

## SECTION IV: NEED FOR PRIVATE RESIDENTIAL PLACEMENT – *REQUIRED NARRATIVE*

### The student's educational history of initial entry into school to present time

---

- **Types of placements the student has entered**

David began kindergarten in a general education classroom in 2013. In third grade, following persistent emotional outbursts, he was evaluated and found eligible with a primary eligibility of Emotional Disability. Later that school year, he was moved into a self-contained emotional disability (ED) classroom. Fourth through sixth grades saw a hybrid schedule with 60% time in general education and 40% in a therapeutic day-treatment program. In seventh grade, he transitioned to a specialized small-group resource setting. During eighth and ninth grades, he attended a public high school with pull-out support in math and social skills. Tenth grade was marked by multiple short-term placements in a partial hospitalization program.

- **Successes and failures of the placements**

Successes were most evident in the self-contained ED classroom (grades 3–4), where specialized staff supported David's emotional regulation and he achieved top 10% reading comprehension scores. Failures occurred mainly in mainstream settings without consistent behavioral support; in ninth grade, he earned failing grades in algebra and chemistry and accrued ten unexcused absences.

- **Reasons for any failures**

Ultimately, David's inconsistent attendance due to day treatment and school refusal impacted his ability to keep up with the increased rigor of school-work upon entry to high school. Mainstream classrooms lacked targeted behavioral interventions. Inconsistent reinforcement of the behavior intervention plan (BIP) led to work avoidance through classroom disruption and classroom removal. Anxiety and executive functioning deficits contributed to missed assignments and suspensions.

- **The student's academic strengths and weaknesses**

Strengths: verbal reasoning, reading comprehension (10th grade level), oral presentation skills, and creative writing. Weaknesses: mathematical problem solving (6th–7th grade level), written expression organization, time management, executive functioning, impulse control, and note-taking skills.

- **Specific description of any behavioral incidents**

In fifth grade, he physically struck a peer during a classroom transition, resulting in three days of suspension. In eighth grade, he threatened self-harm when unable to complete a timed math quiz, prompting a 24-hour psychiatric evaluation. In ninth grade, he refused to comply with classroom directives, resulting in three office referrals for defiance in a single month.

- **Any other issues/concerns over the years of school enrollment and actions initiated to remediate these issues/concerns**

Chronic absenteeism prompted home-school check-ins and attendance contracts. Executive functioning deficits led to a weekly organizational skills group and biweekly meetings with a school psychologist.

- **The student's current levels of educational performance**

Current standardized achievement testing places his reading skills at the 60th percentile (10th grade equivalent), math at the 25th percentile (7th grade equivalent), and written expression at the 40th percentile. A recent cognitive assessment yielded a full-scale IQ of 92, with a working memory index of 85 and processing speed of 80.

- **Description of the issues, concerns, or adverse effects leading to the IEP team recommendation for residential placement**

Despite layered supports, the student's emotional dysregulation and inconsistent academic engagement result in daily suspensions and chronic absenteeism. His inability to transfer coping skills across settings and persistent risk of self-harm compel a residential placement to provide stable behavioral interventions and integrated academic instruction.

---

## **The student's non-educational or social history**

The student resides with his mother, stepfather, and two younger half-siblings. The mother works full time; the stepfather has a history of intermittent employment. The parent describes conflict with David's biological father who is sporadically involved in parenting. This instability has led to conflict in the home and inconsistent expectations. She reports David has little in common with his half-siblings and as such they do not interact or have a close relationship. Socially, the student exhibits isolation, with no sustained peer friendships and minimal participation in extracurricular activities. A community assessment noted limited access to after-school mental health services despite attempts to engage following partial hospitalization.

---

## **The student's physical health and any identified issues/concerns**

The student is generally healthy with no chronic medical conditions. He wears orthodontic braces and reports frequent tension headaches associated with stress. A recent sleep study documented delayed sleep phase syndrome, contributing to tardiness and daytime fatigue. No medication is prescribed for physical health concerns.

---

## **The student's psychological or emotional health and identified issues/concerns**

The student carries diagnoses of major depressive disorder and generalized anxiety disorder. He has had two psychiatric hospitalizations: a five-day admission in eighth grade for suicidal ideation and a seven-day follow-up stay after a second self-harm incident in ninth grade as well as involvement in partial hospitalizations following both of these admissions. Current medications include a selective serotonin reuptake inhibitor (SSRI) and a low-dose stimulant for attention difficulties. Weekly outpatient therapy has had limited carryover to the school environment.

---

## **The student's involvement with courts or other agencies**

The district has invited the DHS Division of Rehabilitation Services to his IEP meetings as part of post-secondary transition planning with limited success. The parent has also been provided referrals to numerous state-funded mental health resources though most of his community support has been provided privately through his parents' health insurance.

---

## **Description of the nature or type of program and services to be provided in the residential placement**

The proposed residential placement will deliver a 24-hour therapeutic milieu with:

- Individual and group psychotherapy daily
- On-site psychiatric services for medication management
- Dialectical behavior therapy (DBT) skills training
- Small-group academic instruction in core subjects (max 6:1 student-teacher ratio)
- Integrated occupational therapy for executive functioning skill development
- Social skills groups and recreational therapy
- Structured daily schedule with behavior reinforcement system
- Collaboration with family through weekly family therapy sessions

These comprehensive services are beyond the scope of district-based programs, ensuring intensive emotional support and consistent academic instruction to ameliorate the student's adverse effects of disability.