State of New Jersey
OFFICE OF ADMINISTRATIVE LAW

FINAL DECISION
OAL DKT. NO. EDS 00385-25
AGENCY DKT. NO. 2025-38400

E.W. AND J.W. ON BEHALF OF G.W.,
Petitioners,
v.
MANSFIELD TOWNSHIP BOARD OF EDUCATION,
Respondent.

Gregory G. Johnson, Esq., for petitioners

Regina M. Phillips, Esq., for respondent (Madden and Madden, attorneys)

Record Closed: July 21, 2025 Decided: August 21, 2025

BEFORE **MICHAEL R. STANZIONE**, ALJ:

STATEMENT OF THE CASE

Respondent, Mansfield Township Board of Education (District), declassified G.W., as the District believes she is not entitled to special education services, but appropriate medical supports would be provided. Is petitioner, G.W., entitled to special education services? No. G.W.'s condition after an evaluation was found to not adversely affect her learning or the ability to be in a classroom during school. N.J.A.C. 6A:14-3.5(c)(10)(ii).

PROCEDURAL HISTORY

Petitioners filed a due process petition and request for emergent relief on November 27, 2024. December 2, 2024, the matter was transmitted to the Office of Administrative Law (OAL) for an emergent hearing. On December 9, 2024, the District conducted a resolution session, which was unsuccessful, and on the same day, petitioners withdrew their request for emergent relief after the District filed opposition to same.

The District filed a motion for summary decision on April 2, 2025, which was denied on the first day of the due process hearing, May 19, 2025, as there were issues of material fact. The due process hearing continued May 29, 2025. The record remained open until July 21, 2025, to allow both parties to submit post-hearing summations as they requested.

FINDINGS OF FACT

Based upon the testimony heard, the exhibits submitted, and the post-hearing briefs submitted by both parties, I **FIND** the following as **FACT**:

Petitioners' Evaluations

1. G.W. is three years old and resides with E.W. and J.W. in the Mansfield Township School District.

2. G.W. is diagnosed with Russel Silver syndrome, which affects her feeding and growth.

3. In addition to Russel Silver, G.W. is diagnosed with ongoing leukocytosis and thrombocytosis, and rapid waning of PPSV23, booster protection, recurrent infections, and low normal IgG. She receives weekly antibody infusions.

4. G.W. has ketotic hypoglycemia (low sugar/ketones in urine) and reflux and is always fed through a G-Tube.

5. The G-Tube feeding regimen includes six bolus feeds through a pump per day and water flushes. G.W. also receives medicine through the tube.

6. G.W. was registered for preschool around July 8, 2024.

7. G.W. received speech and occupational therapy services through early intervention from December 2022 through July 2024.

8. Petitioners and respondent met to discuss and write an individualized education program (IEP) for G.W. dated June 13, 2024. J-4.

9. G.W.'s IEP stated that G.W. will attend John Hydock Elementary School's (JHES) separate Special Class Preschool Disabilities three-year-old half-day program, five days per week, with speech therapy services and individual nursing services, for the 2024–2025 school year. The IEP also included extended school year (ESY), which petitioners declined. Ibid.

10. The IEP also reflected that E.W. "would like G.W. to attend the Northern Burlington High School Greyhound Puppies program. The program begins in October 2024 and runs from 9:10 a.m. to 12:10 a.m., two days a week . . . . [E.W.] will . . . pay the tuition and provide the transportation for [G.W.]." Ibid.

11. Approximately one week after the June 4, 2024, IEP meeting, E.W. advised Christa Edolo, G.W.'s case manager, that she would "keep [her] posted" when E.W. "officially registered G.W. mid-summer for the Greyhound Puppies program." P-3.

12. The first day of the 2024–2025 school year was September 5, 2024, and on September 6, 2024, E.W. advised Ms. Edolo that the plan was "to move

forward with G.W. attending the Greyhound Puppies two times a week program at Northern Burlington High School." R-5.

13. The Greyhound Puppies director, Heather Duff, advised that she was holding a spot for G.W. and that the program would begin on October 23, 2024. P-5.

14. Also in September 2024, E.W. provided consent for an updated speech evaluation and an updated social history, medical update, and adaptive behavior assessment, all of which showed improvement and resulted in G.W. scoring within average range. As such, G.W. no longer qualified for special education services. R-6; R-8; J-7; R-14; J-11.

15. An IEP review meeting was scheduled for September 20, 2024, which E.W. assumed was "to finalize placement into the Greyhound Puppies Preschool since the original IEP was open ended with placement." R-12.

16. Following the District's updated evaluations and medical review, G.W. no longer qualified for special education services, and G.W. was declassified in October 2024. J-11.

17. The District acknowledged that G.W. would require medical supports in connection with her disability, which would "be developed with the guidance of the District's physician in collaboration with G.W.'s medical team." Ibid.

18. The District implemented a 504 Plan for G.W. on February 4, 2025. Petitioners declined to attend the 504 meeting. The plan provides G.W. with a one-to-one aide and contains specific protocols related to G.W.'s feeds, monitoring, and related care to be performed by the school's nurse, Tara Kowalczyk, who is a highly trained and experienced critical care/intensive care unit nurse. R-23; R-19.

19. The 504 Plan further provides for the development of an individualized health plan (IHP) in collaboration with the parents and G.W.'s medical providers. R-23.

20. The 504 Plan provided by the District contains specific protocols to address G.W.'s medical needs that comply with the recommendations of Dr. Ryan and Dr. Cooley. Those medical protocols include the following:

    a. Staff will receive G-tube daily care training.
    b. Student will have a personal aide while at school.
    c. Access to school nurse.
    d. School Nurse will disconnect feeding and flush G-tube, when feeding is complete at 9:30 am, while G.W. is at school.
    e. The School Nurse will start G-tube feeding at 10:30 am.
    f. School nurse and/or personal aide will monitor G.W. for possible signs of reflux, choking, vomiting, and/or hypoglycemia including but not limited to during feeds and flushes.
    g. In the event of any concerns, the school nurse will immediately evaluate G.W. and, if necessary, obtain further medical attention for G.W.
    h. Staff will monitor gross motor activities to ensure safety.

    [Ibid.; P-9.]

21. The District has provided G-tube-specific training to Ms. Kowalczyk and is willing to provide additional training to Ms. Kowalczyk, as well as specialized training to G.W.'s one-to-one aide and the teaching staff, all with petitioners' input and participation. R-20.

Testimony

For Respondent

Dr. Danielle Cooley, D.O., FACOFP, District physician, stated that Sharon Thimons, the District's director of Special Services, asked her to review G.W.'s medical

records and speak with G.W.'s physicians regarding her medical conditions and what supports were needed for G.W. at school. T20:8–12. Dr. Cooley reviewed the medial records and spoke with Matthew Ryan, M.D., G.W.'s Gastroenterologist. T20:13–25. Although Dr. Cooley also attempted to speak with G.W.'s endocrinologist and left voicemail messages, she never received a call back. T21:3–18.

Dr. Cooley spoke with Dr. Ryan, and he advised her that if G.W.'s G-tube comes out, there is a thirty- to forty-five-minute window of time to get it back in. Dr. Ryan agreed that G.W.'s one-to-one could be a trained aide and does not need to be a nurse. T23:19–24. Dr. Cooley agreed with Dr. Ryan that a trained adult could observe G.W. with the school nurse, Tara Kowalczyk, in proximity for any issues. T30:7–10. Ms. Kowalczyk would also handle G.W.'s G-tube feedings. T27:10–11. Dr. Cooley opined that a Registered Nurse with a critical care certification and ten years of cardiovascular ICU experience is qualified to handle G-tube feedings and that, considering critical care requirements, a G-tube is probably one of the more minor tubes that is handled by a critical care nurse. T30:7–20:5. Dr. Cooley testified that Ms. Kowalczyk never told her that she was not qualified to provide G-tube feeding. T41:10–12.

Sharon Thimons, Director of Special Services started her employment after G.W.'s IEP was already in place. However, G.W. had not yet attended school, since ESY was rejected. T53:6–9. G.W. was classified as a preschool student with disabilities. T53:13–15. Ms. Thimons had several concerns about the IEP. It provided for a speech consult even though no speech evaluation was ever performed by the District. There was a 1:1 nurse in the IEP with no doctor's orders specifying what was needed for nursing services. T57:10–20. With respect to the nursing services provided for in the June 2024 IEP, the frequency for the nursing was listed as "two," which was unclear whether it was two times weekly, two hours, or two days. T95:15–20. The frequency of the speech consultation was ten times yearly, approximately once per month. T95:21–24.

There was also language about G.W. attending the Greyhound Puppies program despite the IEP being written for the three-year-old preschool program at JEHS. Ms. Thimons needed further clarification on these issues to ensure that G.W. was getting proper services from the District. T57:10–20. No one from the District's Child Study

Team had even met G.W. at the time her IEP was created in June 2024. They did not meet G.W. until September 19, 2024, which is when she came into the District for a speech evaluation. T58:16–21.

The Greyhound Puppies Program is not a New Jersey Department of Education approved preschool program, and it is technically just a private day-care. T114:1–5. Despite the confusion with the IEP placement, the District still was preparing for G.W. to attend school in the District, and Ms. Thimons' secretary, Carol Lawrence, was contacting nursing agencies with respect to the provision of 1:1 nursing service. T61:19–24.

Ms. Thimons had extensive discussions and meetings with Christa Edolo about her concerns regarding the IEP. T63:11–15. It is not best practice to rely upon outside testing for a student's classification and services, so the District prefers to evaluate the student, especially when they are three years old and brand new to the District, to get a full understanding of what the student requires. T64:24–65:5. The District requested updated information regarding G.W. in early September 2024. The District requested updated medical records and had its speech therapist, Dana Bezila, perform a speech evaluation. Ms. Edolo performed an updated educational, adaptive, social and emotional history. The District obtained updated medical records for G.W., which it provided to the school physician, Dr. Cooley. T65:8–17. Dr. Cooley and the school nurse, Ms. Kowalczyk, reviewed the medical records. T66:15–20. No one had consulted with Dr. Cooley prior to entering the June 2024 IEP. Ms. Thimons trusted that Dr. Cooley and G.W.'s gastroenterologist, Dr. Ryan, as well as her other medical professionals, would come to an agreement for a plan that best suited G.W. T74:7–13. On October 3, 2024, there was an IEP meeting, at which time E.W. was provided with the updated scores and advised that G.W. was being declassified. T77:24–78:1:4. At this time, G.W. still had never attended school at JHES. T83:19–21.

The declassification letter referred to the development of an IHP to support G.W. while at school pursuant to the guidance of the school physician in collaboration with G.W.'s medical team. T83:22–84:2. A student does not have to be classified in order to receive medical supports within the District. If there is no IEP in place, a 504 or an IHP,

or both, can be created, with input from the parents and the student's medical team. T86:23–87:1.

A 504 meeting was held on February 20, 2025. E.W. declined the District's invite to participate in the meeting. T88:8–13. At the meeting, a 504 Plan was created, which provided numerous accommodations for G.W., including G-tube care training for the staff, a personal 1:1 aide, protocols for the school nurse to handle the G-tube feedings, and protocols for the school nurse and/or the 1:1 aide to monitor G.W. for signs of reflux, choking, vomiting, and hypoglycemia, and further guidelines for monitoring G.W.'s safety. T89:4–20. The school nurse's office is less than two hundred feet from G.W.'s classroom, and all classrooms are equipped with a phone and a walkie-talkie for immediate communication with the nurse. T89:21–90:2. The District is also still willing to implement an IHP for G.W. T90:10–11. The District also offered educational and psychiatric evaluations as well as an independent speech evaluation, which were declined by E.W. T90:14–91:1. The District had no ability to implement the IEP because G.W.'s parents never sent her to school; however, the District remained ready and willing to educate G.W. T111:4–6.

Tara Kowalczyk, John Hydock Elementary School Nurse has been the school nurse for JHES since January 2020. T177:2–11. One of her duties as school nurse is to provide special healthcare and related services to meet the needs of students with disabilities, which includes G-tube care. T178:20–23. Other examples of specialized care she has performed for students include caring for Type 1 diabetics with insulin pumps who need their blood sugars checked throughout the day, students with bladder dysfunction who need catheterization throughout the day, and students with hydrocephalus with shunts that require monitoring throughout the day. Ms. Kowalczyk also cared for students with epilepsy, spina bifida, and sickle cell anemia. Ms. Kowalczyk worked in the ICU for ten years as a critical care nurse and obtained her critical care certification. She also has her instructional school nurse certification. T180:3–6.

To obtain a critical care nursing certification, a nurse is required to have worked hundreds of hours in a critical care setting, take a test, and maintain continuing education. Ms. Kowalczyk's certification lapsed since she has not been in the ICU for six years.

T180:7–25. While she was in the ICU, she cared for critically ill patients. Most of her patients had G-tubes. T184:18–21. Ms. Kowalczyk took a G-tube refresher training in December 2024 and is willing to take any other training that petitioners would like her to take. T185:4–20.

Ms. Kowalczyk had discussions with E.W. about G.W.'s condition and medical needs. Ms. Kowalczyk wanted to know what a typical day looked like for G.W. Ms. Kowalczyk's main concern was if G.W.'s G-tube came out, how soon it would have to be replaced, because in her doctor's notes, it said "quickly," and E.W. had told her it needed to be "immediately." However, Ms. Kowalczyk later learned that was not the case, as Ms. Thimons had been in touch with Dr. Cooley, who spoke with G.W.'s gastroenterologist, who said that there is a thirty- to forty-five-minute window for the G-tube to be replaced. The preschool classroom is less than a minute away from the nurse's office, and every classroom and office is equipped with a telephone and walkie-talkie for immediate response. T185:21–186:8.

Ms. Kowalczyk had no concerns with handling the G-tube feeds generally and feels very comfortable with those feedings. T188:14–17. Ms. Kowalczyk had no recollection of making a statement that she did not think she could handle a G-tube feeding, because she is capable. T190:14–20. Ms. Kowalczyk feels very comfortable caring for G.W. T191:19.

For Petitioners

Dr. David Jacobs, Special Education Expert, testified that a Child Study Team should meet a student before creating an IEP, and Dr. Jacobs was unaware that the District's Child Study Team had not met G.W. at the time her IEP was created. T218:18–219:4. Although Dr. Jacobs criticized the District for not looking into nursing services for G.W. as provided in the IEP, he was not aware that the Child Study Team's secretary, Carol Lawrence, was calling various nursing agencies about providing nursing services to G.W. during the summer before the 2024-2025 school year. T221:2–7. Dr. Jacobs was also unaware that E.W. intended to enroll G.W. into Greyhound Puppies even as late as September 19, 2024, even though it was not a state-approved preschool program. He

was unaware that Greyhound Puppies was a private child learning services program within a high school where the caretakers were high school aged students.

Dr. Jacobs agreed that N.J.A.C. 6A:14-3.8(a) permits a student's re-evaluation if the parent and the District agree, irrespective of the time that has elapsed since the student's classification. He agreed that E.W. consented to the re-evaluations of G.W. T228:6–22. Dr. Jacobs stated a four-month difference could result in the improvement of a two-and-a-half-year-old and that E.W. agreed with the District's speech re-evaluation results. T230:8–231:1.

Dr. Jacobs never spoke to any physician involved in this matter. He did not know that Dr. Ryan and Dr. Cooley agreed that a 1:1 nurse was not necessary for G.W., despite what was provided for in her original IEP. T233:1–234:7.

E.W., Petitioner's Mother, was very involved in helping draft the IEP for G.W. T21:9-10. It was a collaborative approach. T21:23–22:3. G.W. is currently fed five bolus feeds per day, which means that at five separate times throughout the day, she is hooked up to her feeding pump, it runs for a duration, and it is then unhooked. The G-tube is opened, and an extension is attached, which then gets attached to the feeding bag, which is attached to the pump. The rate and dose are then set on the pump for the feeding. T26:9–27:14. If G.W.'s sugar becomes low, it is corrected with apple juice, which is flushed through her G-tube, and G.W. responds well. T31:20–32:7. G.W.'s feeding and regimen do not interfere at all with G.W.'s ability to be in a classroom. T30:18–21. G.W. rides a pony, she competitively shows horses, she is thriving, and she does not let anything stop her. T37:12–25.

G.W. needs someone to monitor her during feeds and in between feeds. E.W. speculated that G.W. would have to go down to the nurse's office for her feed, stay in the office for the duration of the feed, which could take approximately an hour, and during that time, she would not be getting the instruction in the classroom because the nurse has to stay in the office with her as well as service the other children in the building. E.W. stated that the District proposes that G.W. would have to leave the classroom and walk down to the nurse for feedings. T37:12–15. The nurse would then unhook her at the end

of the feed and continue to monitor her in the nursing office because she needs someone's eyes on her the whole time for reflux, vomiting, and aspiration risk. T38:13–39:6.

E.W. and her husband J.W. had hands-on training, for approximately two hours, with respect to G.W.'s G-tube feedings. T42:22–24. E.W. is also trained to handle G.W.'s antibody infusions. T44:17–18. E.W. could have a nurse in her home twenty-four hours a day, seven days a week through her insurance, and that nurse would follow G.W. to school. However, E.W. only wants the nurse to go to school with G.W. because E.W. serves as G.W.'s nurse at home. T51:16–20.

Ms. Edolo agreed to see what she could do about sending G.W. to the Greyhound Puppies Program. In the IEP, "special education 3-year-old class" was listed as G.W.'s placement because G.W. was not registered for Greyhound Puppies yet because it was not enrollment time when they drafted the IEP. T47:10–17. G.W. rejected the idea that JHES would be the placement for G.W. in June at the IEP meeting. T62:24–63:7. According to E.W., the four-year-old inclusion class would have been an appropriate placement for G.W. At three years old, in the special education three-year-old class, the students only attend specials with age-appropriate peers, so there is inclusion for specials, but not the actual class itself. T48:18–22.

As of July 8, 2024, E.W. believed that G.W. would be attending Greyhound Puppies two days per week and not JHES. T62:3–21. E.W. was ok with the re-evaluations requested by the District in September because at the June IEP meeting, she had been told by Ms. Bezila, the District's speech therapist, that she wanted to meet with G.W. in September and assess her so that she would have a clear picture of her needs and strengths. T64:13–21. The District's speech therapist was going to advise about her speech instruction but had never even met E.W. or G.W. T65:1–3. In September, even though E.W. still thought G.W. was going to attend Greyhound Puppies, she recognized that Ms. Bezila was going to get updated information through the re-evaluation, and Ms. Edolo did an updated social history. G.W. did not originally qualify for New Jersey Early Intervention System services at six months of age but was found to qualify approximately four months later at ten months old. E.W. never had any intention of sending G.W. to the

three-year-old special preschool disabilities class at JHES. T83:24–84:6. As of September 20, 2024, E.W. still believed that there was an open-ended placement for G.W. T85:10–15. Indeed, E.W. proposed Greyhound Puppies and later learned that it was not possible because it was not accredited by the State. The District also tried to work with E.W. since she did not want G.W. to attend the three-year-old class, so the District offered to place G.W. in the four-year-old inclusion class and advised that there were other students in the four-year-old inclusion class that were also three years old with IEPs. Ms. Edolo offered to have G.W. in that class with the same schedule as Greyhound Puppies, two half days. T84:7–85:2. At that meeting Ms. Edolo explained to E.W. that G.W. could not go to Greyhound Puppies because it was not accredited and she had really wanted it to work for G.W. T86:22–24.

G.W. did not start school on September 5, 2024, which was the start date of the District's school year and the start date of her program in the IEP. When E.W. came in for the October 3, 2024, IEP re-evaluation meeting, she was told that G.W. would be declassified based upon her new test scores. E.W. did not obtain an independent speech evaluation or agree to the District's offer of an independent speech evaluation. T88:6–9. E.W. did not recall being offered an independent speech evaluation; however, the offer was made by email on February 4, 2024. T114:10–15.

G.W.'s G-tube has never come out since it was inserted in March 2023, unless it was to fill the water or change it. T93:5–94:11. This is even though G.W. is very active, rides a pony, goes to the playground, and has no restrictions. T94:11–18. The G-tube pump runs for a rate and at a time that is pre-programmed, and it will alarm if there are any issues. T95:2–22.

When E.W. contacted Bayada about one-to-one nursing services, Bayada advised her that before they put a nurse out into the field with a student, they have the nurse do a refresher training course so that they are up to speed with that student's needs, which E.W. thought was important. E.W. recognized that Ms. Kowalczyk has taken refresher training and that the District has offered to provide further training to Ms. Kowalczyk and to the 1:1 aide assigned to monitor G.W. throughout the day. T98:2-21.

Dr. Matthew Ryan, M.D., G.W.'s Gastroenterologist, has been a treating physician for G.W. since she was an infant. T119:21. Dr. Ryan issued the Letter of Medical Necessity, dated May 16, 2024. P-1. Dr. Ryan's letter of medical necessity states G.W. needs to have someone with her at school who is comfortable with G-tube devices and trained to look for signs of low blood sugar and hypoglycemia, including staring spells, fatigue, or dizziness, as well as if there is fluid in the back of her throat, considering the risk of aspiration. Dr. Ryan recommended G.W. receive one-on-one nursing care at school based upon her high-risk situation. T122–124; T135. A trained nurse or RN can provide this type of care because anyone with a nursing degree has had training to understand these medical devices and what signs to look for in a sick or ill patient. Even parents that are non-medical can go through training in how to manage a G-tube and what difficulties to look for. T124:4–125:20.

Dr. Ryan thought that G.W. should have a trained person to watch her during the G-tube feeds and to make sure there are no signs of hypoglycemia during the school day. T130:1–16. There are a number of different brands of G-tubes, and they all work similarly. T131:3–5. The way that adult G-tubes and children's G-tubes work is very similar; the only difference is that the adult tubes are bigger. T143:18–144:2.

Dr. Ryan had no concern about there being no other G-tube feed students within the District. He would want someone who is familiar with G-tube feedings and has handled a G-tube before. He would want that person to be cognizant of G.W.'s hypoglycemic episodes and risk for aspiration. T132:15–25. Dr. Ryan's preference and recommendation for G.W. would be to have a 1:1 present with G.W. all the time and to have the nurse present during the feeds. T135:4–13. The person that is with G.W. throughout the day "as her 1:1 or as her aide" would need to take appropriate training to recognize the signs of hypoglycemia, choking, or aspiration, and how to manage G-tube care, similar to how a parent is trained. T136:13–20. Dr. Ryan recommends a nurse who has gone through the training and is familiar with looking for signs of hypoglycemia, aspiration, choking, and managing G-tube feeds.

Dr. Ryan did not recall the conversation with Dr. Cooley; he would usually recommend that there is a fifteen- to thirty-minute window to reinsert a G- tube. T140:11–

20. He could also see himself saying that a 1:1 could be a trained aide and does not need to be a nurse. A trained person that is not a nurse could reinsert a G-tube with appropriate training. Many of his patients' parents do their own G-tube care and reinsert G-tubes. T140:11–141:21.

Dr. Ryan opined that a registered nurse with a critical care certification and ten years of cardiovascular ICU experience should be able to handle G.W.'s G-tube and care. T141:22–142:3. Dr. Ryan agreed that if a trained aide is with G.W. one to one throughout the day and had training to monitor her for signs of hypoglycemia, then that is the type of person that could monitor G.W. However, it would be his preference that the 1:1 accompanying G.W. throughout the school day be a nurse. T142:4-22.

CONCLUSIONS OF LAW

The Individuals with Disabilities Act (IDEA) ensures that children with disabilities have access to a free appropriate public education (FAPE). 20 U.S.C. § 1400(d)(1)(A). The responsibility to provide a FAPE rests with the local public school district. 20 U.S.C. § 1401(9); N.J.A.C. 6A:14-1.1(d). The District bears the burden of proving that a FAPE has been offered. N.J.S.A. 18A:46-1.1. The District must provide FAPE through an IEP to students with an identified disabling condition that "adversely affects learning or development." N.J.A.C. 6A:14-3.5(c)(10)(ii).

The "stay-put" provision of IDEA provides as follows:

> [D]uring the pendency of any proceedings conducted pursuant to this section, unless the State or local educational agency and the parents otherwise agree, the child shall remain in the then-current educational placement of the child, or, if applying for initial admission to a public school, shall, with the consent of the parents, be placed in the public school program until all such proceedings have been completed.
>
> [20 U.S.C. § 1415(j).]

The "stay-put" provision realizes this purpose by implementing "a type of 'automatic preliminary injunction' preventing local educational authorities from unilaterally

changing a student's existing educational program." Y.B. v. Howell Twp. Bd. of Educ., 4 F.4th 196, 200 (3d Cir. 2021) (citing Michael C. ex rel. Stephen C. v. Radnor Twp. Sch. Dist., 202 F.3d 642, 650 (3d Cir. 2000)). As explained by the Y.B. Court:

> The purpose just described is not implicated, however, when a parent unilaterally acts to change a student's school district. When a student voluntarily transfers to a new district, "the status quo no longer exists." . . . . In such situations, the parents of the student must accept the consequences of their decision to transfer districts . . . . [and] [t]he "stay-put" provision does not apply when a student voluntarily transfers school districts . . . .
>
> [Ibid. (citation omitted).]

In addition, "[t]he reading most consistent with the ordinary meaning of the phrase suggests that the 'then-current educational placement' refers to the educational setting in which the student is enrolled at the time the parents request a due process hearing to challenge a proposed change in the child's educational placement." N.E. ex rel. C.E. v. Seattle Sch. Dist., 842 F.3d 1093, 1096 (9th Cir. 2016).

In this case, G.W. filed a timely request for a due process hearing challenging the declassification by the District. Although G.W. was originally deemed eligible for special education services in June 2024, E.W. consented to re-evaluations in September 2024, which resulted in G.W.'s declassification in October 2024. In this matter, there is nothing in the record to establish G.W.'s entitlement to special education or individual nursing services.

G.W.'s original June 2024 IEP provided speech consultation services for the 2024–2025 school year. J-4. E.W. provided consent for updated evaluations, which showed G.W.'s significant improvements, and which resulted in G.W. scoring within average range. R-8; J-7; R-14; J-11. N.J.A.C. 6A:14-3.8(a) permits a student's re-evaluation if the parent and the district agree, regardless of the time elapsed since the classification. E.W. agreed with the explanation of the speech re-evaluation. The District offered to provide an independent speech evaluation to G.W., and E.W. declined. Petitioners have

provided no other evaluations since the District's September 2024 assessments to establish that G.W. qualifies for speech services or any other special education services.

The re-evaluations establish that G.W.'s condition does not adversely affect her learning, and there was testimony that G.W.'s condition does not interfere with her ability to be in a classroom and learn. G.W.'s feedings could be performed in the classroom during school.

G.W.'s 504 Plan provides a 1:1 aide to G.W. and requires the school nurse and G.W.'s aide to monitor G.W. for signs of reflux, choking, vomiting, and hypoglycemia, including but not limited to during feeds and flushes. R-23. The nurse's office is a short distance from the classroom, and the classroom has a phone and walkie talkie to communicate. The school nurse is trained to work with a G-Tube, and the District has offered more specific training if the parents would like. Dr. Ryan, G.W.'s physician, opined that a one-to-one nurse is preferred but not required for G.W.

As for "stay-put," E.W. never intended to send G.W. to the Special Class Preschool Disabilities three-year-old half-day program. Instead of sending G.W. to JHES when school began on September 5, 2024, E.W. advised the District that she was sending G.W. to the Greyhound Puppies program. E.W. changed G.W.'s educational program in her IEP. G.W. is not entitled to invoke stay-put for an educational placement they have unilaterally created and that is not reflected in the subject IEP. Y.B., 4 F.4th at 200.

Accordingly, stay-put is inapplicable due to E.W.'s unilateral decision to send G.W. to a private preschool program outside the District. If stay-put were to apply, the current educational placement is JHES's separate Special Class Preschool Disabilities three-year-old half-day program, five days per week as set forth in the IEP, where petitioners have never sent G.W.

Given these circumstances, I **CONCLUDE** that Mansfield Township Board of Education has complied with all legal requirements for conducting evaluations; that the re-evaluations the District performed were appropriate and constitute an accurate and complete representation of G.W.'s current educational abilities; and that no additional

assessments or evaluations are needed or warranted under N.J.A.C. 6A:14-2.5(c)(1). I further **CONCLUDE** that "stay-put" does not apply as G.W. was never enrolled in the three-year-old half-day program at JHES.

ORDER

I **ORDER** that petitioners' request for continuation of special education eligibility based on the previous IEP is **DENIED**. It is further **ORDERED** that all other requests for relief as set forth in petitioners' due process petition, if not addressed above, are **DENIED**, including petitioners' unsupported request for an award of compensatory education.

This decision is final pursuant to 20 U.S.C. § 1415(i)(1)(A) and 34 C.F.R. § 300.514 (2025) and is appealable by filing a complaint and bringing a civil action either in the Law Division of the Superior Court of New Jersey or in a district court of the United States. 20 U.S.C. § 1415(i)(2); 34 C.F.R. § 300.516 (2025). If the parent or adult student feels that this decision is not being fully implemented with respect to program or services, this concern should be communicated in writing to the Director, Office of Special Education.

August 21, 2025
DATE

MICHAEL R. STANZIONE, ALJ

Date Received at Agency August 21, 2025

Date Mailed to Parties:

APPENDIX

List of Witnesses

For Petitioners:

E.W., Petitioner

Dr. Matthew J. Ryan, M.D., G.W.'s Gastroenterologist

For Respondent:

Dr. Danielle Cooley, D.O., FACOFP, District Physician

Sharon Thimons, District Supervisor of Special Services

Christa Edolo, District Social Worker and Child Study Team Case Manager

Tara Kowalczyk, John Hydock Elementary School Nurse

List of Exhibits in Evidence

Joint Exhibits

J-1 NJ Early Intervention Initial Evaluation, 5/23/2023

J-2 NJ Early Intervention Review Summary, 11/21/2023

J-3 Correspondence between E.W. and Case Manager, Christa Edolo (Initial Referral), 2/2/2024

J-4 G.W. Individualized Education Plan, 6/13/2024

J-5 Email from Case Manager, Christa Edolo and new CST Supervisor Sharon Thimons, 9/9/2024

J-6 Invitation to Assess Progress and Review or Revise IEP, 9/24/2024

J-7 2nd Speech and Language Assessment, 9/19/2024

J-8 Email from E.W. to Case Manager regarding 1:1 nurse not being provided, 9/20/2024

J-9 Email from new CST Supervisor Sharon Thimons and Case Manager Christa Edolo, 10/3/2024

J-10 Mansfield IEP Assess Progress and Review/Revise IEP, 9/24/2024

J-11 Declassification Notice, 10/16/2024

J-12 Email Correspondence between Mansfield Supervisor and School Physician 9/2024–10/2024

Respondent's Exhibits

R-1 Early Intervention Opt Out, 06/2/2023
R-2 Greyhound Puppies Letter from Duff, 9/9/2024
R-3 Initial Social Assessment and Developmental Inventory Summary, 5/24/2024
R-4 E.W. Email re: Greyhound Puppies registration, 6/13/2024
R-5 E.W. Emails re: plan to attend Greyhound Puppies, 9/6/2024–9/9/2024
R-6 Recommendation for re-evaluations and E.W. consent, 9/11/2024
R-7 Request for Additional Assessment, 9/11/2024
R-8 E.W. consent for re-evaluations, 9/11/2024
R-9 Recommendation for updated medical info and E.W. consent, 9/12/2024
R-10 Request for medical record releases and E.W. consent, 9/18/2024
R-11 E.W. medical records authorization, 9/19/2024
R-12 E.W. Email re: finalizing Greyhound Puppies placement, 9/19/2024
R-13 C.E. Email re: plan moving forward, 9/20/2024
R-14 Social History/Medical Update and Adaptive Behavior Assessment, 9/20/2024
R-15 Dr. Cooley Email re: discussion with Dr. Ryan, 10/16/2024
R-16 Dr. Cooley Letter re: G.W., 11/8/2024
R-17 MyCHOP Messages, 5/9/2024–5/10/2024
R-18 School Nurse Job Description, Undated
R-19 T.K. Nurse Qualifications, Undated
R-20 T.K. Cert of Completion—G-tube training, 12/6/2024
R-21 T.K. Notes re: G.W., 9/19/2024
R-22 Nursing agency contacts, Undated
R-23 G.W. 504 Plan, 2/20/2025

Petitioners' Exhibits

P-1 Physician's Note Letter of Medical Necessity, 5/16/2024

P-2 Email Correspondence between E.W. and Case Manager, Christa Edolo, 6/4/2024–6/6/2024

P-3 E.W. Email Correspondence with Christa Edolo (PLAAFP and Goals), 6/13/2024

P-4 E.W. Email following up with Child Study Team on G.W. Placement, 7/8/2024

P-5 Memo from Heather Duff, Greyhound Puppies, 9/9/2024

P-6 Email from School Nurse, Tara Kowalczyk, 9/18/2024

P-7 Letter objecting to GW's declassification, 10/15/2024

P-8 E.W., o/b/o G.W. verified complaint to Office of Special Education, 11/26/2024

P-9 Physician's Note Children's Hospital of Philadelphia, 12/2/2024

P-10 Resume of Dr. David Jacobs, Ed.D., Undated

P-11 Experts Report by Dr. Jacobs, 3/4/2025

P-12 Petitioners' Notes, Various dates

P-13 Case Timeline, Various dates