for 30 minutes per month.
                (a) Revision, January 30, 2026: The end date for the aforementioned service was changed to April 30, 2026.
                    (i) A Progress Report, dated May 1, 2026, did not include progress for gross motor goals.
    d. Modifications/Support for Program Personnel:
        i. From September 8, 2025 to September 3, 2026:
            (1) Physical therapy consultation to ECSE staff provided by a PT at an ECSE site for 15 minutes per month.
    e. Gross motor goal:
        i. "Stair Navigation: [Student BC] will consistently and independently navigate a standard flight of stairs (approximately 10 steps) with a handrail, utilizing an alternating gait pattern for both ascent and descent" for 75% of structured and functional opportunities evaluated with structured monthly observation, staff and parent report, goal progress, and documentation.
        ii. Revisions from January 30, 2026 included new goals:
            (1) "By the end of the IFSP period, the student will ascend and descend the stairs on the bus with minimal assist[ance] 100% of the time," measured by the percentage and frequency of help and evaluated by observation and data on level and frequency of help.
            (2) "By the end of the IFSP period, the student will independently navigate across the classroom environment from activity to activity with independent transfers 100% of the time," measured by the percentage and frequency of help needed and evaluated by observation and data on the percentage of help needed in the classroom.
    f. PWN, dated April 30, 2026, documented a proposal to initiate/change Student BC's IFSP and included:
        i. "Talked to [the parent] in person about service change for virtual physical therapy. [The parent] signed consent to make physical therapy changes based on goals and program change. Along with signing consent for … physical therapy virtually. Took physical therapy off cover and [Student BC] will continue to see physical therapy [*sic*] for 15 minutes for consultation a month." Proposed actions, evaluation procedures, options and factors were noted.
        ii. When asked via written question from the Complaint Investigator about the team composition for this meeting, Program Administrator 1 wrote, "Thes[e] records are within our ECSE program, which I do not have access to. I am unable to provide these documents or verify anything regarding this student."

49. Service logs for Student BC noted the following from PT 1:
    a. April 27, 2026: Student BC was not available for service.
    b. April 30, 2026: Virtual physical therapy session with Student BC and the teacher for 45 minutes as a "make-up" for April 27, 2026.

Student BD

50. An IFSP, dated April 18, 2025, included:
    a. Age 4, Resident District 2.
    b. Eligibility as a student with a DD and an OI.
    c. EI/ECSE Services:
        i. From May 12, 2025 to April 17, 2026:
            (1) Physical therapy provided by a PT as a direct service at an ECSE site for 30 minutes per month.
    d. Modifications/Supports for Program Personnel:
        i. From May 13, 2025 to April 17, 2026:
            (1) Consultation services to ECSE staff provided by a PT at an ECSE site for 15 minutes per month.
    e. Gross motor goal:
        i. "[Student BD] will mobilize [them]self forward in [their] gait trainer 70 [inches] independently, using a reciprocating gait pattern, moving forward direction to reach a goal such as a toy, then reaching and grabbing it" 60% of the time over four visits and evaluated by structured monthly observation, staff report, goal progress, and documentation.
            (1) A Progress report dated April 3, 2026, listed Student BD's gross motor goal, but did not describe progress toward meeting this goal.

51. An IFSP, dated April 8, 2026, included:
    a. Modifications/Support for Program Personnel:
        i. From April 8, 2026 to April 7, 2027:
            (1) Consultation for physical therapy provided by a PT at an ECSE site for 30 minutes per month.
    b. Gross motor goals:
        i. "By the end of the IFSP period [Student BD] [will be] able to participate in standing school activities for 10 minutes daily with moderate assist[ance]" based on the level of assistance and time in minutes daily, evaluated by observation and number of successful attempts.
        ii. "By the end of the IFSP period [Student BD] [will be] able to participate in sitting school activities with mini[mal]-mod[erate] assist[ance] > 90% of the time" based on level of assistance and percentage of time performed in the classroom and measured by the level of assistance by staff report and observation.
    c. Meeting notes for an annual IFSP dated April 8, 2026, listed the following meeting participants: a representative, a parent, an ECSE Teacher, an SLP, an OT, a nurse, and PT

1. Additionally, notes included gross motor skills as an area of need and noted, "Consultation for physical therapy services to ECSE Staff 30 minutes per month."

d. PWN, dated April 8, 2026, noted a proposal to initiate action, including direct physical therapy services for 30 minutes per month. The actions were proposed because Student BD's IFSP expired. PWN included procedures, options, and considered factors.

52. A service log completed by OT 1 noted on February 26, 2026, "Consultation and planning with PT completed."

Student BG

53. An IFSP, dated March 5, 2025, included:
    a. Age 5, Resident District 4.
    b. Eligibility as a student with a DD.
    c. EI/ECSE Services:
        i. From April 1, 2025 to March 4, 2026:
            (1) Physical therapy provided by a PT as a direct service at an ECSE site for 15 minutes per month.
    d. Modifications/Support for Program Personnel:
        i. PT consultation to ECSE staff at an ECSE site for 15 minutes per month from April 1, 2025 to March 4, 2026.
    e. Gross motor goal:
        i. "[Student BG] will walk with neutral position of [their] feet with a heel[-] to[-]toe pattern on uneven surfaces for 15 feet" for 75% of structured opportunities as observed by staff and parents.

54. An IFSP, dated February 25, 2026, included:
    a. From February 25, 2026 to September 1, 2026:
        i. Physical therapy provided by a PT as a direct service at an ECSE site for 15 minutes, one time. It was noted, "One PT visit is owed from previous IFSP (before PT services were terminated) - to be completed by June 2026."
    b. Gross motor goal: "By February 2027, [Student BG] will jump forward 24 inches with both feet leaving the ground simultaneously and will kick a ball 4 feet without loss of balance" for 75% of structured opportunities as observed by staff and parents.
        i. Progress was reviewed on April 22, 2026, documented by SC 3, and indicated Student BG was making sufficient progress to meet this goal.
        ii. On April 23, 2026, it was noted without attribution, "Recommend discharge from physical therapy at this time."
    c. Meeting notes for an annual IFSP dated February 2[5], 2026, included the following participants: a parent, an ECSE teacher, an SLP, a preschool teacher, and a person knowledgeable about feeding protocols, and did not include notes regarding physical therapy services.
    d. When asked via written question from the Complaint Investigator about a PWN for this meeting, Program Administrator 1 wrote, "I do not have access to [ec]Web to verify this information."

55. Service and contact logs indicated the following for Student BG:
    a. February 10, 2026, from office staff: "Mailed RIS authored letter [*sic*] advising of temporary hold on PT services.
    b. February 10, 2026, from SC 1: "Sent letter about physical therapy services via text message."
    c. April 16, 2026, from PT 1: Attempted visit, but Student BG did not attend.
    d. April 23, 2026, from PT 1: Physical therapy service for 15 minutes. It was noted the plan was to discharge Student BG from physical therapy services.
    e. April 23, 2026, from PT 1, for 15 minutes: Spoke to the parent about ideas and activities to try in the pool. Additionally, "We also discussed that we are moving to consult-only services for the pre-school kids and I explained how this will not really impact [Student BG] much since [Student BG] is a very active and self[-]motivated child and consulting with the teachers to incorporate physical therapy activities into [Student BG's] activities will be the most beneficial for [Student BG]." According to the notes, the parent "was in agreement and appeared to me to understand what I was explaining."

Findings for Students with IEPs

Student C

56. An IEP, dated May 16, 2025, included:
    a. Age 4, Resident District 2.
    b. Eligibility as a student with a DD.
    c. Gross motor goal: "[Student C] will ascend and descend 7-8 (inch) stairs independently with railing[,] utilizing an alternating step pattern."
    d. Related Services: Physical therapy, provided by an ESD by a PT in the OT/PT setting for 60 minutes per month, from September 16, 2025 to May 15, 2026.
    e. Supports for School Personnel: Physical therapy consultation provided by an ESD by a PT for 15 minutes per month, from August 25, 2025 to May 15, 2026.

57. PWN, dated February 12, 2026, stated District 2 informed the family, "Physical Therapy services as required in the student's IEP due to the unavailability of a contracted PT through … [District 1]. [District 1] is actively recruiting to fill this position. Once a Physical Therapist is hired, services will resume. The district proposes to provide compensatory education to address missed Physical Therapy services during the period of service interruption." PWN noted other options considered was an attempt to "reassign" PT services from another provider, contracted agency, or modifying the delivery model "temporarily." Additionally noted was District 2 and District 1 were incapable of securing "an appropriately qualified Physical Therapist" and "No alternative providers were available to meet the student's service needs in compliance with IEP and licensure requirements." Furthermore, District 2 noted they "remains committed" to "resuming services" once a PT was hired.

58. In a March 20, 2026 email to District 2's School Psychologist 1, PT 1 provided "recommendations" for Student C. Recommendations included:

a. Two 30-minute sessions per month.
b. No goal changes.
c. "Functional assessments with progress toward goal can stay as is, or recommend General Physical Therapy evaluation for an assessment."

59. A Consent for Teletherapy dated April 10, 2026, indicated Parent consented to teletherapy with PT 1 through District 1, as indicated with a signature and a date of April 13, 2026.

60. Student contact log for the 2025-26 school year indicated that on April 13, 2026, via phone, Program Administrator 1 contacted the family and "Parent consented verbally to virtual PT services and stated they would complete the consent form emailed to them on [April 10, 2026]."

61. A services delivered history document for the 2025-26 school year indicated:
    a. March 30, 2026, physical therapy in an individual setting for 30 minutes completed with PT 1.
    b. April 16, 2026, gross motor skills in a group setting for 30 minutes with Special Education Teacher 1.
    c. April 23, 2026, gross motor skills in a group setting for 30 minutes with Special Education Teacher 1.
    d. April 30, 2026, gross motor skills in a group setting for 30 minutes with Special Education Teacher 1.

Student D

62. An IEP, dated May 6, 2025, included:
    a. Age 9, Resident District 3.
    b. Eligibility as a student with an orthopedic impairment (OI), a VI, and a DD.
    c. Motor skills goal: "[Student D] will ambulate in [their] gait trainer for 10 feet with alternating gait pattern and moderate manual and verbal assist for 75% of structured opportunities to be observed by educational staff and related services staff by May 2026."
    d. SDI: Gross motor instruction provided by "Regional" by a PT at home for 30 minutes per week, from May 7, 2025 to May 5, 2026.
    e. Related Services: Physical therapy provided by "Regional" by a PT at home for 30 minutes per week, from May 7, 2025 to May 5, 2026.
    f. Accommodations from May 7, 2025 to May 5, 2026:
        i. A stander, provided by "Regional," by a PT at home for 30 minutes per month.
        ii. A Kaye Bench with postural support, provided by "Regional," by a PT at home for 30 minutes per month.
        iii. A gait trainer, provided by "Regional," by a PT in a special education setting for 30 minutes per month.
    g. Supports for School Personnel: Physical Therapy consultation provided by "Regional," by a PT for 120 minutes per year, from May 7, 2025 to May 5, 2026.

63. No physical therapy services were documented in service logs after January 28, 2026.

64. On February 11, 2026, District 3 emailed Program Administrator 1 to share that Student D's family was "... requesting comp[ensatory] ed[ucation] as they do not want to receive services until current PT is available again." On the same day, Program Administrator 1 responded, "If you agree to that as an offering of [a] FAPE then that is fine; it is ultimately your decision. I will keep track of comp[ensatory] ed[ucation] owed on my end and share that with you as well."

65. PWN, dated February 13, 2026, indicated: "... [District 3] was notified that PT services were unavailable at this time. [District 3] called the family and the family requested compensatory education as they did not want to have to transition to a new PT and back if/when the previous PT was available again. [District 3] agreed to compensatory services." PWN noted the pause in PT services and the option for the alternative provision of physical therapy services was declined.

66. On March 26, 2026, District 3 emailed the Parent of Student D regarding physical therapy services, "I am currently meeting with [the] PT supervisor from [District 1] and wanted to inform you that [the Complainant] is still out and there is not a return date established. There is a virtual PT that can provide virtual services with an in-person support person."

67. PWN, dated March 31, 2026, indicated that after a conversation with the family, District 3 offered virtual physical therapy services, which the family declined and requested compensatory services for the time missed.

68. In response to written questions posed by the Complaint Investigator, Program Administrator 1 believed the following email they sent on June 11, 2026 to District 3 was referring to Student D: "When we spoke about PT services and our offering of a virtual PT, the family declined. I understand that you and [the] family agreed to accrue compensatory education. … compensatory services for the [S]tudent are something we can support, but it means an increase in your order [for services from District 1]."

Student E

69. An IEP, dated June 11, 2025, included:
    a. Age 15, Resident District 4.
    b. Eligibility as a student with an OI and DHH.
    c. Functional mobility goal: "[Student E's] functional needs within the school environment, focusing on [Student E's] physiological well-being, opportunities for visual engagement, and maximizing [Student E's] limited purposeful movement for interaction by the end of the next IEP Cycle in 3 out of 5 opportunities by teacher observation and/or data."
        i. An IEP Progress Report, dated June 9, 2026, included an update on functional mobility and noted insufficient data toward the goal, "IEP just held please check present levels."

d. Related Services: Physical therapy provided by Regional Programs by a PT/Licensed Physical Therapy Assistant (LPTA) in all school settings for 60 minutes per month, from June 12, 2025 to June 10, 2026.
e. Accommodations from June 12, 2025 to June 10, 2026:
    i. Wheelchair/Equipment clinic provided by an ESD by a PT/LPTA in all school settings for 60 minutes yearly.
f. Supports for School Personnel: Physical therapy consultation provided by an ESD by a PT/LPTA for 90 minutes per month, from June 12, 2025 to June 10, 2026.

70. Service logs for Student E noted the following for PT 1:
    a. April 30, 2026: Virtual physical therapy session with Student E, two educational assistants, and a nurse for 60 minutes.

Student F

71. An IEP, dated April 24, 2025, included:
    a. Age 11, Resident District 4.
    b. Eligibility as a student with a traumatic brain injury (TBI), VI, and OI.
    c. Functional mobility goal: "[Student F] will mobilize [them]self forward towards a target for approximately 5 feet, visually attend to and touch the target and continue for a total of 30 feet using a reciprocal lower extremity gait pattern while supported in the gait trainer and with minimal to moderate assistance and total knee extension."
    d. Related Services: Physical therapy provided by Regional Programs by a PT in Life Skills for 60 minutes per month, from April 25, 2025 to April 23, 2026.
    e. Accommodations from April 25, 2025 to April 23, 2026:
        i. Wheelchair consults provided by Regional Programs by a PT/LPTA in Life Skills for 60 minutes per year.
        ii. Gait trainer provided by Regional Programs by a PT in all school settings for 5,400 minutes per year.
        iii. Hoyer lift provided by an ESD by a PT in all school settings for 60 minutes per day.
        iv. Break tasks into small steps provided by Regional Programs by a PT/LPTA in all school settings for 60 minutes per day.
    f. Supports for School Personnel: Physical therapy consultation by Regional Programs by a PT for 30 minutes every month, from April 25, 2025 to April 23, 2026.

72. An IEP dated April 9, 2026, included:
    a. Functional mobility goals:
        i. "By the end of the IEP year, with transfer assist, adult supervision, and access to [their] stander, [Student F] will utilize [their] stander twice per day for up to 45 minutes during each use in 4 of 5 opportunities."
        ii. "By the end of the IEP year, with the assistance of at least one adult, [Student F] will pivot to transfer from chair to chair at 90% accuracy in 4 of 5 opportunities."
            (1) An IEP Progress Report dated June 8, 2026 indicated no progress made on the two functional mobility goals. Comments noted, "Due to events outside [Student F's] control, [Student F] was unable to demonstrate progress on this goal."

b. Related Services: Physical therapy provided by an ESD by a PT in all school settings for 60 minutes monthly, from April 9, 2026 to April 8, 2027.
c. Accommodations from April 9, 2026 to April 8, 2027:
    i. "Wheelchair consults" provided by Regional Programs by a physical therapy assistant (PTA) or LPTA in a life skills classroom for 60 minutes each year.
    ii. "PT Lifting/Handling procedure" provided by the LEA/ESD by a PT in the special education setting for 60 minutes per day.
    iii. Break tasks into small steps provided by Regional Programs by an LPTA in all school settings for 60 minutes per day, from April 9, 2026 to April 8, 2027.
d. Supports for School Personnel: Physical therapy consultation provided by Regional Programs, by a PT for 30 minutes per month from April 9, 2026 to April 8, 2027.
e. The following IEP meeting participants were noted as present: Student F, a parent, an augmentative communication specialist, a case manager, a district representative, a general education teacher, an OT, PT1, a nurse, and a TBI/Teacher of the blind and visually impaired.

73. PWN, dated April 9, 2026, indicated a provision of a FAPE and noted the team "has decided to implement the attached IEP." An explanation stated the team "determined that [Student F] requires the services listed on the attached IEP." Input from the family and teachers, assessments, and records were used in the decision, and not implementing the IEP was considered and declined because Student F's educational needs were not addressed without services on the IEP. Relevant facts included that all options were considered and the team agreed to the IEP details.

74. An IEP amendment, dated May 1, 2026, did not include any relevant physical therapy amendments.

75. Service and contact log documentation by PT 1 noted:
    a. April 8, 2026: Consultation with Student F, two assistants, a nurse, and a teacher for 45 minutes.
    b. April 16, 2026: Virtual physical therapy with Student F, a nurse, and an instructional assistant (IA) was provided for 30 minutes.
    c. April 29, 2026: Virtual physical therapy with Student F, a nurse, and three other adults for 45 minutes.

Student H

76. An IEP, dated May 28, 2025, included:
    a. Age 14, Resident District 5.
    b. Eligibility as a student with an intellectual disability (ID) and a speech-language impairment (SLI).
    c. Motor skills goal: "By [May 28, 2026] [Student H] will perform 10 jumping jacks without cues with good arm and leg mechanics and with proper synchronization for 3 out of 4 trials[.]"

d. Related Services: Physical therapy provided by District 1 PT in the classroom for 480 minutes per year from May 29, 2025 to May 27, 2026.
e. Supports for School Personnel: Physical therapy consultation provided by a District 1 PT for 120 minutes per year from May 29, 2025 to May 27, 2026.

77. PWN, dated March 30, 2026, indicated a "Stand Ready." An explanation detailed, "... due to attendance, [Student H] [is] not currently receiving OT or PT services." The action was based on a review of records, attendance information, parent input, IEP, and placement determination. Other options considered included continuing services outside of enrollment, but it was determined that Student H needed to be "enrolled and attending in order to receive services." No other factors were relevant to the action proposed.

78. An undated Progress Report, PWN, and Meeting Notes document indicated no meetings were held between February 7, 2026 and May 5, 2026, and there were "No progress reports or meeting notes to provide."

79. A Student Enrollment Record indicated Student H entered District 5 on January 22, 2026, and left District 5 on April 20, 2026.

Student I

80. An IEP, dated November 6, 2025, included:
    a. Age 9, Resident District 4.
    b. Eligibility as a student with an OI.
    c. Motor skills goals:
        i. "In one year, [Student I] will independently transfer from [their] wheelchair to a toilet in the school bathroom with standby assist for safety in 4 out of 5 trials."
        ii. "By November 2026, [Student I] will demonstrate the ability to accurately type grade-level words using one hand and adaptive equipment/accessibility features at a speed of 5-7 [words per minute] WPM, in at least 4 out of 5 trials, in order to increase efficiency with written production."
            (1) A June 11, 2026, IEP Progress Report indicated Student I made progress on their motor skills goals with no summary noted.
    d. Functional skills goal: "By November 2026, [Student I] will demonstrate safety (proper stance, at least one hand always on the desk, and staff providing stand[-]by assistance) when accessing the Rifton Adaptive Desk from a standing position, with student and staff adhering to therapist-directed protocols 100% of the time, as measured by tracking sheet."
    e. SDI: Motor skills provided by the LEA/ESD by a PT in a small-group setting for 60 minutes per week, from November 6, 2025 to November 5, 2026.
    f. Related Services: Physical therapy provided by an ESD by a PT in an unspecified location for 60 minutes every month, from November 6, 2025 to November 5, 2026.
    g. Supports for School Personnel:
        i. Physical Therapy consultation provided by an ESD by a PT for 30 minutes monthly, from November 6, 2025 to November 5, 2026.

ii. Wheelchair consultation provided by an ESD by a PT for 60 minutes yearly from November 6, 2025 to November 5, 2026.

81. Service logs from PT 1 noted:
    a. April 27, 2026: Virtual staff training for 30 minutes.
    b. April 29, 2026: Virtual physical therapy session for 45 minutes.
    c. May 4, 2026: Virtual physical therapy session with two assistants present for 60 minutes. (**I29**)

Student J

82. An IEP, dated May 16, 2025, included:
    a. Age 4, Resident District 2.
    b. Eligibility as a student with a DD and an SLI.
    c. Supports for School Personnel: Physical therapy consultation provided by an ESD by a PT for 15 minutes per month, from May 16, 2025 to May 15, 2026.

83. PWN, dated February 12, 2026, stated District 2 informed the family, "Physical Therapy services as required in the student's IEP due to the unavailability of a contracted PT through … [District 1]. [District 1] is actively recruiting to fill this position. Once a Physical Therapist is hired, services will resume. The district proposes to provide compensatory education to address missed Physical Therapy services during the period of service interruption." PWN noted other options considered was an attempt to "reassign" PT services from another provider, contracted agency, or modifying the delivery model "temporarily." Additionally noted was District 2 and District 1 were incapable of securing "an appropriately qualified Physical Therapist" and "No alternative providers were available to meet the student's service needs in compliance with IEP and licensure requirements." Furthermore, District 2 noted they "remains committed" to "resuming services" once a PT was hired.

84. PWN on March 6, 2026, stated the Multidisciplinary Evaluation Team met and decided to obtain additional data to determine if Student J had an "educational disability." Referral information and teacher and parental input, in addition to Student J's records, were used as a basis for the action. Other options considered included not evaluating, which was declined because District 2 suspected a disability. Student J's prior educational placement was considered in this decision.

85. A March 6, 2026 Assessment Plan indicated the evaluation would include a gross motor assessment, with parental consent given on March 20, 2026, as evidenced by parental signatures.

86. An April 22, 2026, District 1 Physical Therapy Evaluation report completed by PT 1 detailed functional mobility observations, strength and endurance indicators, environmental barriers, assistive technology and equipment, student perspective, a clinical summary, and provided recommendations for Student J.

87. On April 28, 2026, in an email to District 2, Program Administrator 1 indicated consent for virtual PT was "obtained verbally."

88. No physical therapy services were documented in service logs after April 10, 2025.

Student K

89. An IEP amendment, dated November 20, 2025, included:
    a. Age 6, Resident District 2.
    b. Eligibility as a student with an OHI.
    c. Functional mobility goal: "[Student K] will demonstrate safe and effective ambulation with [their] prescribed AFO, maintaining a heel-strike to toe-off pattern and achieving a minimal contract [*sic*] time in mid-stance with the AFO for at least 30 feet, on three consecutive trials, to improve the efficiency and safety of [their] gait in school hallways and transitions."
    d. SDI: Functional mobility provided by an ESD by a PT across all school settings for 30 minutes per week, from November 20, 2025, to November 19, 2026.
    e. Related Services: Physical therapy, provided by an ESD by a PT in all school settings for 60 minutes per month, from November 20, 2025 to November 19, 2026.
    f. Supports for School Personnel: Physical therapy consultation provided by the LEA by a PT for 30 minutes per month, from November 20, 2025 to November 19, 2026.

90. PWN dated February 12, 2026, stated District 2 informed the family, "Physical Therapy services as required in the student's IEP due to the unavailability of a contracted PT through … [District 1]. [District 1] is actively recruiting to fill this position. Once a Physical Therapist is hired, services will resume. The district proposes to provide compensatory education to address missed Physical Therapy services during the period of service interruption." PWN noted other options considered were an attempt to "reassign" PT services from another provider, contracted agency, or modifying the delivery model "temporarily." Additionally noted was District 2 and District 1 were incapable of securing "an appropriately qualified Physical Therapist" and "No alternative providers were available to meet the student's service needs in compliance with IEP and licensure requirements." Furthermore, District 2 noted they "remain[ed] committed" to "resuming services" once a PT was hired.

91. An Individualized Health Plan (IHP) dated February 17, 2026, stated Student K received surgery on their Achilles tendon to improve "flexibility, alleviate pain, and correct gait issues." An activity detailed a "wheelchair for mobility" and stated, "No [physical education], sports, active play periods, or outside recess."

92. A March 10, 2026 District 2 staff email to a District 2 case manager noted that Student K's Parent requested to resume physical therapy services, which they believed had been temporarily paused following Student K's surgery.

93. An April 10, 2026 Consent for Teletherapy administered by PT 1 indicated parental consent with an electronic signature. On April 13, 2026, Program Administrator 1 emailed the Special

Programs Specialist regarding Student K. According to the email, the Parent of Student K consented to virtual physical therapy, but "would prefer a PTA be the facilitator … ."

94. A Student Contact log for the 2025-26 school year indicated that on April 13, 2026, the Parent was contacted by Program Administrator 1 via phone. "Called [a parent] to explain we have a virtual PT to support temporarily. [Parent] provided verbal consent but would prefer that a PTA support the facilitation of direct services due to recent surgeries."

95. An IEP progress report dated May 29, 2026, addressed functional mobility; however, no progress summary was noted.

96. A Student Enrollment Profile for the 2025-26 school year indicated an enrollment date of September 2, 2025 and a leave date of May 28, 2026. Profile noted, "Enrolled in Another State or Country."

97. A Services Delivered History for the 2025-26 school year stated:
    a. March 30, 2026, physical therapy as an individual session for 30 minutes with PT 1.

Student L

98. An IEP, dated May 16, 2025, included:
    a. Age 5, Resident District 2.
    b. Eligibility as a student with a DD.
    c. Gross motor skills goal: "[Student L] will walk up and down 10-13 stairs with a rail on one side and no adult assistance with an alternating gait pattern[.]"
    d. Related Services: Physical therapy, provided by an ESD, by a PT in special and general education settings for 30 minutes per month, from September 15, 2025 to May 15, 2026.
    e. Supports for School Personnel: Physical therapy consultation provided by an ESD by a PT for 15 minutes per month, from August 25, 2025 to May 15, 2026.

99. PWN dated February 12, 2026, stated District 2 informed the family, "Physical Therapy services as required in the student's IEP due to the unavailability of a contracted PT through … [District 1]. [District 1] is actively recruiting to fill this position. Once a Physical Therapist is hired, services will resume. The district proposes to provide compensatory education to address missed Physical Therapy services during the period of service interruption." PWN noted other options considered were an attempt to "reassign" PT services from another provider, contracted agency, or modifying the delivery model "temporarily." Additionally noted was that District 2 and District 1 were incapable of securing "an appropriately qualified Physical Therapist" and "No alternative providers were available to meet the student's service needs in compliance with IEP and licensure requirements." Furthermore, District 2 noted they "remains committed" to "resuming services" once a PT was hired.

100. Staff notes dated April 9, 2026 included, "[PT 1] - has some ideas of movement to support changing struggles. It can be [written] in the form of an adaptive goal."

101. An IEP dated April 9, 2026, included:
    a. Gross motor skills goals:
        i. "[Student L] will ascend and descend a flight of 10 stairs independently, using the handrail as needed for safety, with appropriate coordination and minimal signs of anxiety, in 4 out of 5 trials, as measured by therapist observation and data collection."
            (1) An IEP Progress Report dated May 20, 2026, stated progress had been made toward gross motor skills goals, and included:
                (a) Goal 1 summary: "This is a new goal from [Student L's] IEP last month. [Student L] is currently working toward ascending and descending a small set of stairs while using the handrail for support, with the goal of improving balance, motor planning, and independence during daily routines."
        ii. "[Student L] will demonstrate improved functional gross motor skills by independently picking up items from the floor, carrying objects a short distance, and participating in structured physical education activities (e.g., walking, moving between stations, and engaging in simple movement tasks) in 4 out of 5 opportunities, as measured by observation and data collection."
            (1) An IEP Progress Report dated May 20, 2026, stated progress had been made toward gross motor skills goals, and included:
                (a) Goal 2 summary: "New goal in place for [Student L's] IEP last month. [Student L] is currently making progress in both throwing and kicking skills but has not yet demonstrated mastery. Intervention will continue to focus on improving coordination, motor planning, and consistency across a variety of structured gross motor activities. [Student L] is showing increased participation and engagement during these tasks and is beginning to demonstrate greater control and accuracy with repeated practice. Continued instruction and opportunities for practice will support the development of age-appropriate ball skills and participation in play and recreational activities with peers."
    b. Related Services: Physical therapy, provided by an ESD, by a PT in special and general education settings for 30 minutes per month, from April 9, 2026, to April 8, 2027.
    c. Supports for School Personnel: Physical therapy consultation provided by an ESD by a PT for 15 minutes per month, from April 9, 2026, to April 8, 2027.

102. Staffing notes from an IEP meeting, dated April 9, 2026, indicated a parent, an Augmentative Communication Team Member, a case manager, PT 1, a learning coach, a special educator, and a District representative participated in the meeting

103. PWN dated April 9, 2026, stated the IEP team agreed on two gross motor skills goals that were developed based on Student L's present levels and to support "meaningful progress in both functional and foundational skills areas."

104. On April 28, 2026, Program Administrator 1 indicated in an email to District 2 that the Parent of Student L "... provided verbal approval of teletherapy for PT for [Student L]."

105. No physical therapy services were documented in service logs after July 28, 2025.

Student N

106. An IEP dated February 4, 2026, included:
   a. Age 7, Resident District 5.
   b. Eligibility as a student with a specific learning disability (SLD) and a SLI.
   c. Motor skills goal: "[Student N] will ascend and descend campus stairs and playground structure stairs using an alternating step pattern with or without one handrail in 3 [out of] 4 opportunities."
   d. Related Services: Physical therapy provided by District 1, by a PT in a resource room for 60 minutes per month from February 5, 2026 to February 2, 2027.
   e. Supports for School Personnel: Consultation with staff provided by District 1, by a PT for 90 minutes per year from February 5, 2026 to February 2, 2027.

107. The page including the motor skills goal was missing from a June 8, 2026 IEP progress report.

108. An undated service log for physical therapy with a delivery date of February 5, 2026, and a start date of February 2, 2027 [*sic*], for 60 minutes per month indicated zero minutes "attempted" and noted no minutes delivered.

Student O

109. An IEP, dated December 2, 2025, included:
   a. Age 13, Resident District 2.
   b. Eligibility as a student with an OI and VI.
   c. Gross motor skills goal: "[Student O] will tolerate standing in [their] correctly fitted stander for a total duration of 30 consecutive minutes with Modified Independent supervision (only requiring verbal cues for positioning/attention) a minimum of 3 days per week to promote bone density and bowel health."
      i. Present Levels for 2024-25 year noted:
         (1) Goal 1: "[Student O] will stand in [their] stander while holding a ball between both hands for 10 seconds. Progress Status: Minimal Progress. This goal has been significantly hindered by equipment barriers (missing knee blocks for the new stander)[,] which prevented consistent training and stander utilization throughout the year. The initial setup and training protocol were delayed until late in the year (October 2025), focusing instead on staff training for stretching (10/13/25)."
         (2) Goal 2: "[Student O] will propel [their] gait trainer 6 feet with Mod[erate] adult assistance and demonstrate total knee extension during midstance in [their] gait trainer with Mod[erate] adult assistance. Progress Status: Partially MET. [Student O] has shown steady, measurable gains in gait mechanics and propulsion strength, particularly in the right lower extremity. As of the 5/7/25 note, [Student O] was ambulating with assistance, demonstrating improved stride length and width, and [their] cadence had evened out with [their] left foot. [Student O] continues to apply more strength and pressure with [their] right lower extremity, which sometimes causes [them] to drift slightly to the left. In the 9/22/25 session,

[Student O] was ambulating approximately 30 feet with assistance (exceeding the 6-foot distance target) and showed initiation of reciprocal leg movement. However, [their] minimal weight-bearing contact and strength for propulsion remain weak, indicating that while the distance component of the goal may be met, the quality of propulsion and achieving total knee extension during midstance with only Moderate assistance are still inconsistent and require intensive cueing and support. We continuously make Gait trainer adjustments to improve [their] posture and facilitate better engagement. [Student O] is inconsistently achieving total knee extension."

(3) Goal 3: "[Student O] will maintain [their] balance sitting on a bench or chair with pelvic/hip and knee support for 15 seconds while an adult pivots [Student O] 30 degrees to either side. Progress Status: Unknown/Not Directly Assessed. There is no direct documentation throughout the reported sessions that specifically assessed [Student O's] balance while sitting on a bench or chair with a 30-degree pivot challenge. The focus of sessions primarily centered on mobility (gait trainer) and equipment management (stander). While trunk and cervical stability improvements were noted when [their] arms were correctly supported in the gait trainer (5/7/25), this does not directly reflect the dynamic balance challenge of the sitting goal. Therefore, the progress towards achieving this specific goal remains undetermined."

d. Related Services:
   i. Physical therapy, provided by a regional PT or PTA in all school settings for 60 minutes per month, from December 2, 2025 to December 1, 2026.
e. Accommodations included a wheelchair clinic provided by a regional PT or PTA in a life skills setting for 90 minutes per year from December 2, 2025 to December 1, 2026.
f. Supports for School Personnel:
   i. Physical therapy consultation provided by a regional PT or PTA for 30 minutes per month, from December 2, 2025 to December 1, 2026.

110. PWN dated February 12, 2026, stated District 2 proposed to the family, "Physical Therapy services as required in the student's IEP due to the unavailability of a contracted PT through … [District 1]. [District 1] is actively recruiting to fill this position. Once a Physical Therapist is hired, services will resume. The district proposes to provide compensatory education to address missed Physical Therapy services during the period of service interruption." PWN noted other options considered was an attempt to "reassign" physical therapy services from another provider, contracted agency, or modifying the delivery model "temporarily." Additionally noted was District 2 and District 1 were incapable of securing "an appropriately qualified Physical Therapist" and "No alternative providers were available to meet the student's service needs in compliance with IEP and licensure requirements." Furthermore, District 2 noted they "remains committed" to "resuming services" once a PT was hired.

111. Staffing Notes from March 10, 2026 noted an "abbreviated day" schedule for Student O was "working for the family." The parental input indicated no concerns at the time. The action plan indicated the abbreviated day would continue "as-is" due to medical and family "preference."

112. A Consent for Teletherapy dated April 10, 2026, with services administered by PT 1, confirmed parental consent with digital signature.

113. A Service Delivery History for the 2025-26 school year stated that on April 17, 2026, a 30-minute individual physical therapy session with PT 1 was completed.

114. A District 2 enrollment summary for the 2025-26 school year indicated Student O attended 307.5 days and was absent 36.5 days.

Student R

115. An IEP, dated February 20, 2025, included:
   a. Age 9, Resident District 2.
   b. Eligibility as a student with an SLD and an SLI.
   c. Functional mobility goal: "[Student R] will perform 10 jumping jacks with good arm and leg sequence for 4 out of 5 trials."
      i. An IEP Progress Report dated June 2, 2026 indicated progress made toward the functional mobility goal, but that instruction may need to be modified to meet the goal. Progress summary noted, "Jumping Jacks Progressing[;] Single Leg Hopping Near Mastery / Inconsistent[;] Overhand Throw Not Assessed[;] Stationary Dribbling Met [;] Walking + Dribbling Met[.]"
   d. Related Services: Functional mobility provided by an ESD by a PT or PTA in all school settings for 60 minutes per month, from February 20, 2025 to February 19, 2026.
   e. Supports for School Personnel: Consultation with a PT, provided by an ESD PT or PTA, for 15 minutes per month, from February 20, 2025 to February 19, 2026.

116. PWN dated February 12, 2026, stated District 2 proposed to the family, "Physical Therapy services as required in the student's IEP due to the unavailability of a contracted PT through [District 1]. [District 1] is actively recruiting to fill this position. Once a Physical Therapist is hired, services will resume. The district proposes to provide compensatory education to address missed Physical Therapy services during the period of service interruption." PWN noted other options considered were an attempt to "reassign" PT services from another provider, contracted agency, or modifying the delivery model "temporarily." Additionally noted was District 2 and District 1 were incapable of securing "an appropriately qualified Physical Therapist" and "No alternative providers were available to meet the student's service needs in compliance with IEP and licensure requirements." Furthermore, District 2 noted they "remain[ed] committed" to "resuming services" once a PT was hired.

117. A Student Contact Log for the 2025-26 school year indicated on April 28, 2026, the Parent was contacted by Program Administrator 1 via phone. Noted, "Provided verbal consent for teletherapy/virtual PT services. [Program Administrator 1] will ask [Special Programs Specialist] for [a] fresh link to sign the consent."

118. A Student Enrollment Profile for the 2025-26 school year indicated Student R's "enter date" as September 2, 2025 in District 2. An ADA/ADM Enrollment Summary Report for the 2025-26 school year indicated 19 days of attendance and 154 days of absenteeism, with an attendance rate of 10.98%.

119. Service logs for Student R did not include any physical therapy documentation after January 29, 2026.

120. On September 8, 2026, in a written response to questions posed by the Complaint Investigator, Program Administrator 1 was asked if there was a February 2026 IEP for Student R. Program Administrator 1 responded, "I do not have access to this; the school district does. To my knowledge and what [District 2] relayed, an IEP occurred."

Student Q

121. An IEP, dated May 16, 2025, included:
   a. Age 4, Resident District 2.
   b. Eligibility as a student with a DD.
   c. Gross motor skills goal: "[Student Q] can [i]ndependently walk up and down stairs using an alternating foot pattern while using a single wall or rail for support."
      i. An IEP Progress Report dated May 29, 2026 indicated progress made toward the gross motor goal, but the goal may not be met without instructional changes.
   d. Related Services: Physical therapy, provided by an ESD by a PT in special and general education settings for 30 minutes per month, from September 15, 2025 to May 15, 2026.
   e. Supports for School Personnel: Physical therapy consultation provided by an ESD PT for 15 minutes per month from August 25, 2025 to May 15, 2026.

122. PWN dated February 12, 2026, stated District 2 proposed to the family, "Physical Therapy services as required in the student's IEP due to the unavailability of a contracted PT through … [District 1]. [District 1] is actively recruiting to fill this position. Once a Physical Therapist is hired, services will resume. The district proposes to provide compensatory education to address missed Physical Therapy services during the period of service interruption." PWN noted other options considered were an attempt to "reassign" PT services from another provider, contracted agency, or modifying the delivery model "temporarily." Additionally noted was District 2 and District 1 were incapable of securing "an appropriately qualified Physical Therapist" and "No alternative providers were available to meet the student's service needs in compliance with IEP and licensure requirements." Furthermore, District 2 noted they "remain[ed] committed" to "resuming services" once a PT was hired.

123. A March 6, 2026 Assessment Plan and Consent for Evaluation indicated the evaluation would include a gross motor assessment for Student Q.

124. PWN dated March 6, 2026, indicated that District 2 proposed to evaluate Student Q; information reviewed by the team indicated that additional data were needed to determine

whether Student Q continued to be eligible for special education services. Input from parents and teachers was taken into consideration, and the decision not to evaluate was declined.

125. In an April 15, 2026 email to Program Administrator 1, PT 1 recommended 60 physical therapy consultation minutes per month for Student Q to address "general strength and coordination." Additionally, in an April 15, 2026 District 1 Physical Therapy Evaluation Report, PT 1 recommended 60 minutes per month of consultation to "address general strength and coordination."

126. A Contact Log for the 2025-26 school year indicated:
   a. April 14, 2026, the Parent was contacted by Program Administrator 1, and noted, "Left voice message with [Parent] requesting a call back to discuss consent for virtual PT services.
   b. April 28, 2026, the family was contacted via phone by Program Administrator 1, and noted, "Provided verbal consent for teletherapy/virtual PT services. [Program Administrator 1] will ask [Special Programs Specialist] for [a] fresh link to sign the consent.

127. Service logs for Student Q did not include physical therapy documentation after February 5, 2026.

Student V

128. An IEP, dated October 2, 2025, included:
   a. Age 6, Resident District 4.
   b. Eligibility as a student with a DD.
   c. Gross motor goal: "[Student V] will ascend and descend stairs with alternating gait pattern independently for 75% of structured functional opportunities as measured by staff observations."
      i. An IEP Progress Report, dated June 8, 2026, included progress made on gross motor skills and noted, "[Student V] is ascending stairs with easier effort. However, it's moving down the steps which becomes harder as [Student V] shoots along each step on [their] bottom. Progress has been and will continue to do as [Student V] continues to work on this goal."
   d. Related Services: Physical therapy provided by an ESD by a PT in a small-group setting for 60 minutes monthly, from October 2, 2025 to October 1, 2026.
   e. Supports for School Personnel: Physical therapy consultation with staff provided by the LEA/ESD by a PT for 30 minutes monthly, from October 2, 2025 to October 1, 2026.

129. No physical therapy services were documented after February 6, 2026.

Student X

130. An IEP, dated March 18, 2026, included:
   a. Age 13, Resident District 6.
   b. Eligibility as a student under OI.

c. Motor skills goal: "By 3/17/2027: [Student X] will ascend and descend a full flight of stairs using a single handrail for balance, without pulling on the rail, and maintaining neutral hip and knee alignment (no compensatory rotation) in 4 out of 5 trials with minimal verbal cues."
d. Related services: Physical therapy provided by District 1 PT at a work site for 30 minutes per month from March 19, 2026 to March 17, 2027.
e. Support for School Personnel: Physical therapy consultation provided by a District 1 PT for 240 minutes per year from March 19, 2026 to March 17, 2027.

131. Meeting minutes dated March 18, 2026 stated, "The [PT] completed an evaluation … Gross Motor Function Measure, [Student X] could do one stair last year and now [they] can do [seven]. [Student X's] total score was 63% and total gross score is 56% ... . Overall [Student X] has made huge growth." Also noted, "The [PT] wants [Student X] to use [the] handrail more for balance. [T]his goal is around stairs, which will be important as [Student X] transitions to the high school. [Student X] will have 30 minutes [of] direct services a month [and] consultation." Team members included a parent, a general education teacher, a principal, a school psychologist, an SLP, and PT 2 were present; the PWN was completed by a special educator.

132. PWN, dated March 18, 2026, included a provision of a FAPE and included the IEP. The IEP team proposed to "adopt and implement the recently developed IEP." Current data, records, and team discussion were used as a basis for the proposed action. Options considered included the continuance of previous goals and were rejected because the goals and objectives needed to be updated to "reflect student growth." Relevant factors indicated Student X's annual IEP was due.

Student Y

133. An IEP, dated October 30, 2025, included:
a. Age 9, Resident District 6.
b. Eligibility as a student under OHI.
c. Motor skills goal and objectives: "[Student Y] will demonstrate improved gross motor strength and agility by completing a full-body obstacle course to completion (described on the last page of attached forms under the heading 'physical therapy information'), while maintaining safe form, consistent effort, good posture, controlled movements, and without loss of balance. Milestones to achieve this target are written as objectives below":
    i. "[Student Y] will independently swing a jump rope and jump over it without stopping five consecutive times."
    ii. "[Student Y] will complete ten jumping Jacks with both arms and legs in sync."
    iii. "[Student Y] will dribble a basketball while weaving through six cones placed in a zig-zag fashion. Each time [Student Y] reaches a cone, [they] will switch hands to dribble with the other hand to the next cone."
d. SDI: Motor skills provided by District 1 by a PT at a work site for 60 minutes per month from October 31, 2025 to October 29, 2026.

e. Support for School Personnel: Physical therapy consultation provided by District 1, provided by a PT for 30 minutes each quarter from October 31, 2025 to October 29, 2026.

Student Z

134. An IEP, dated January 15, 2026, included:
   a. Age 6, Resident District 4.
   b. Eligibility as a student with an OI and OHI.
   c. Motor skills goal: "In one year, [Student Z] will independently move from a wheelchair to the floor and from the floor to a wheelchair without adult assistance with 80% consistency."
      i. Progress Report, dated June 8, 2026, indicated progress made "at or above what is required to meet the goal … ." Progress noted, "[Student Z] can easily get in and out of [their] wheelchair. At this point in the year, [Student Z] is using a walker which [Student Z] uses with very little staff guidance."
   d. SDI: Motor skills provided by an ESD, by a PT in a small-group setting for 60 minutes per month from January 16, 2026 to January 14, 2027.
   e. Related services: Physical therapy provided by an ESD PT in a small-group setting for 60 minutes per month from January 16, 2026 to January 14, 2027.
   f. Support for School Personnel: Physical therapy consultation provided by an ESD by a PT for 30 minutes per month from January 16, 2026 to January 14, 2027.

135. A February 18, 2026, Parent Consent for Individual Evaluation for Student Z included a gross motor assessment.

Student AA

136. An IEP, dated October 29, 2025, included:
   a. Age 12, Resident District 2.
   b. Eligibility as a student with an OI and an SLI.
   c. Gross motor goal: "By the end of the IEP cycle [Student AA] will be able to walk a 100-foot obstacle course that includes uneven surfaces and negotiating obstacles and negotiating a 1 flight of 8 to 10 steps using a marked[-]time foot pattern leading with [their] [l]eft leg without verbal cues and holding on to the right-side railing [*sic*]."
   d. Related Services: Physical therapy, provided by an ESD by a PT/PTA in an academic learning center/general education classroom for 90 minutes per month, from October 30, 2025 to October 28, 2026.
   e. Support for School Personnel: Physical therapy consultation provided by an ESD by a PT for 90 minutes per year, from October 30, 2025 to October 28, 2026.

137. PWN, dated February 12, 2026, stated District 2 proposed to the family, "Physical Therapy services as required in the student's IEP due to the unavailability of a contracted PT through [District 1]. [District 1] is actively recruiting to fill this position. Once a Physical Therapist is hired, services will resume. The district proposes to provide compensatory education to address missed Physical Therapy services during the period of service interruption." PWN

noted other options considered were an attempt to "reassign" PT services from another provider, contracted agency, or modifying the delivery model "temporarily." Additionally noted was District 2 and District 1 were incapable of securing "an appropriately qualified Physical Therapist" and "No alternative providers were available to meet the student's service needs in compliance with IEP and licensure requirements." Furthermore, District 2 noted they "remain[ed] committed" to "resuming services" once a PT was hired.

138. On April 7, 2026, a District 2 staff member emailed PT 1 and other District 2 personnel indicating that they would make up Student AA's physical therapy sessions with PT 1 as "virtual sessions."

139. An April 10, 2026, Consent for Teletherapy document indicated parental consent to teletherapy services with PT 1, with a box checked "yes" and a parent signature on April 13, 2026.

140. A District 2 Services Delivered document for the 2025-26 school year did not identify the PT who provided services or whether the service was direct or consultative, but indicated physical therapy was provided to Student AA in individual sessions on the following dates:
   a. April 8, 2026 for 60 minutes;
   b. April 13, 2026 for 40 minutes;
   c. April 16, 2026 for 45 minutes;
   d. April 20, 2026 for 45 minutes
   e. April 29, 2026 for 45 minutes; and
   f. April 30, 2026 for 45 minutes.

Student AB

141. An IEP, dated March 11, 2025, included:
   a. Age 17, Resident District 4.
   b. Eligibility as a student with an SLD.
   c. Functional mobility goal: "[Student AB] will perform single[-]leg forward lateral hops over a three-inch high foam beam for six feet for 3 out of 4 opportunities."
   d. Related Services: Physical therapy provided by an ESD and a PT/LPTA in all school settings for 480 minutes per year, from March 12, 2025 to March 10, 2026.
   e. Supports for School Personnel: Physical therapy consultation to staff provided by an ESD by a PT for 240 minutes per year from March 12, 2025 to March 10, 2026.

142. An IEP, dated March 18, 2026, included:
   a. Functional mobility goal: "[Student AB's] performance limitation and disabilities still adversely affect [their] educational goals and participation; therefore the student continues to require the specific expertise of Physical Therapy. [Student AB's] therapy needs are medical as well as educational."
      i. An IEP Progress Report, dated June 10, 2026, noted progress had been made toward the functional mobility goal.

b. Related Services: Physical therapy provided by an ESD and a PT/LPTA in all school settings for 480 minutes per year, from March 19, 2026 to March 17, 2027.
c. Supports for School Personnel: Physical therapy consultation to staff provided by an ESD by a PT for 240 minutes per year, from March 19, 2026 to March 17, 2027.
d. IEP team members included Student AB, a parent, a case manager, a general education teacher, and an administrator.
e. A Staffing Report dated March 18, 2026, indicated "Goals in math, physical therapy, writing, and transition were discussed and agreed on."

143. A March 30, 2026 PWN documented a team agreement to implement Student AB's IEP for a FAPE. The team used parent/teacher input and assessment data, while declining alternative options that would fail to meet Student AB's needs.

144. No physical therapy services were documented in service logs after February 3, 2026.

Student AC

145. IEP at a Glance, dated October 29, 2025, included:
a. Age 12, Resident District 5.
b. Eligibility as a student with an ID.
c. Related Services: Physical therapy provided by a PT in a classroom for 60 minutes per month.
d. Supports for School Personnel: Physical therapy consultation by a PT or a PTA with a case manager, general education teacher, and classroom assistants provided by a PT for 15 minutes per month.
e. Motor Skills goal: "[Student AC] will ascend and descend 1 flight of stairs using an alternating gait pattern while holding the handrail with one hand in … [COPY CUTS OFF] … of verbal and manual cues."
i. April 10, 2026 IEP Progress Notes indicated:
(1) Motor Skills: Five short-term objectives stated April 10, 2026, "[Student AC] is in the re-evaluation process."

146. A Progress Reports, PWN, and Meeting Notes document indicated no meetings were held, nor were notes taken between February 7 and May 5, 2026.

147. An undated Student Information System (SIS) document stated physical therapy providers documented services and monitored IEP minute compliance outside the SIS system, and all responsive provider-maintained records had been included.

Student AD

148. An IEP, dated February 18, 2025, included:
a. Age 6, Resident District 4.
b. Eligibility as a student with OHI, DHH, and SLI.

c. Functional mobility goal: "[Student AD] will perform 5 jumping jacks independently for 3 out of 4 trials."
d. Related services: Physical therapy provided by an ESD PT or PTA, across all school settings for 60 minutes per month from February 19, 2025 to February 17, 2026.
e. Support for School Personnel: Physical therapy consultation with support staff provided by an ESD PT for 30 minutes per month from February 19, 2025 to February 17, 2026.

149. On September 8, 2026 in a written response to questions posed by the Complaint Investigator, Program Administrator 1 was asked if there was a February 2026 IEP for Student AD. Program Administrator 1 responded, "I do not have access to this; the school district does. To my knowledge and what [District 2] relayed, an IEP occurred."

Student AE

150. An IEP, dated March 21, 2025, included:
a. Age 13, Resident District 4.
b. Eligibility as a student with an OHI.
c. Functional mobility goal: "[Student AE] will perform a 48-inch long jump for 3 out of 4 trials.
d. Related Services: Physical therapy provided by an ESD by a PT/LPTA in a small-group setting for 60 minutes every month, from March 31, 2025 to March 20, 2026.
e. Supports for School Personnel: Physical therapy consultation provided by an ESD by a PT/LPTA for 15 minutes per month, from March 31, 2025 to March 20, 2026.

151. Meeting notes, dated October 2, 2025, noted "[Student AE] will be removed for [their] PT services … ."

152. No physical therapy services were documented in service logs after February 6, 2026.

153. An IEP, dated March 4, 2026, included:
a. The functional mobility goal, SDI, and supports for school personnel remained as documented in the previous IEP from March 4, 2025 to March 3, 2026.
b. Physical therapy related services were removed.
c. IEP Team members included a parent, a District representative, a general education teacher, an individual interpreting evaluations, and a school psychologist.

154. PWN, dated March 4, 2026, described a provision of a FAPE. The IEP team agreed that Student AE required the specified services to meet their educational needs outlined in the IEP. Input by parents, teachers, and available assessment data was used in the decision. Not executing the IEP was rejected because Student AE required the services to make educational progress. All service options were considered.

155. A March 12, 2026 Physical Therapy Evaluation report completed by PT 1 stated school-based physical therapy as "not recommended." Reasons included: "The [Student AE's] needs can be met by the primary education program. … [Student AE's] current function is at an

appropriate level given the nature of [their] disability. [Student AE's] physical limitations or deficits do not interfere with [their] participation in the school environment. … Goals for IEP consideration: [Student AE] is independent accessing everything [Student AE] needs currently. … Student is independent [in] accessing needs to participate in school[,] including physical education. [Student AE] also conveyed [they] [do] not feel continued participation in physical therapy at school has functional impacts at this point."

156. An IEP Progress Report, dated June 10, 2026, indicated the annual IEP was just held, and no progress was made on the functional mobility goal. Comments noted, "[Student AE] no longer has a goal in this area."

157. A document indicated PT1 provided an individual physical therapy session for 60 minutes, completed on March 12, 2026 for Student AE.

Student AF

158. An IEP, dated May 8, 2025, included:
   a. Age 10, Resident District 2.
   b. Eligibility as a student with an OHI.
   c. Functional mobility goal: "[Student AF] will descend one flight of stairs (10-13 steps) with an alternating gait pattern while holding on to a handrail on the right side and minimal assistance on [their] left side, and [they] will ascend a flight of stairs (10-13 steps) with a hand rail on the right side and no assistance on the left for three out of four trials."
      i. An IEP Progress Report dated January 30, 2026, detailed progress made on the functional mobility goal, and noted: "Continues to work towards [Student AF's] goal."
   d. Related Services: Physical therapy provided by an ESD by a PT/PTA across all school settings for 60 minutes per month, from May 8, 2025 to May 7, 2026.
   e. Supports for School Personnel: Physical therapy consultation provided by an ESD by a PT or PTA for 30 minutes per month, from May 8, 2025 to May 7, 2026.

159. PWN, dated February 12, 2026, stated District 2 proposed to the family, "Physical Therapy services as required in the student's IEP due to the unavailability of a contracted PT through [District 1]. [District 1] is actively recruiting to fill this position. Once a Physical Therapist is hired, services will resume. The district proposes to provide compensatory education to address missed Physical Therapy services during the period of service interruption." PWN noted other options considered were an attempt to "reassign" PT services from another provider, contracted agency, or modifying the delivery model "temporarily." Additionally noted was District 2 and District 1 were incapable of securing "an appropriately qualified Physical Therapist" and "No alternative providers were available to meet the student's service needs in compliance with IEP and licensure requirements." Furthermore, District 2 noted they "remain[ed] committed" to "resuming services" once a PT was hired.

160. A Consent for Teletherapy, dated April 10, 2026, with services administered by PT 1, indicated parental consent with signature.

161. A Student Enrollment Profile for the 2025-26 school year indicated Student AF was enrolled on September 2, 2025, with a leave date of April 21, 2026, with a leave code of "No Show."

162. PWN, dated April 27, 2026, documented the following: "At this time, [Student AF] is not receiving services due to [their] attendance at school or to services offered. The district has made the following attempts to contact you and[/] or provide services: The parent/guardian is encouraged to contact the district to coordinate the initiation or resumption of services." A review of data, records, attempts to contact Student AF, attendance information, teacher input, current IEP, and placement were used for the proposed action. District 2 stands ready "to hold an IEP meeting or re-initiate services … ." Other factors listed that IEP services were available.

163. Service logs for Student AF did not include physical therapy documentation after January 16, 2026.

Student AI

164. An IEP, dated November 20, 2026, included:
   a. Age 8, Resident District 6.
   b. Eligibility as a student with an OHI.
   c. Gross motor goal: "By [November 19, 2026], [Student AI] will demonstrate increased functional strength, coordination, and balance to be able to walk forward while swinging a jump rope in front of [them] and stepping over it successfully 5 times in a row, while maintaining [their] balance."
   d. Related services: Physical therapy provided by District 1 by a PT at a work site for 45 minutes per month from November 21, 2025 to November 19, 2026.
   e. Support for School Personnel: Physical therapy consultation provided by District 1 PT for 15 minutes each month from November 21, 2025 to November 19, 2026.

165. A January 20, 2026, Home School Notification from District 1 included:
   a. Student AI was receiving special education services.
   b. A parent intended to educate Student AI at home.
   c. Noted, "... I am providing information to [District 1] stating my intent to home school the above child. I understand that notice must be filed with the ESD within ten calendar days of withdrawing the above named child from school ... ."
   d. The signature of parent/guardian was indicated on the line with a signature date of January 20, 2026.

Student AL

166. An IEP, dated May 1, 2025, included:
   a. Age 13, Resident District 4.
   b. Eligibility as a student with an SLD and ASD.

c. Motor goal: "[Student AL] will complete 10 jumping jacks independently for 3 out of 4 trials."
d. SDI: Motor skills provided by the LEA/ESD by a PT in the gymnasium for 30 minutes per week, from May 1, 2025 to April 30, 2026.
e. Related Services: Physical therapy provided by the LEA/ESD by a PT in a small-group setting for 60 minutes per month, from May 1, 2025 to April 30, 2026.
f. Supports for School Personnel: Physical therapy consultation provided by an ESD by a PT for 30 minutes monthly, from May 1, 2025 to April 30, 2026.

167. An IEP, dated April 9, 2026, included:
a. The motor skills goal and SDI remained as documented in the previous IEP, with an adjusted implementation date to include April 9, 2026 to April 8, 2027.
b. Related Services: Physical therapy provided by the LEA/ESD by a PT in a small-group setting for 15 minutes per month, from April 9, 2026 to April 8, 2027.
c. Supports for School Personnel: Physical therapy consultation provided by an ESD by a PT for 15 minutes per month from April 9, 2026 to April 8, 2027.
d. A Staffing Report, dated April 9, 2026, documented the meeting minutes from the April 9, 2026 IEP meeting and included, "[Student AL] will continue to receive Physical Therapy services, though time has been reduced to 30 minutes per week and 15 minutes per month consultation."
e. IEP team members included a parent, a case manager, a District representative, a general education teacher, an individual interpreting evaluations, an OT, an SLP, and PT 1.

168. PWN, dated April 9, 2026, indicated a provision of a FAPE. The IEP team determined Student AL's needs required the implementation of the IEP. Input from teachers, parents, and available assessment data was taken into consideration. Not implementing Student AL's IEP was rejected because Student AL's educational needs required the implementation of the IEP. The team considered all service options and agreed to the IEP.

169. Service logs for Student AL noted the following for PT 1:
a. March 11, 2026: Virtual physical therapy session for 30 minutes with two IAs present.
b. April 1, 2026: Virtual physical therapy session for 45 minutes with two IAs present.
c. April 15, 2026: Virtual consultation session for 15 minutes with two IAs to discuss [an] exercise plan and specific exercises. Student AL was absent for direct service.
d. April 29, 2026: Virtual physical therapy session for 45 minutes with two IAs present.

170. An undated SIS document indicated:
a. April 15, 2026, PT 1 completed zero minutes of physical therapy as consultation or supervision. Noted, "[Student AL] was not able to attend [due to] secondary state testing."

171. An IEP Progress Report dated June 12, 2026, detailed progress had been made on the motor skills goal. No comments noted.

Student AN

172. An IEP, dated November 13, 2025, included:
    a. Age 15, Resident District 2.
    b. Eligibility as a student with an OI.
    c. Functional mobility goal: "[Student AN] will negotiate [their] wheelchair and backwards [*sic*] down a four-inch curb with adult supervision and no manual assistance."
        i. An IEP Progress Report, dated June 10, 2026, indicated Student AN did not work on the functional mobility goal during that time. On January 30, 2026, the progress summary noted, "[Student AN] needs to master the forward wheelie first, as that is a bigger priority. [Student AN] has regressed on the forward wheelie." No progress score or summaries were completed on June 10, 2026, for the goal or short-term objectives.
    d. Related Services: Physical therapy, provided by a regional PT or PTA, across all school settings for 60 minutes per month, from November 13, 2025 to November 12, 2026.
    e. Accommodations from November 13, 2025 to November 12, 2026, provided by a regional PT for:
        i. Wheelchair clinics in a special education classroom for 90 minutes each year.
        ii. A "Stander (on hold pending doctor assessment)" across all school settings for 120 minutes per year.
    f. Supports for School Personnel: Physical therapy consultation provided by a regional PT for 30 minutes per month, from November 13, 2025 to November 12, 2026.

173. PWN dated February 12, 2026, stated District 2 proposed to the family, "Physical Therapy services as required in the student's IEP due to the unavailability of a contracted PT through [District 1]. [District 1] is actively recruiting to fill this position. Once a Physical Therapist is hired, services will resume. The district proposes to provide compensatory education to address missed Physical Therapy services during the period of service interruption." PWN noted other options considered were an attempt to "reassign" PT services from another provider, contracted agency, or modifying the delivery model "temporarily." Additionally noted was District 2 and District 1 were incapable of securing "an appropriately qualified Physical Therapist" and "No alternative providers were available to meet the student's service needs in compliance with IEP and licensure requirements." Furthermore, District 2 noted they "remain[ed] committed" to "resuming services" once a PT was hired.

174. PWN, dated April 9, 2026, proposed an IEP amendment related to Extended School Year (ESY).

175. On April 28, 2026, Program Administrator 1 indicated in an email to District 2 that the Parent of Student AN provided verbal consent for virtual PT services.

176. Service logs for Student AN did not include physical therapy documentation after January 26, 2026.

Student AO

177. An IEP, dated November 24, 2025, included:
   a. Age 19, Resident District 4.
   b. Eligibility as a student with an OHI, a VI, and an OI.
   c. Gross motor goals:
      i. "[Student AO] will use [their] anterior walker to ambulate a continuous distance of 500 feet (152.4 m) within 15 minutes, requiring cueing only at initiation and every 50 feet thereafter (addressing the current need for constant prompting), for 4 out of 5 opportunities based on structured monthly observations."
      ii. "[Student AO] will independently rise from a chair and laterally cruise 6 feet, then use an anterior walker to walk 800' with consistent cadence and negotiate obstacles while an adult guides the walker by holding onto [Student AO's] right side of the walker (Min[imum]-Mod[erate] A) for 90% of the distance with each trial and return to sit using the cue of the chair seat by making contact with the back of [their] knees; reaching back for the seat and using a controlled decent independently in 4 out of 5 opportunities as measured by teacher observation and/or data."
      iii. Related Services: Physical therapy provided by Regional Programs by a PT/LPTA in all school settings for 480 minutes per year, from November 24, 2025 to November 23, 2026.
      iv. Supports for School Personnel: Physical therapy consultation provided by Regional Programs by a PT/LPTA for 240 minutes per year, from November 24, 2025 to November 23, 2026.

178. PWN to evaluate, dated March 17, 2026, proposed an evaluation to determine if Student AO had an educational disability and continued to be eligible for special education services.

179. PWN, dated April 10, 2026, documented an IEP amendment on the 2025 IEP related to augmentative communication services.

180. Service logs for Student AO noted the following from PT 1:
   a. April 1, 2026: Physical therapy session with an IA present for 60 minutes.
   b. April 15, 2026: Physical therapy session with an IA present for 35 minutes.
   c. April 29, 2026: Virtual physical therapy session with an IA present for 30 minutes.

181. A June 11, 2026, IEP Progress Report for motor skills, functional mobility, and orientation and mobility goals stated the IEP was "recently held" and noted to check the present levels section.

Student AQ

182. An IEP, dated February 13, 2025, included:
   a. Age 10, Resident District 4.
   b. Eligibility as a student under OHI.
   c. Functional mobility goal: "[Student AQ] will bounce and catch a tennis ball with one hand for 8/10 tries[.]"

d. Related Services: Physical therapy provided by an ESD PT or LPTA in all school settings for 60 minutes per month from February 14, 2025 to February 12, 2026.
e. Supports for School Personnel: Physical therapy consultation provided by an ESD PT for 30 minutes per month from February 14, 2025 to February 12, 2026.

183. An IEP, dated January 27, 2026, included:
a. No functional mobility goal listed.
b. No SDI listed for motor skills.
c. No physical therapy listed as a related service.
d. Discontinuation of physical therapy consultation.

184. Meeting minutes dated January 27, 2026, stated, "[The Complainant] shared results of PT assessments and the team determined to discontinue physical therapy." Also noted, "Physical therapy was removed from all areas." The team discussed present levels, assessment data, special factors, and all came to agreement on the IEP. Furthermore, the team discussed placement and removal and agreed that Student AQ would spend more than 80% of their full day in the general education environment, with special education supports for writing, math, and speech and OT services as pull-out.

185. PWN, dated January 27, 2026, provided a notice of eligibility under OHI. The IEP team discussed physical therapy services and agreed to discontinue services for Student AQ. The team agreed Student AQ qualified for special education services and used teacher and parent input, assessment data, referral information, and student records as a basis for the decision. Not qualifying Student AQ was considered and rejected as the available information supported the need for special education services.

186. An additional PWN, dated January 27, 2026, provided a provision of a FAPE. The IEP team discussed and agreed to implement the IEP. Student AQ's educational needs required the services laid out in the IEP. Teacher and parent input and available data were used in the decision. The IEP Team considered all options and agreed upon the services laid out in the IEP.

Student AR

187. An IEP, dated March 18, 2025, included:
a. Age 10, Resident District 4.
b. Eligibility as a student with an ID, DHH, and SLI.
c. Functional mobility goal: "[Student AR] will hop 5 times on a single leg with both legs for improved mobility and balance [in] 3 out of 4 trials as measured by data collections and PT assessment."
d. Related Services: Physical therapy provided by an ESD by a PT/LPTA in Life Skills for 480 minutes per year, from March 19, 2025 to March 17, 2026.
e. Supports for School Personnel: Physical therapy consultation provided by an ESD by a PT for 30 minutes per month, from March 19, 2025 to March 17, 2026.

188. PWN, dated February 13, 2026, noted Student AR was found eligible in several areas and required special education services. Team members included a parent, a case manager, a District representative, a general education teacher, a nurse, an OT, an SLP, and a teacher for DHH.

189. Another PWN, dated February 13, 2026, indicated the "IEP team has determined that [Student AR] requires the services listed on the attached IEP." Based on parent and teacher input, student records, and assessment data, the IEP team evaluated all service options, rejected non-implementation, and agreed upon the "attached" IEP to meet Student AR's educational needs.

190. An IEP, dated March 11, 2026, included:
   a. Functional mobility goal: "By the end of the IEP year, [Student AR] will have the balance, endurance, and strength to ensure access to full participation in physical education classes and to participate in classroom activities with peers."
   b. Related Services: Physical therapy provided by an ESD by a LPTA in a small-group setting for 60 minutes every month, from March 11, 2026 to March 10, 2027.
   c. Supports for School Personnel: Physical therapy consultation by an ESD by a PT for 30 minutes every month, from March 11, 2026 to March 10, 2027.
   d. A Staffing Report, dated March 11, 2026, listed a parent, a district representative, a general education teacher, a case manager, an audiologist, PT 1, a nurse, an SLP, a teacher for DHH, and an Occupational Therapy Assistant (OTA) as meeting participants and indicated a parent requested in-person physical therapy services for Student AR and that those service minutes be broken down by month. The Staffing Report indicated Student AR's related services "will remain the same."

191. On March 12, 2026, a case manager wrote to District 4 regarding Student AR stating, "At the meeting, [Parent of AR] does not believe a virtual PT can adequately service [Student AR]; [Parent AR] wants [Student AR's] PT to meet [Student AR] in person. [PT 1] and I will do what we can to help [Parent AR] see the value in trying the virtual route, until an in-person PT is available. Still … it was expressed in the IEP meeting: [Parent AR] does not want virtual services." District 4 responded, forwarded the aforementioned message to Program Administrator 1, and wrote, "... do we need a consent for teletherapy signed here? … The following statements are not intended to disrespect [PT 1] but we prefer in-person therapy as well. … In the end, declining virtual services is declining PT." On the same day, Program Administrator 1 wrote, "... I do think consent for teletherapy would be best in this situation. Of course, we still have comp[ensatory] ed[ucation] to make up, so that will be rendered with possible."

192. On March 16, 2026, a District 4 case manager emailed Program Administrator 1 regarding the possibility for Student AR to meet in-person with PT 1 "... just once to establish a baseline of understanding, and then continue services virtually?" Program Administrator 1 replied the same day, "That is not possible this school year. [PT 1] and I have discussed what this might look like should [the Complainant] still not be back, though [Complainant's] absence is

temporary. … [PT 1] and I have already discussed some in-person options and it can't happen at this time."

193. Service logs for Student AR noted the following for PT 1:
   a. April 8, 2026: Physical therapy session for 65 minutes with a parent, IA, and a teacher present. Additionally, PT 1 noted the family agreed to "move forward" with virtual physical therapy and in-person therapy when it was available.
   b. April 22, 2026: Virtual physical therapy session for 30 minutes with an IA present.

194. An IEP Progress Report, dated June 12, 2026, documented progress made on the functional mobility goal and noted, "This section is incomplete due to PT staffing inconsistencies at [District 1]. [Student AR] did attend regular PT sessions from April to May, with the guidance of a virtual PT provider [through] [District 1]."

Student AS

195. An IEP, dated October 15, 2025, included:
   a. Age 16, Resident District 4.
   b. Eligibility as a student with an OHI.
   c. Functional mobility goal: "[Student AS] can horizontally jump 48 inches with both feet leaving and landing simultaneously."
   d. Related Services: Physical therapy provided by an ESD by a PT in a small-group setting for 60 minutes per month, from October 16, 2025 to October 14, 2026.
   e. Supports for School Personnel: Physical therapy consultation with teaching staff provided by an ESD by a PT for 30 minutes per month, from October 16, 2025 to October 14, 2026.

196. No physical therapy services were documented after February 2, 2026.

Student AY

197. An IEP, dated November 4, 2025, included:
   a. Age 15, Resident District 2.
   b. Eligibility as a student with an OI and an OHI.
   c. Functional mobility goal: "[Student AY] will initiate and complete the[,] 'Drop, Cover, and Hold On' protocol by independently descending to the floor and positioning [themselves] under a desk/table within 10 seconds of a verbal cue, without behavioral protest or redirection for 4 out of 5 trials. (Focuses on compliance and immediate response to safety cues)."
      i. An IEP Progress Report dated June 5, 2026 indicated Student AY did not work on their functional mobility goal during the reporting period. Progress summary noted, "[Student AY] wasn't receiving PT services most of this time, so [they] did not work on this goal with a PT."
   d. Related Services: Physical therapy, provided by an ESD by a PT at an independent skills location for 60 minutes per month, from November 4, 2025 to November 3, 2026.

e. Accommodations listed a gait belt for the bus, evaluation, and training provided by an LEA PT within the "community" for 30 minutes per week, from November 4, 2025 to November 3, 2026.
f. Supports for School Personnel: Physical therapy consultation provided by an ESD by a PT for 30 minutes per month, from November 4, 2025 to November 3, 2026.

198. On April 10, 2026, the Parent of Student AY emailed District 2 with their concerns regarding the lack of PT services and wrote, "Is the new PT that is taking the place of [the Complainant] virtual? I got a telehealth consent to sign today which leads me to believe this is the case. [Student AY] is a student with significant needs when it comes to PT and I do not agree to any teleservices being done for [Student AY]. This is a significant change in how services are going to be delivered, and I think as a parent I should have been told that this was going to happen. I will not be signing the consent for any teleservices for [Student AY]." Additionally, the Parent of Student AY wrote, "In regards to [Student AY's] upcoming pre-eval[uation] meeting that is scheduled for May I do not want any new PT assessments and am asking that we use the existing information for this area only. Again, [Student AY's] level of need is too great in this area to be assessed through teleservices and I do not believe this is appropriate for [Student AY]. I am formally requesting a meeting to discuss the PT needs for [Student AY] and how best they can be met while in this time of limbo."

199. On April 21, 2026, a District 2 staff member emailed PT 1 regarding Student AY. They stated, "Parent is resistant to signing a telehealth consent form and questioning how 'virtual' PT will work for [Student AY]." A District 2 staff member requested "verbiage" on the benefits of telehealth and shared the team had "inquired with our attorney on how to move forward … and also talk about possible compensatory PT services when there is an in-person PT … ." On the same day, a District 2 staff member emailed Student AY's team, indicating an additional meeting was needed regarding physical therapy, in addition to the scheduled May 12, 2026 meeting.

200. PWN, dated May 12, 2026, proposed "… compensatory physical therapy (PT) services for the [Student AY] due to a period during … which in-person PT services were unavailable between February 2026 and June 2026. During this time, teletherapy PT services were offered; however, the [District 2] recognizes that the student did not receive in-person PT services as outlined in the IEP. To address the missed opportunity for in-person services, the [District 2] is proposing the following compensatory education services to be provided by a licensed physical therapist: A minimum of 5 hours of direct PT services A minimum of 2.5 hours of PT consultation services These services will be scheduled in coordination with the family and school team and provided in addition to the student's current IEP services once an in-person PT is back to working in the program." The team reviewed Student AY's current IEP, progress information, and "documentation regarding PT service delivery during the February 2026 through June 2026 timeline" and considered maintaining the current schedule and rejected that option. Relevant factors indicated teletherapy physical therapy services offered during that timeframe were available, and indicated compensatory services were intended to "supplement" Student AY's "program in recognition that in-person PT services were not consistently available during that period."

201. Service logs for Student AY did not include physical therapy documentation after January 26, 2026.

202. On June 22, 2026, the Learning Coach emailed the Parent of Student AY regarding compensatory physical therapy services, "... [District 2] is offering some compensatory PT services to make up for the time in which there was only teletherapy available. … I am working with [District 1] to coordinate the best timeframe of these services. I believe the PT may have time this summer after July 7; or services could be added onto regular services once school starts. Do you have a preference?" The Parent of AY responded the following day, "We are fine waiting until school starts up again in the fall."

Student AZ

203. An IEP, dated October 15, 2025, included:
   a. Age 19, Resident District 4.
   b. Eligibility as a student with an OI and an SLD.
   c. Functional mobility goal: "[Student AZ] will climb up 5 steps with a handrail then walk approximately 20 feet, turn to the left 90 degrees, then turn to the right then walk approximately 20 feet and down 5 steps with use of the handrail without losing [their] balance for 5 out of 5 trials."
   d. Related Services: Physical therapy provided by Regional Programs by an LPTA in all school settings for 60 minutes per month, from October 15, 2025 to October 14, 2026.
   e. Supports for School Personnel: Physical therapy consultation provided by Regional Programs by a PT for 240 minutes per year, from October 15, 2025 to October 14, 2026.

204. No physical therapy services were documented in service logs after February 2, 2026, during the complaint period.

205. An IEP Progress Report, dated June 5, 2026, indicated progress made toward the mobility goal. Comments noted, "An in-person physical therapy session was completed with [Student AZ] at school on [June 11, 2026] to assess for Present levels. [They] missed a lot of sessions this year due to a break in services and significant absences. [Student AZ] was present on this day during a random visit despite typically being absent, allowing for a valuable opportunity to assess [their] current functional abilities. Collaboration occurred with [their] teacher and case manager, [Unknown Person], who shared that [Student AZ] has expressed interest in driving in the future. It was discussed that [their] current lower extremity motor control and decision-making skills may limit traditional driving; however, adaptive options may be appropriate over time. Additional discussion included [their] use of a recumbent bike at [a college] and the potential benefit of a tricycle as a functional mobility alternative. [Student AZ] reported sensations of burning and fatigue in [their] legs with activity. [Student AZ] confirmed consistent use of [a medication] with perceived benefit, though [Student AZ] is uncertain about follow-up with [their] physician. [Student AZ] also expressed interest in resuming [their] previous stretching program, indicating motivation for continued participation."

Student BE

206. A December 18, 2025 504 Accommodation Plan included:
   a. Age 14, Resident District 6.
   b. The basis for the 504 plan stated, "The student has limited use of [their] right hand, wrist, and fingers. [Student BE] has restricted right shoulder movement, which effects [*sic*] [their] ability to write and type."

General Findings

207. District 1 provided District 1 Board Policy IGBAJ, revised September 25, 2017, titled Special Education - Free Appropriate Public Education (FAPE)** as a special education-related policy.

208. On February 6, 2026, Program Administrator 1 emailed Education Staffing Agency 2 requesting a temporary PT.

209. On February 10, 2026, Program Administrator 1 communicated, via letter, with EI and ECSE families and families from resident districts whose students received physical therapy services to indicate a PT was not available. The letter noted District 1 was "... actively searching for a Physical Therapist to continue services and to make up for services missed during this time."

210. On February 11, 2026, Program Administrator 1 emailed Educational Staffing Agency 1 requesting a temporary PT.

211. On February 11, 2026, Program Administrator 1 received a list of five students from District 2 with upcoming PT evaluation dates:
   a. Student L, April 2, 2026; Student C, June 6, 2026; Student Q, August 28, 2026; and Students AN and AY, November 29, 2026.
   b. Upon receiving this information, Program Administrator 1 responded to District 2, "At the very least we have service log notes and progress report notes that can potentially be used for [Present Levels of Educational Performance] PLEPs since they have updates on goal progress, and I'm curious for these re-eval[uation]s if they are potentially able to be file reviews for the sake of PT, especially in cases where students have benefited from it for some time. What are your thoughts on these, team?"

212. On February 13, 2026, District 4 emailed certified staff to inform them the Complainant was out for an "indefinite period" and "... [District 1] is working on getting temporary coverage, but nobody has been lined up yet. [District 1] is also working on a message for parents regarding the situation. Please plan on inviting [Program Administrator 1] … to any of your upcoming IEP meetings that involve PT."

213. On February 18, 2026, Program Administrator 1 emailed District 4, "I am continuing to seek temporary PT support for continuity of services. I am wondering if you would be okay with me or classroom staff who complete exercise protocols and routines being "hands" for direct services? I will need to be 'hands' for evaluations, in any case." On February 25, 2026, District 4 inquired what Program Administrator 1 meant by "hands," and wrote, "Often times our staff are providing PT services regularly and [the Complainant] comes in every now and then to do it. I am fine with staff continuing to provide the services they have in the past." (**D393**) The same day, Program Administrator 1 wrote, "Yes, I mean something else; direct services must have a facilitator with a virtual PT. That means an adult is providing those services directly with the child under the direction/guidance of the virtual PT, so it can be akin to consult but it is not necessarily the same thing."

214. On February 18, 2026, Program Administrator 1 met with Educational Staffing Agency 3 to discuss District 1's need for a PT.

215. On February 18, 2026, the Special Programs Specialist and Program Administrator 1 exchanged emails regarding how certain physical therapy accommodations would be implemented with a virtual PT.
    a. The Special Programs Specialist wrote, "Does [District 1] have a solution for how accommodations like these will be handled … Physical Therapist, Community, 30 Min[utes] per week," "Use of a gait belt for walking. Physical Therapist All Settings 90 Min[utes] per week," "Wheelchair Clinic PT/PTA Life Skills Classroom 90 Min[utes] every year."
    b. Program Administrator 1 replied, "Our PT team doesn't provide services in the community, only the educational setting. Is there an instance where this has been written into an IEP? If so we may need to look at that. … Use of a gait belt … This is the same type of thing that I was trying to iterate with ODE and equipment: the school team is responsible for access to equipment and ensuring things like this. This is likely outlined in a student's exercise protocol that staff are trained on and implement. This is why ideally it would be written as: … Gait belt: provided by [District 1], implemented at 90 min[utes/week by [the] LEA. Wheelchair clinic: this really depends on the student. I would need to see if this has been delivered or not yet to see if comp[ensatoy] ed[ucation] is owed."

216. On February 19, 2026, Program Administrator 1 emailed District 2 and the Special Education Director, indicating physical therapy in the State was more "of a consultative model than direct." They suggested that school teams "consider" including direct services or moving toward a "consultative model." Program Administrator 1 noted, "What teams need to ask themselves is: can the student access their education and if they cannot, do they absolutely need one[-]on[-]one direct services in order to do so?" They added, "My instinct is to follow along with what is broadly happening around the state where K-12 is moving toward that consultative model, but if the team is not comfortable coming to that kind of a determination given the data … then my recommendation would be to continue services as outlined in most of the recent IEP."

217. On February 19, 2026, Program Administrator 1 emailed Districts 2, 3, and 4 indicating they found an agency who could provide a virtual PT and asked for feedback. Program Administrator 1 wrote, "I can provide 'hands' for screens/eval[uation]s. Consult is adult[-]to[-] adult[,] so I would not need to be there for facilitation. It's a matter of figuring out direct services, if at all possible, until/unless we find temporary on-site support."

218. On February 19, 2026, District 3 emailed Program Administrator 1, District 2, and District 4 regarding compensatory education: "At this time, [District 3] is collecting compensatory education time and not wanting a virtual PT or and [*sic*] substitute PT as this does not work well with our student."

219. On February 23, 2026, Program Administrator 1 alerted District 2 that District 1 recommended leadership hire PT 1. They wrote, "... we need to make a hire [as soon as possible] ASAP. There are growing evaluations and screens that must be completed, and many IEPs and IFSPs that require a PT. I need to make this hire so I can coordinate my schedule to not only onboard [but also] … be available at school sites to facilitate evaluations, screens, and direct services."

220. On February 23, 2026, Program Administrator 1 emailed District 4 to inform them they interviewed a "promising" temporary PT and requested the schedules for 13 students to propose service times that did not conflict with core academics. On February 27, 2026, District 4 replied via email providing the best times for physical therapy services for the following Students: E, F, I, V, Z, AB, AE, AL, AO, AR, AS, AZ, and an Unknown Student.

221. On February 26, 2026, Program Administrator 1 emailed District 4 to share the PT needed to be onboarded and the contract finalized before the provision of physical therapy services. Program Administrator 1 wrote, "I think our top priority is figuring out what this temporary virtual support would look like in your district for students with direct services."

222. On February 26, 2026, Program Administrator 1 indicated they met with District 2, which was considering hiring the Physical Therapist Assistant (PTA) to "support direct services for students as well as comp[ensatory] ed[ucation]."

223. On February 26, 2026, Program Administrator 1 emailed the Chief Financial Officer regarding funding, compensatory education, and hiring, and wrote, "Because kids have not had services since February 9th [2026], we have some comp[ensatory] ed[ucation] to make up. I hope that [the Complainant's] absence will be temporary and that [the Complainant] will return to the office soon, but I do not have a deadline or a return date at this time. In order to be safe and ensure funds are available, my instinct is that we should plan for support for the rest of the year, though I do not anticipate [the Complainant's] absence to be that long. … Lastly, can I tell [Educational Staffing Agency 1] to expect communication … regarding moving forward with the candidate, [PT 1]?"

224. A Customer Assignment Confirmation with Educational Staffing Agency 1 was signed by District 1, authorizing the hiring of PT 1, a virtual PT, to begin on March 9, 2026, and tentatively end on June 12, 2026.

225. On March 2, 2026, Program Administrator 1 emailed District 2 and District 4 separately to indicate PT 1 had been hired and would be joining District 1 on March 4, 2026.

226. In a series of emails dated March 4, 2026, Program Administrator 1 emailed Districts 2 and 4 to reintroduce PT 1 and to suggest they connect with PT 1 to schedule a consultation for March 2026, as well as outstanding compensatory education services owed from February 2026. The following students and their consultation service times were listed:
   a. District 2:
      i. Students C, L, R, and Q: 15 minutes of consultation per month and compensatory education for the previous month.
      ii. Students K, AF, AN, and AY: 30 minutes of consultation per month, and compensatory education for the previous month.
      iii. Student AA: 90 minutes of consultation per year, and "... all time has been met for this current year."
   b. District 4:
      i. Students F, V, AE, AL, AR, and AS: 30 minutes of consultation per month and compensatory education for the previous month.
      ii. Student I: 60 minutes of consultation per month and compensatory education for the previous month.
      iii. Student E: 90 minutes of consultation per month and compensatory education for the previous month.
      iv. Students AB: 240 minutes of consultation per year and compensatory education for the previous month.
      v. Students AO and AZ: 240 minutes of consultation per year and compensatory education for the previous month.
      vi. Student Z: "[N]o IEP right now?" 30 minutes of consultation per month and compensatory education for the previous month. "(I see the IEP is 'in progress' in Synergy, but I'm not sure on services being delivered yet)."

227. On March 4, 2026, Program Administrator 1 emailed District 2 notifying them that PT 1 was starting that day. Program Administrator 1 asked if an LPTA could help with compensatory and direct services and listed the students from District 2 receiving direct PT services:
   a. Students K, L, and Q: 30 minutes per month;
   b. Students C, O, R, AF, AN, and AY: 60 minutes per month; and
   c. Student AA: 90 minutes per month.

228. On March 4, 2026, District 4 emailed its case managers alerting them that District 1 hired a "temporary online PT" to cover during the Complainant's absence. Additionally, the emails requested feedback from case managers on the following: "What capacity do you or your staff have to work with [PT 1] during the times that [the Complainant] used to see students?

In other words, [PT 1] would be involved virtually, but you or one of your staff members may need to work directly with the student and follow [PT 1's] directions for these sessions." One case manager replied, indicating their educational assistants had worked with the Complainant and were familiar with the physical therapy exercises and plans that were developed for Student AL, and wrote they should be able to continue to support Student AL while PT 1 was virtual. On the same day, another case manager indicated an educational assistant was trained in Student AR's exercises, described their schedule, and wrote, "When [PT 1] is scheduled to 'visit,' either myself or the educational assistant will be there."

229. On March 19, 2026, Program Administrator 1 noted the "EI eval[uation] team convened in person in [the] Board room and via Teams to determine that [PT 2] will support EI students [in need of] INO [*sic*] evaluations until [the Complainant's] return and [PT 2] will support [the Complainant's] EI caseload until [the Complainant's] return."

230. On March 20, 2026, PT 2 emailed Program Administrator 1 indicating they requested eight students be added to their caseload on ecWeb and planned to review files and finalize scheduling on March 30 and March 31, 2026. On March 30, 2026, PT 2 emailed an updated EI service schedule for nine students who were previously on the Complainant's caseload.

231. On March 20, 2026, PT 1 emailed School Psychologist 1 and recommended, "General Physical Therapy Evaluation for an assessment" for Students C, Q, and J. Additionally, for Student C, they recommended minutes per month and no adjustments to goals.

232. On April 10, 2026, the Special Programs Specialist emailed Program Administrator 1 and shared, "I believe consent for telehealth and FAPE are two separate things. FAPE comes in when the team decides whether or not FAPE can be attained through Telehealth. Consent is obtained by the licensee… . … 'the Licensee must obtain the patient's consent to receive the services via telehealth.' [PT 1] may have already obtained consent, we need to make sure we have it documented in the student's permanent record."

233. On April 13, 2026, Program Administrator 1 emailed District 2's Special Program Specialist to share, "[PT 1] has not had communication with parents on consultation. … Do [PT 1] and I need to contact parents to explain that virtual PT is occurring for consultation only? Do you need us to make contact for direct and combination direct/consultation services?"

234. On April 14, 2026, the Learning Coach emailed District 2 members and instructed them to contact PT 1 to "coordinate scheduled sessions for compensatory PT." Additionally, they provided other staff members' contact information for "guidance" and "expectations."

235. On April 15, 2026, the Learning Coach emailed District 2 members regarding a parental refusal of telehealth. They inquired about PWN regarding providing a FAPE "by offering PT via telehealth but child not receiving services due to parent refusal [*sic*]." They shared their belief, "... we are not denying the student FAPE because we are still offering physical therapy services and since the parent is the one refusing the service that we would not owe the student any additional compensatory physical therapy … ."

236. On April 16, 2026, PT 1 emailed District 1 to schedule the following students for direct services or consultative PT:
   a. Students S and BG: 15 minutes of direct service per month.
   b. Students AT and BD: 30 minutes of direct service per month.
   c. Students AX and BA: 15 minutes of direct service and 15 minutes of consultation per month.
   d. Students M and BC: 30 minutes of direct service and 15 minutes of consultation per month.
   e. Student BB: 30 minutes of consultation per month.

237. On April 27, 2026 and April 30, 2026, PT 1 emailed District 4 to schedule the following students for direct services or consultative PT:
   a. Student V: 60 minutes of direct service and 30 minutes of consultation per month.
   b. Student Z: "[N]o IEP right now?" 60 minutes of direct service and 30 minutes of consultation per month.
   c. Student AB: 480 minutes of direct service and 240 minutes of consultation per year.
   d. Student AS: 60 minutes of direct service and 30 minutes of consultation per month.

238. The Complainant, PT 1, PT 2, and the PTA held active licenses with the State Board of Physical Therapy that expire on March 31, 2028.

239. On May 5, 2026, the Complainant filed this Complaint.

240. In an email exchange on May 19, 2026, Program Administrator 1, PT 2, and the Complainant exchanged the following emails regarding compensatory physical therapy services owed to students from February, March, and April 2026 to be delivered by the end of the 2025-26 school year:
   a. Program Administrator 1's email included the following list of students and time owed:
      i. Student E, 120 minutes; Student F, 60 minutes;
      ii. Students G and P, 270 minutes; Student I, 105 minutes;
      iii. Student U, 225 minutes; Student W, 315 minutes;
      iv. Student AG, 200 minutes; Student AL, 15 minutes;
      v. Student AO, 7 minutes; Student AP, 180 minutes;
      vi. Student AV, 135 minutes; Student AW, 235 minutes; and
      vii. Student AZ, 150 minutes.
   b. PT 2 indicated services for Student AP had closed and asked about compensatory education for Student AK.
   c. Program Administrator 1 acknowledged the end of physical therapy services for Student AP and indicated Student AK was not owed minutes. After reviewing an additional email from PT 2, Program Administrator 1 agreed to review the compensatory education data for Student AK.
   d. The Complainant inquired about physical therapy services provided for Student Z, to which Program Administrator 1 replied, "The team never scheduled with our virtual PT despite attempts to do so; thus, we do not owe comp[ensatory] education." The

Complainant followed up regarding the documentation of services for Students AB, AE, and AS. Program Administrator 1 indicated attempts to schedule services were documented via email and, "I'm working on this with the virtual PT."

241. On May 27, 2026, Program Administrator 1 emailed the Complainant and PT 1 and indicated that the Complainant would resume serving students on their caseload and PT 1 would "... support ongoing evaluations needs [*sic*] that are in progress and any students who need compensatory education … ." The email listed the aforementioned Students (with the addition of Student AK for 165 minutes, and the removal of Student AP) regarding the amount of physical therapy compensatory education owed for February, March, and April, 2026.

242. On June 11, 2026, the District 3 Director of Special Education emailed Program Administrator 1 regarding compensatory education accrued for students during the Complainant's absence and wrote, "... was [a] decision ever made regarding compensatory services for when [the Complainant] was on leave?"

243. On July 22, 2026, District 3 responded to the Complaint Investigator's *Request for Records* and wrote, "I have attached the documents for Student D, Student A, Student B, Student P, Student AG, and Student AW are all EI/ECSE students and their records are held by [District 8]."

244. On August 31, 2026, the Special Education Director indicated that regarding "Staff Training Records" on how to work with a virtual PT, "... [PT 1] provided real[-]time coaching and direct feedback to staff members supporting students that were receiving PT services. These were not formally scheduled trainings, but rather the kind of coaching that would occur during a direct PT session, as well as during consultation time. This coaching was specific to each circumstance as students were being served."

245. Service Agreements between District 1 and Districts 2 through 7 for Tier Two Services included the following relevant details:
   a. Effective Date of Contract: "This Contract becomes effective upon execution by both parties and shall commence on July 1, 2025, and remains in effect until June 30, 2026."
   b. Duties and Responsibilities of the District (2 through 7):
      i. "2.1 To participate in the designated process for entry of a student to the designated program including providing all necessary and appropriate student records to the program and exit of a student from the program."
      ii. "2.4 To conduct all eligibility and re-eligibility determinations for special education services in cooperation with [District 1] staff."
      iii. "2.6 To provide all necessary related services as determined appropriate in the IEP, either through contracting with [District 1] for those services or utilizing home district staff … ."
   c. Duties and Responsibilities of District 1:
      i. "3.1 [District 1] will provide the services requested by the District [2 through 7] pursuant to the Local Service Plan and the selected Tier Two Program Service Plans as listed on the District's Tier Two Order form."

d. Duties and Responsibilities of the District (2 through 7) and District 1:
    i. "4.1 … [District 1] and the District agree to adhere to the terms provided by each of the Tier Two Program Service Plans that pertain to the programs and services ordered by the District [2 through 7]."
    ii. "4.3 … [District 1] and District [2 through 7] will collaborate on determining appropriate services for programs and individual students, but the District [2 through 7] is at all times responsible for determining and providing the services and service amounts for individual students in order to provide a free, appropriate public education in compliance with state and federal laws."
e. Signatures:
    i. District 2 Superintendent, August 1, 2025; District 1 Superintendent, July 29, 2025.
    ii. District 3 Superintendent and District 1 Superintendent, July 14, 2025 and December 18, 2025.
    iii. Former District 4 Superintendent and District 1 Superintendent, July 29, 2025.
    iv. Former District 5 Superintendent, July 28, 2025 and December 19, 2025; District 1 Superintendent, July 28, 2025 and December 18, 2025.
    v. District 6 Superintendent and District 1 Superintendent, July 28, 2025.
    vi. District 7 Superintendent, undated; District 1 Superintendent, August 4, 2025.

246. In an interview with the Complaint Investigator, the Complainant shared their primary concern was that during their leave, students did not receive their physical therapy services, and while District 1 tried to secure a virtual PT, one was not secured for four weeks. The Complainant shared, "... the early intervention children I was seeing didn't start seeing people until the middle of April." The Complainant indicated they returned from leave on or about May 18, 2026, and were told there was "... compensatory time that I had to make up."

247. When asked about the virtual PT (PT1), the Complainant indicated, "I only met with [them] on a couple of occasions. [PT 1] did a lot of damage to my caseload. [PT 1] adjusted services. [PT 1] made changes to IEP plans with inadequate testing because [they] couldn't do the testing because [PT 1] was virtual. For example, [PT 1] changed a kid's evaluation using a subjective questioned eligibility versus a norm reference, which is what we're supposed to use."

248. The Complainant shared PT 2 assumed responsibility for the provision of physical therapy for some of the students on the Complainant's caseload in April 2026.

249. Regarding the provision of physical therapy services by unqualified personnel, the Complainant shared, "So there were no follow-ups for these minutes by qualified personnel … until the virtual PT came on board. … So all of these kids were … . … still getting the program completed in school with the trained personnel that were in the schools, but they were not getting the direct services that were set on the IEPs. And if I was to say that PT services were being provided by unqualified personnel, right now in the early intervention area, if somebody else besides a PT is making the decisions for goals and a plan, that's a service that's being provided by an unqualified personnel."

a. On September 1, 2026, the Complainant submitted written clarifications to the Complaint Investigator regarding the Personnel Qualifications allegation, saying, "Regarding the issue of unqualified staff, my concern was not directed at individual personnel but at the administrative directives that attempted to alter my legally defined scope of practice. These directives were issued without any statutory, regulatory, or ethical basis and effectively required non-medical personnel to make or override clinical determinations. This is directly relevant to IDEA's requirement that related services be provided by qualified providers."
b. On September 3, 2026, the Complainant further clarified, "... my allegation regarding unqualified personnel stems from the administrative decision for a directive that was made without legal, procedural, or clinical justification. The directive issued directly contradicted my licensed scope of practice and placed me in a position of ethical and statutory conflict. This premature and inappropriate use of administrative authority disrupted services for students on my caseload throughout February, March, and part of April [2026]. This is the primary reason for that allegation."

250. When asked about students receiving services by unqualified personnel, the Complainant said, " ... When I read the goals, I realized that some of these were done, at least they appeared to be done[,] without a PT's input."
a. On September 1, 2026, the Complainant sent a written response regarding the changes in students' goals while the Complainant was on leave, "During my administrative leave, there were notable changes to multiple students' IFSPs. While I do not yet have complete documentation to establish a definitive pattern, several IFSPs appear to have been significantly reduced in terms of direct PT service types and minutes with minimal to no justification and goal specificity."

251. The Complainant shared their understanding regarding the provision of PWNs for the changes in related services for the students on their caseload, stating, "If they're changing the services … they eventually did when they figured out that they were going to have a virtual PT to come in and do the work, then prior written notices went out to determine whether the parents were agreeable to virtual or not. And the ones that didn't reply, the kids just got the virtual anyway, from what I understand."

252. The Complainant indicated Students AK and AW did not receive their physical therapy services while the Complainant was on leave, and the Parent of Student AY did not want virtual physical therapy and "... [District 1] had to negotiate compensatory time. And apparently they came up with five hours of time owed to that kid, which is several weeks. It's almost 90 minutes each time … . So that's three months of time that needs to be made up with [Student AY]."

253. On September 8, 2026 and September 9, 2026, Program Administrator 1 submitted responses to written questions posed by the Complaint Investigator that included the following:
a. From February 6, 2026 to March 4, 2026, regarding services provided to the students on the Complainant's caseload, "Services were not provided until the virtual PT was hired, at

which time, compensatory education accrued during 2/6 [2026] to 3/4 [2026] was attempted and/or delivered. Some students were reassigned temporarily to our other in[-]person PT for children 0-5." Program Administrator 1 noted, "Services were documented in ecWeb for 0-5 and each school district's Synergy for k-12."

b. From February 6, 2026 to May 5, 2026, "... all services provided by a PTA or PT and to my knowledge were all logged but I no longer have access to any SIS to verify this."

IV. DISCUSSION

IEP/IFSP Team

The Complainant alleged decisions made regarding the provision of physical therapy services to approximately 40 students on the Complainant's caseload were made solely by administrators since February 7, 2026.

School districts must ensure the IEP Team for each child with a disability includes one or both of the child's parents, the child where appropriate, and at least one regular education teacher of the child, if the child is or may be participating in the regular education environment. In addition, it should include at least one special education teacher of the child or, if appropriate, at least one special education provider of the child. It must include a representative of the school district, who may also be another member of the team, who is qualified to provide, or supervise the provision of, specially designed instruction; knowledgeable about the general education curriculum; knowledgeable about district resources; and authorized to commit district resources and ensure that services set out in the IEP will be provided. The IEP team must include an individual who can interpret the instructional implications of the evaluation results (who may also be another member of the team), including related services personnel as appropriate, invited by the parent, whom the parent determines to have knowledge or special expertise regarding the child or the school district, whom the school district determines to have knowledge or special expertise regarding the child, and transition services participants.[4]

A member of the IEP team is not required to attend an IEP meeting, in whole or in part, if the parent of a child with a disability and the school district agree in writing that the attendance of the member is not necessary because the member's area of the curriculum or related services is not being modified or discussed at the meeting. A member of the IEP team may be excused from attending an IEP meeting, in whole or in part, when the meeting involves a modification to or discussion of the member's area of curriculum or related services if the parent and school district consent in writing to the excusal; and the member submits, in writing to the parent and the IEP team, input into the development of the IEP before the meeting. The regular education teacher of the child must participate as a member of the IEP team, to the extent appropriate, in the development, review, and revision of the child's IEP, including assisting in the determination of supplementary aids and services, program modifications and supports for

[4] OAR 581-015-2210(1); 34 C.F.R. § 300.321

school personnel that will be provided for the child as well as appropriate positive behavioral interventions and supports, and other strategies for the child.[5]

If, considering these special factors, the IEP team determines that a child needs a particular device or service (including an intervention, accommodation, or other program modification) for the child to receive a free appropriate public education (FAPE), the IEP team must include a statement to that effect in the child's IEP. Nothing in the rule may be construed to require the IEP team to include information under one component of a child's IEP that is already contained under another component of the child's IEP.[6]

Each initial meeting and each annual IFSP team meeting to evaluate the IFSP must include the parent or parents of the child, other family members, as requested by the parent, if feasible to do so, and an advocate or person outside of the family, if the parent requests that the person participate. In addition, the IFSP must include the service coordinator designated by the public agency to be responsible for implementing the IFSP, a person directly involved in conducting the evaluations and assessments, and as appropriate, persons who will be providing early intervention (EI) services to the child or family. If a person is unable to attend the meeting, arrangements must be made for the person's involvement through other means including participating in a telephone conference call, having a knowledgeable authorized representative attend the meeting, and/or making pertinent records available at the meeting. Each periodic review must provide for the participation of persons required to participate in the IFSP team meeting. If conditions warrant, provision must be made for the participation of other representatives identified.[7]

In developing, reviewing and revising the child's IFSP, the IFSP team must consider the strengths of the child and the concerns of the parents for enhancing the development of their child, the results of the initial or most recent evaluation of the child; and for a child age three and older, the academic, developmental and functional needs of the child. For children aged three and older, in developing, reviewing and revising the child's IFSP, the IFSP team must consider the following special factors of the communication needs of the child and whether the child requires assistive technology devices and services. For children aged three and older, in developing, reviewing and revising the IFSP of children described below, the IFSP team must consider the additional special factors for a child whose behavior impedes their development or that of others, and consider strategies, positive behavioral interventions and supports to address that behavior.[8]

If, in considering special factors, the IFSP team determines that a child needs a particular device or service (including intervention, accommodation or other program modification) for the child to receive a FAPE, the IFSP team must include a statement to that effect in the child's IFSP. Nothing in the rule may be construed to require the IFSP team to include information under

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[5] *Ibid.*

[6] OAR 581-015-2205(4)(5)

[7] 34 C.F.R. § 303.343

[8] OAR 581-015-2820(1-4)

one component of the IFSP that is already contained under another component of the child's IFSP.[9]

Data analysis from materials provided by District 1 and Districts 2 through 7 for students on the Complainant's caseload revealed the following:

1. This allegation was not assessed for the following students:
    a. No IFSP/IEP was provided for Student T.
    b. No materials were provided for Students AJ, AM, and BF.
    c. The IFSP provided for Student AX was outside of the Complaint window.
    d. Only service logs were provided for Student BA.
    e. Student BE was on a 504 plan.

2. For Students C, J, K, L, O, R, Q, AA, and AF, District 2 communicated with families via PWN on February 12, 2026, that physical therapy services required in students' IEPs were temporarily unavailable due to the unavailability of a PT and proposed compensatory education to address missed physical therapy services.

3. For Students A, B, D, E, F, G, H, I, M, N, P, S, U, V, W, X, Y, Z, AC, AD, AG, AH, AI, AK, AL, AO, AP, AQ, AR, AS, AT, AU, AV, AW, AY, AZ, B, BB, BD, and BG, there were no unilateral changes made by administrators with or without meetings. If service changes were made, those changes were initiated by a properly constituted IFSP/IEP team.

4. For the following students, procedural violations occurred:
    a. Student AB's IEP team convened on March 18, 2026 for an annual IEP review. While physical therapy services remained unchanged, the meeting proceeded without the required attendance of a PT or a signed written agreement excusing their absence.
    b. Student AE's physical therapy related services were removed from their March 4, 2026 IEP without the required attendance of a case manager or PT or a signed written agreement excusing their absence.
    c. Student AN's IEP was amended, regarding ESY, outside of a properly constituted team meeting on April 9, 2026.
    d. Student BC's IFSP was revised on April 30, 2026 outside of an IFSP meeting and documented in a PWN; however, there was no indication in the evidence that the revisions were made as a part of the IFSP team process that included the provision for the participation of IFSP team members.

Based on the evidence provided, the core allegation that administrators unilaterally altered physical therapy services for students on the Complainant's caseload was unfounded. For the majority of the students reviewed, physical therapy services were either modified through properly constituted IFSP/IEP teams or left unchanged. For a subset of students in District 2, PWNs were issued to inform families of a temporary service interruption and offer compensatory education due to a staffing issue, rather than a unilateral decision to alter

[9] OAR 581-015-2820(4)(5)

services. To the extent that issuing a pause on services outside a meeting could be considered a procedural modification, the obligation to hold IFSP/IEP meetings to amend them rests with the students' responsible resident districts under OAR 581-015-040.

While procedural violations occurred for Students AB, AE, AN, and BC, the service agreements between District 1 and Districts 2 through 7 and OAR 581-015-2040 clearly delineate that "... school districts must provide a free appropriate public education [to] all school-age children with disabilities for whom the district is responsible …" and the responsibility lies with each individual district to ensure a properly constituted IFSP/IEP meeting was convened when services were changed, not District 1.

The Department does not substantiate this allegation.

When IEPs/IFSPs Must Be In Effect

The Complaint alleged District 1 violated the IDEA by failing to provide physical therapy services to meet individual student needs to approximately 40 students on the Complainant's caseload, as required by their IEPs/IFSPs, since February 12, 2026.

At the beginning of each school year, a school district must have in effect an IEP for each child with a disability within the district's jurisdiction. School districts must provide special education and related services to a child with a disability in accordance with an IEP. When an IEP is an initial IEP, a school district must conduct a meeting to develop an initial IEP within 30 calendar days of a determination that the child needs special education. As soon as possible following development of the IEP, special education and related services must be made available to the child in accordance with the child's IEP. Each school district must ensure that the IEP is accessible to each regular education teacher, special education teacher, related service provider, and any other service provider who is responsible for its implementation; and inform each teacher and provider of their specific responsibilities for implementing the child's IEP and the specific accommodations, modifications, and supports that must be provided for or on behalf of the child in accordance with the IEP.[10]

An IFSP must be written before EI services or ECSE and related services are provided to the child, begin as soon as possible following the meeting, and be provided year-round for children receiving EI services, unless agreed to otherwise by the parents, or be in effect by the child's third birthday and at the beginning of the school year for children receiving ECSE services. If a child's third birthday occurs during the summer, the child's IFSP team must determine when services begin under the IFSP. Contractors and subcontractors must ensure that the IFSP is available as soon as possible and at no cost to the parents. They must also ensure copies of the IFSP are available to each regular preschool teacher, EI/ECSE specialist, related service provider, and any other service provider who is responsible for its implementation. The child's IFSP team must inform each teacher and provider of their specific responsibilities for implementing the child's IFSP and the specific accommodations, modifications and supports that must be provided for on behalf of the child in accordance with the IFSP. Contractors or subcontractors

[10] OAR 581-015-2220; 34 C.F.R. § 300.323

must provide EI or ECSE and related services to a child with a disability in accordance with an IFSP. Nothing in this rule limits a parent's right to ask for revisions of their child's IFSP or to invoke due process procedures.[11]

In the case of a child with a disability aged three through five, the IEP team must consider an IFSP that contains the IFSP content (including the natural environments statement) and its implementing regulations (including an educational component that promotes school readiness and incorporates pre-literacy, language, and numeracy skills for children with IFSPs who are at least three years of age), and that is developed in accordance with IEP procedures. The IFSP may serve as the IEP of the child, if using the IFSP as the IEP is consistent with State policy, and agreed to by the agency and the child's parents.[12]

Districts 2 through 7 contracted with District 1 (via service agreements and orders) to provide physical therapy services. District 1 acknowledged that physical therapy services for the students on the Complainant's caseload were not provided from February 6, 2026 to March 4, 2026, when a temporary replacement PT was hired. Additionally, a review of the data for the 59 Students on the Complainant's caseload revealed the following:

1. Physical therapy services were provided to Students AA, B, and S in accordance with their IFSPs/IEPs.

2. The provision of physical therapy services could not be determined by the Complaint Investigator for the following students:
    a. Student H: Service minutes were listed as yearly minutes, and Student H's enrollment period was short.
    b. Student R: The record contained conflicting information. The most recent IEP provided was dated February 20, 2025. The service log indicated that no physical therapy services were provided after January 29. 2026; however, the contact log indicated that on April 28, 2026 verbal consent was provided for virtual physical therapy services.
    c. Student AB: Services were listed as yearly minutes.
    d. Student AH: The last IFSP revision was on February 6, 2025, and no evidence was provided to indicate whether services did or did not occur during the allegation period.
    e. Student AK: The record contained conflicting information. The IFSP indicated physical therapy ended on October 2, 2025; however, meeting notes indicated it was added on March 19, 2026, but no IFSP was provided documenting the services.
    f. Student AO: Service minutes were listed as yearly minutes.
    g. Student AU: Physical therapy services were scheduled to commence on April 30, 2026, close to the end of the Complaint window.

[11] OAR 581-015-2830; 34 C.F.R. § 303.114

[12] 34 C.F.R. § 300.323

h. Student AX: The record contained conflicting information. The IFSP provided was outside the Complaint window; however, the service log documented a virtual physical therapy session in April 2026.

3. Physical therapy services were not assessed for the following students:
    a. Student T: No IFSP was provided.
    b. Student AI was homeschooled on January 20, 2026.
    c. Students AJ, AM, and BF: No materials were provided.
    d. Student AQ: Physical therapy services were removed at the January 27, 2026 IEP meeting.
    e. Student BA: Only service logs outside of the allegation window were provided.
    f. Student BE was on a 504 plan.

1. Physical therapy services were not sufficiently provided in accordance with IFSPs/IEPs for the following students:
    a. In March 2026: Students A, G, P, AF, AG, AL, AP, AV, AW, and BG.
    b. In March and April 2026: C, D, E, F, I, J, K, L, M, N, O, Q, U, V, W, X, Y, Z, AC, AD, AE, AN, AR, AS, AT, AY, AZ, BB, BC, and BD.

Under Oregon law, Districts 2 through 7 retain the responsibility for the provision of a FAPE to its students. However, because Districts 2 through 7 entered into service agreements with District 1, District 1 assumed a contractual service-delivery obligation for the provision of physical therapy services to those students. District 1's acknowledgment of its inability to provide physical therapy services for students on the Complainant's caseload demonstrated both its contractual responsibility for service delivery and its failure to fulfill that obligation, establishing a legal basis to hold District 1 responsible for the provision of those services. District 1 failed to ensure that physical therapy special education and related services were provided in accordance with the IEPs and IFSPs for the majority of students on the Complainant's caseload during February, March, and April 2026. Although District 1 diligently sought temporary coverage by contracting with a virtual PT and reassigning some students to an in-person PT, there was an interruption in direct and consultative physical therapy service minutes. This interruption constituted a failure to implement the related services required by the students' IEPs/IFSPs, which remained in effect.

The Department substantiates this allegation.

Personnel Qualifications

The Complaint alleged that physical therapy services provided to approximately 40 students on the Complainant's caseload were delivered by unqualified personnel since February 7, 2026.[13]

[13] ODE 26-054-022 addressed this allegation to February 11, 2026.

School districts must ensure that the IEP team for each child with a disability includes related services personnel as appropriate, invited by the school district, whom the school district determines to have knowledge of special expertise regarding the child.[14]

The SEA must establish and maintain qualifications to ensure that personnel necessary to carry out the services are appropriately and adequately prepared and trained, including that those personnel have the content knowledge and skills to serve children with disabilities. Related services personnel and paraprofessionals must include qualifications for related services personnel and paraprofessionals that are consistent with any State-approved or State-recognized certification, licensing registration, or other comparable requirements that apply to the professional discipline in which those personnel are providing special education or related services. In addition, ensure that related services personnel who deliver services in their discipline or profession meet the requirements, have not had certification or licensure requirements waived on an emergency, temporary, or provisional basis, and allow paraprofessionals and assistants who are appropriately trained and supervised, in accordance with State law, regulation, or written policy, in meeting the requirements to be used to assist in the provision of special education and related services to children with disabilities.[15] EI services are provided by qualified personnel.[16]

"Qualified personnel" means personnel who have met State-approved or recognized certification, licensing, registration, or other comparable requirements that apply to the areas in which the individuals are conducting evaluations or assessments or providing EI services.[17] "Related services" includes transportation and such developmental, corrective and other supportive services as are required to assist a child with a disability to benefit from special education, and includes orientation and mobility services, speech-language pathology and audiology services, interpreting services, and psychological services. Related services also includes physical and occupational therapy, recreation including therapeutic recreation, school health services and school nurse services, counseling services, including rehabilitation counseling services, social work services in schools, parent counseling and training. In addition, related services include school health services, medical services for diagnostic or evaluation purposes, and early identification and assessment of disabling conditions in children. This definition incorporates the exception for services for children with surgically implanted devices, including cochlear implants, and the definitions for individual related services.[18] "Related services personnel" means professionals who consult, supervise, train staff, design curriculum, or implement related services.[19] Related services personnel must possess a minimum of a baccalaureate degree and a valid license necessary to practice in Oregon. Related services personnel who also provide service coordination must have a Teacher Standards and Practices

[14] OAR 581-015-2210(1)(g)(B)

[15] 34 C.F.R. §§ 300.156(a)(b), 300.207

[16] 34 C.F.R. § 303.13(a)(7)

[17] OAR 581-015-2700(34); 34 C.F.R. § 303.31

[18] OAR 581-015-2700(35)

[19] OAR 581-015-2700(36)

Commission (TSPC) licensure in their area of discipline, state licensure in their area of discipline, and a professional development plan based on the content of the EI/ECSE competencies.[20]

Additional OAR's define physical therapy terms such as "licensee," and "telehealth service." A "licensee" applies to a PT or PTA, and "telehealth service" means "... physical therapy intervention, including assessment or consultation, that can be safely and effectively provided using synchronous two-way interactive video conferencing, or asynchronous video communication in accordance with generally accepted healthcare practices and standards."[21] A licensee may provide telehealth services to a patient who is domiciled or physically present in the State at the time the services are provided. An aide may not provide telehealth services. Telehealth services provided must conform to the scope and standards of practice and documentation as provided in ORS. Telehealth services must be at least equivalent to the quality of services delivered in-person. Prior to the initiation of telehealth services, a licensee shall obtain the patient's consent to receive the services via telehealth. The consent may be verbal, written, or recorded and must be documented in the patient's permanent record.[22]

A document provided by the ODE notes that a PTA may provide telehealth services under the supervision of a licensed PT. Additionally, the licensee should obtain consent if any of the services meet the licensing board definitions of consult or direct intervention.[23]

The record establishes that physical therapy services across the Complainant's caseload were delivered or supervised by the Complainant, PT 1, PT 2, and the PTA. The evidence confirms that all personnel providing physical therapy services held active, valid licenses with the State Board of Physical Therapy expiring on March 31, 2028.

During their interview, the Complainant clarified that their allegation regarding unqualified personnel did not stem from uncredentialed staff delivering therapy, but rather from administrative directives that allegedly interfered with the Complainant's licensed scope of practice. While administrative directives and professional scope of practice present professional concerns, they fall outside the jurisdiction of the IDEA and the Department's investigative authority. The Department's review under the IDEA is strictly limited to whether personnel delivering related services met state qualification and licensing standards.

Furthermore, while state licensing rules require obtaining verbal or written consent prior to the provision of virtual physical therapy, any procedural gaps in documenting these consents do not invalidate the qualifications or licensure of the providers. The record indicates District 1 and Districts 2 through 7 actively sought and documented teletherapy consents across the caseload.

The Department does not substantiate this allegation.

PWN

[20] OAR 581-015-2900(4)

[21] OAR 848-040-0100

[22] OAR 848-040-0180

[23] School Physical Therapy and Telehealth V.7: Frequently Asked Questions, September 2025, https://www.oregon.gov

The Complaint alleged District 1 had not issued PWNs for proposed changes to related services for the students on the Complainant's caseload since February 7, 2026.

For the purpose of prior written notice (PWN), school district also means the ECSE program and its contractors and subcontractors. PWN must be given to the parent of a child within a reasonable period of time before a school district proposes to initiate or change the identification, evaluation, or educational placement of the child, or the provision of a FAPE to the child. In addition, the purpose of PWN must be given to the parent of a child when the district refuses to initiate or change the identification, evaluation, or educational placement of the child or the provision of FAPE to the child.[24]

PWN must be provided to parents a reasonable time before the lead agency or an early intervention service (EIS) provider proposes, or refuses, to initiate or change the identification, evaluation, or placement of their infant or toddler, or the provision of EI services to the infant or toddler with a disability and that infant's or toddler's family. The content of the notice must be in sufficient detail to inform parents about the action that is being proposed or refused, the reasons for taking the action, and all procedural safeguards that are available, including a description of mediation, how to file a State complaint, and a due process complaint, along with any timelines under those procedures. The notice must be written in language understandable to the general public, and provided in the native language of the parent or other mode of communication used by the parent, unless it is clearly not feasible to do so. If the native language or other mode of communication of the parent is not a written language, the public agency or designated EIS provider must take steps to ensure that the notice is translated orally or by other means to the parent in the parent's native language or other mode of communication. In addition, the parent understands the notice, and there is written evidence that the requirements have been met.[25]

PWN must be given to the parent or surrogate parent a reasonable time before the contractor or subcontractor proposes to initiate or change, or refuses to initiate or change, the identification, evaluation, placement of the child, or the provision of appropriate EI services if the child is from birth to age three. In addition, PWN must be given to the parent or surrogate parent when the provision of a FAPE to the child if the child is three years of age to eligibility for public school.[26]

School districts must provide parents with PWN within a reasonable timeframe whenever they propose or refuse to initiate or change a student's identification, evaluation, educational placement, or provision of FAPE. For the following students, PWNs were required and not provided:

a. Student A: PWN was required for the February 24, 2026 and April 27, 2026 IFSP and revision.

[24] OAR 581-015-2310 (1)(2); 34 C.F.R. § 300.503(a)

[25] 34 C.F.R. § 303.421

[26] OAR 581-015-2745(1)

b. Student AK: PWN was required for the revisions made at the March 19, 2026 annual IFSP meeting.
c. Student AR: PWN was required for the revisions made at the March 11, 2026 annual IEP meeting.
d. Student AW: PWN was required for the IFSP revision on April 29, 2026.
e. Student BG: PWN was required for the revisions made at the annual IFSP meeting on February 25, 2026.

While procedural violations regarding PWNs were identified for Students A, AK, AR, AW, and BG, these did not result in a substantiated allegation against District 1 because the legal responsibility for issuing PWNs under the IDEA in these circumstances belonged to Districts 2 through 7 as the parties responsible for ensuring a FAPE. District 1 operated solely as a service provider and was not the entity legally responsible for issuing PWNs in these circumstances.

The Department does not substantiate this allegation.

FAPE

The Complaint alleged District 1 denied a FAPE to approximately 40 students on the Complainant's caseload by failing to provide required physical therapy services since February 12, 2026.

Each school district is responsible for providing a FAPE to school-age children with disabilities for whom the school district is responsible.[27] In Oregon, the school district responsible for providing a FAPE to a student is the student's district of residence.[28] A FAPE is defined as special education and related services that are provided at public expense, under public supervision and direction, and without charge; meet the standards of the state educational agency, include an appropriate preschool, elementary school, or secondary school education; and in conformity with an IEP.[29]

Under Oregon law, the responsibility for the provision of a FAPE for the students on the Complainant's caseload rests with each student's local district of residence rather than District 1.

The Department does not substantiate this allegation.

V. CORRECTIVE ACTION[30]

In the Matter of South Coast Education Service District

[27] OAR 581-015-2040(1); 34 C.F.R. § 300.101(a)

[28] OAR 581-015-2040

[29] 34 C.F.R. §§ 300.17, 303.15

[30] 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)).

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. District 1, in coordination with Districts 2 through 7, must complete a comprehensive audit of physical therapy service minutes (direct and consultative) owed to all affected students on the Complainant's caseload for the period of February 12, 2026, through May 5, 2026. ● District 1 must calculate the number of direct and consultative physical therapy minutes missed for each student. ● District 1 must submit an individualized Compensatory Education Schedule for each impacted student, including: ○ Total compensatory minutes accrued. ○ The delivery model (in-person or virtual). ○ The delivery timeline (completed no later than May 1, 2027). ○ Documentation of parent agreement with the schedule.	The District shall submit to the ODE the following: The proposed Compensatory Education Schedule. Evidence showing compensatory education was provided.	**December 15, 2026** **May 15, 2027**
2. District 1 must ensure that all District 1 staff responsible for implementing IFSPs/IEPs receive training in each of the following areas: ● IEP/IFSP Implementation. ● Proper procedures for obtaining and documenting teletherapy consents. ● Delineation of responsibilities between District 1 and Districts 2	Training agenda/materials to ODE for review/approval. Sign-in sheet for training.	**January 15, 2027** **March 15, 2027**

through 7 regarding service delivery and a FAPE. ● Continuity of related-service implementation during staffing shortages. ● Service interruption planning. ● Documentation of missed services and compensatory education.		

Dated: this 23rd Day of September 2026



Ramonda Olaloye
Assistant Superintendent
Office of Enhancing Student Opportunities

E-mailing Date: September 23, 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). A party may request reconsideration by the Superintendent within 60 days after the date of the Order pursuant to OAR 137-004-0080 and OAR 581-015-2030(14)(b). A request for reconsideration does not stay this Order, and corrective action must begin according to the timelines stated herein. OAR 581-015-2030(14)(c).