Case Study for: What does the child really need?
CADRE Symposium – October 2025

Case scenario:
James Bartlett is in the third grade at his local elementary school. He had received early intervention services since the age of two for delays in speech and language development and for atypical motor development. At the age of three, he transitioned to Part B based on the educational disability of speech and language impairment. He received special education and speech therapy in their inclusive preschool program. There had been discussion that James may be on the autism spectrum but that diagnosis was not pursued. Mr. and Mrs. Bartlett were very pleased with the services he had received and were grateful that he was in an inclusive environment.

From the time that he entered kindergarten, James has experienced school-related challenges. He began to engage in repetitive movements, frequently rocked at his desk, banged his head at his desk and jumped up from his seat at various times during the day, shouted in class and was rarely on-task with academic assignments. Receptive language declined. He had no friends at school or in his neighborhood. Other students did not want to play or work on school assignments with him.

By mid-year in the first grade, James' teachers and parents were alarmed by the changes in his behavior and academic performance. They requested that he be evaluated by the school team. Evaluations were completed by the special education teacher, the speech pathologist, the occupational therapist and the school psychologist. The result indicated that James is on the autism spectrum. They recommended that he receive three hours a week of special education services in the classroom, 90 minutes of speech and language therapy and 30 minutes a week of occupational therapy. They also recommended consultation by a behavior therapist. An aide was assigned to help James for one hour per day.

Although James' teachers reported some level of improvement, he was not reaching his IEP goals and was increasingly disruptive in school. Mr. and Mrs. Bartlett were frustrated with what they perceived was an inadequate plan for James. They decided to have him evaluated at the very well-regarded children's hospital in the city near where they live.

The hospital evaluation team met with the family and told them that James was on the moderate to severe end of the autism spectrum. They recommended that he be placed in a self-contained class or a private day facility that serves children on the spectrum. where he could receive intensive 1:1 behavioral intervention from a Board Certified Behavioral Analyst (BCBA), three hours of speech therapy and two hours of occupational therapy per week.

Mr. and Mrs. Bartlett have requested an IEP meeting.

First IEP meeting:
The following conversation occurred at the IEP meeting.

IEP chair: Mom and dad, we're happy to see you and want to work closely with you to continue to determine how we can continue to serve James. Let's make sure that you know all the members of the team; each one of us will now introduce ourselves…… How can we help you today?

Mrs. Bartlett: As you know, James has been at this school for the past five years. Until this year, we believed that you were acting in his best interests and providing needed services for his disability. We've learned that you are not providing what James needs. His evaluation at Children's Hospital indicates that he requires intensive services in a self-contained class or private day facility. He needs the absolute best possible program while he can benefit from specialized learning. He has not been making progress because you have not given him what he needs.

IEP chair: As a parent, I absolutely understand how shocking it must have been to hear what the Children's Hospital team had to say. Please understand that we have been working successfully with James. We have provided services and supports to James in order to address his IEP goals. His teachers have said that he is making progress. As you know, James' IEP has expanded this year to include more services than he had in the past.

Mr. Bartlett: But that really isn't good enough. He is still acting crazy in school and at home. The Children's Hospital told us that the best way for him to make dramatic improvements would be in a special class or private facility where he would make major improvements. What data do you have that tells us that he is making progress?

Speech pathologist: You may recall that I have been providing you with updated test results. Some of his progress is hard to measure because it involves increase in eye contact and social skills. I'm sure you agree that James should be served in his neighborhood school, in what the law calls "the least restrictive environment.'

Discussion then focused on why the team contends that he is making suitable progress and why the parents disagree

Mrs. Bartlett: My cousin's best friend has a child on the spectrum in a wealthy community in a nearby school district. He is getting what he deserves with intensive services. I bet you don't want to give James what he needs because it will cost lots more than what is being provided in our community. Is that what's going on here? And by the way, I don't care if he is in the least restrictive environment. We just want him to make the kind of progress that we know he can make.

Mr. Bartlett: We'd like to end this meeting now and reschedule for further discussion.

Questions for discussion……..

What is going on here?

What are the concerns of the family? How do you think the family is feeling about the staff?

What is the position of the school staff?

How do you think the school staff is feeling about the family?

What are underlying issues that are not being addressed in this meeting?

The family notes that a child with a similar profile in a neighboring school district is receiving more intensive services than their son.

- We don't talk candidly with each other about differential service frequency from one school district to another.
- What do you think of the mother's contention that children in affluent districts may receive more intensive services than children in middle or lower income districts.
- There should be consensus as to the definition of "appropriate" services. But we know that funding for schools in most districts relies on local funds. We are in a difficult position since we can't officially acknowledge to families that local resources have an impact on the frequency with which services are provided. How do we build and maintain trust with families when this issue cannot be acknowledged?

What strategies do you recommend as you prepare for the next IEP meeting**?**

If an attorney or child advocate attends the next meeting, is the child likely to receive enhanced services?