

## IEP MEETING - Attendance

Student: Oliver Carner	Date: 1/23/23	Time: 9:30am
Location: Krista Baker's Webex Room		

<b><u>Meeting</u></b>	<input type="checkbox"/> Initial Evaluation Planning <input type="checkbox"/> Eligibility Determination <input type="checkbox"/> Changes/Revisions to IEP <input checked="" type="checkbox"/> Other: Care Coordinators Update Meeting	<input type="checkbox"/> Re-evaluation Planning <input type="checkbox"/> Initial or Annual IEP <input type="checkbox"/> Placement Determination/Change
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<b><u>Documents given to Parents</u></b>	<input type="checkbox"/> IEP Placement Determination <input type="checkbox"/> Notification of Diploma Options	<input type="checkbox"/> A written description of each assessment tool listed on the parent permission <input type="checkbox"/> Disclosure Statement for Electronic Paperwork
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### MEETING PARTICIPANTS

PARENT(S)	<u>Print name</u>	<u>Signature</u>
Parent	JAMES CARNER	WEBEX
Parent	SARAH CARNER	WEBEX

**PROCEDURAL SAFEGUARDS**    ☒ Accepted OR    ☐ Declined

I would like to receive my child's special education paperwork:    ☐ paper copy    ☐ electronic copy

email address: \_\_\_\_\_ Initials: \_\_\_\_\_

	Print name	Signature
Student		
District Representative	Colleen Funderberg Director Student Services Director	Webex
General Education Teacher	Tawnya Meyer	Webex
Person Interpreting Evaluation	Krista Baker	Webex
Special Education Teacher	Tawnya Meyer	Webex
Other	Tami Pike Health Services Coordinator	Webex
Other	Erin Feeney IDD Case Manager	Webex
Other	Mayra Dennis COPA Nurse Care Coordinator	Webex
Other	Dr. Nathan Osborn Psychiatrist	Webex
Other	Amy Miles Pacific Source Care Coordinator	Webex
Other		

Oliver Carner  
IEP Meeting/Care Coordinator Meeting  
Jan. 23, 2023

## Introductions

Krista explained the purpose of the meeting. The team previously met on Nov. 15<sup>th</sup>. At that time the team reviewed data, discussed how things were going at school and at home. The team agreed to add 30 minutes to Oliver's day in the morning and he started attending 9:00 to 11:30. Today's meeting is to update on how things are going at school and home and to discuss what the plan is moving forward.

Tawnya – reviewed behaviors they have seen since the meeting in Nov. They have seen several new behaviors that have come and gone, a significant decrease in his interest or engagement to do any kind of work or sensory tools. Used to like riding his bike, doesn't want to do that anymore. Has become obsessed with sitting on the toilet so they must set a timer now. The team has noticed Oliver limping on his left leg and when on the bike refusing to peddle with it. Tawnya did share this with James one day when he picked him up.

James – Mayra can you please schedule an appointment to have the doctor look at Oliver's hip/leg?

Mayra – Yes, but I can't do it during the meeting.

James – we aren't noticing it at home, but I am not taking him with me to walk the dog. I only see him walk to/from a building which is not enough to see if there is a limp.

Mayra – I can get that appointment scheduled for you after this meeting.

Krista – Are you seeing similar behaviors at home as what they have seen at school with him doing the same things?

James – We have ups and downs, it's real chaotic, don't see any patterns. We have seen some behavior changes with certain fast foods. Not sure if you saw it but I sent a document to all of you. I took an OIS training, and this sparked me to make a game plan, and list triggers and how we can address those triggers. The first priority is to have him checked medically for everything and then figure out behaviors. I didn't understand the big picture until the OIS training. I hope everyone can read and execute the plan so we can move forward.

Dr. Osborne – I just got the plan and will look. The support plan is to get him into day or in treatment to maximize safety and security. Are you still on board with that?

James – Yes

Dr. Osborne – How do we make that happen?

Mayra – I just sent everyone a list of needs

Krista – I have ROIs for Kennedy Krieger and Hospital For Special Care and am ready to send out that information after the meeting today.

James – Sarah wants to speak

Sarah – I prefer out-patient because he is on a roll and feel in-patient would defer his progress.

Dr. Osborne – I do not yet know of appropriate intensive out-patient program. If something comes up before in-patient, or better, then do that. But we should take first thing available.

James – I disagree with Sarah. We have seen good weeks, then he starts hitting. The OIS trainer gave example that her child went to Kennedy Krieger, and they found a diet issue, removed that food and was only there a short time. I did my research and Kennedy is only place that does ASD and Deaf. Sarah and I are going to counseling trying to figure this out on our end.

Dr. Osborne – I recommend we pursue all options in parallel. Look at as many as we can at the same time. Don't have the ability to search country for intensive out-patient. Needs to come from parents. Let Kennedy Krieger know that is what you are looking for.

James – from what I can see Kennedy Krieger does both in and outpatient.

Dr. Osborne – Usually there is a step-down program. Start with in-patient and then to out-patient. Should pursue Kennedy. Then there was the Autism school? I reached out to a professor of mine that is expert in ASD but haven't heard back.

Mayra – Bancroft referral was last year during the summer. Was offered a spot in Sep. at Kennedy Krieger but were waiting on ABA to start and Sarah and James wanted to wait. There is an insurance barrier with Bancroft. It would require a onetime agreement with the insurance. That is the barrier there. The application has been in for Kennedy Krieger for a while and Dr. Meyrowitz wants it completed in case of an emergency. Amy found the Hospital for Special Care and it has an ASD day treatment and residential. Have a list of 10 others mostly residential and could be an option. But agree a higher level of care is needed at least temporarily.

Dr. Osborne – Ideal to pursue in-patient then step-down most likely. Family should be going full gas to get all paperwork completed.

James – Personally first place that can take him and understands him we should go to

Dr. Osborne – Let's get this going. School is doing what they can to maintain safety.

Krista – To clarify, do you want me to send the IEP paperwork to both facilities?

Mayra – The Hospital for Special Needs need parent referral form.

Sarah – I just forwarded you what they sent me. The lady said what you sent them is not the referral they need, so I sent you the form they sent me.

Mayra – I am pretty sure we are good, we sent them additional information for the referral. Who should I be communicating with and what is the best way?

James – Obviously there is a miscommunication between Sarah and I. It is not fair if one of us takes the charge. I want to after the OIS training. I had no idea of the severity of the behaviors until taking that class. I am ready and all in. If you email us both, rather than calling. We will plan a time of day we will respond together.

Erin – Stephanie Hunter trained at OIS and is hoping to get another staff trained.

James – we have a longtime friend who has known Oliver most of his life. She comes over and watches him a few times a week. Connected through Erin to be trained. Wants to do 20 to 30 hours per week.

Erin – Stacy is not trained yet for any physical intervention. Her training is scheduled.

James – we are not paying her now; she is doing it on her own.

Dr. Osborne – I must leave. Please encourage anyone to reach out to me for more information or any documentation.

James – Sarah is getting Oliver's SS# now and will get it to Mayra asap.

Erin – Mayra do you have what you need from me?

Krista – Erin I have it and am including it with my paperwork.

Erin – James I just saw your email about in-home intensive care. We would have to refer to CIIS which is through the state. Let me see if referral to CIIs would get you anything more then I will get back to you.

James – I want to incorporate all of what we have discussed today into the document I started. Then I can help Kennedy Krieger with the information. It isn't complete, still adding to it. I am recommending that Sarah take the OIS training.

Krista – do we want to get another meeting on the calendar to check-in in 4 to 5 weeks?  
Team agreed to meet again on Feb. 27<sup>th</sup> at 9:30.

1/18/2023

## Oliver Carner Behavior Update

**Last meeting update:** 11/15/2022

**Increased length of day** by 30 minutes beginning **11/30** (9:00-11:30)

**Number of Restraints** since last meeting: 6

**Number of times** that Oliver has been sent home: 7

**Number of days that Oliver did not come to school:** 7 (5 parent kept home due to behaviors/2 were due to a family vacation)

### **New Behaviors Observed:**

- Falling backward
- Hits to adults (closed fist or with head)
- Toilet obsessions (with sitting and trying to poop?)
- Regression on signing skills
- Poop eating
- Hits to make himself bleed (lips specifically)
- Refusal to work on tasks
- Self-harm in response to refusals (usually when we tell him it is not time to go home)
- Pain/discomfort in left leg/hip since return from Christmas break (have reported to James)
- Knee to head (Or head to knee of an adult)
- Loss of interest in sensory tools and school work
- Taking finger and pushing on his bottom tooth (makes it bleed, possibly loose from being hit?)
- He does not like being told "no" and will give staff a look and if they continue he will eventually start displaying escalated behaviors.

Oliver's day usually begins with a short walk through the cafeteria and commons before returning to the classroom. From there he usually requests to use the bathroom. This can take anywhere from 5 to 45 minutes. (1 hour and 50 minutes was the longest time.) We have had to start giving him a visual timer to limit his time in the bathroom. This is followed by the option of work tasks which Oliver is not wanting to complete. This is a change from earlier in the year when he was willing to complete tasks. Many mornings he would

take a ride on a trike through the halls of the school. Over the last week, he has displayed behaviors like hitting his head on the tricycle seat. Breakfast is offered every morning. Some days Oliver will eat, other days he will not. There is no pattern to his decision.

On days that Oliver is regulated, he sometimes sits in the classroom with the other students. We have tried reading him stories or engaging him in activities, but he is not interested. He is not interested in engaging with any sort of work task at the moment.

We have noticed a pattern with his behaviors. Oliver had some pretty significant head injuries and during the time that those injuries were healing, we saw a decrease in significant hits, and many days no hits or redirects at all. For example, Oliver returned from Thanksgiving break, 11/30, with major bruising on his cheek and forehead. That day, he started hitting adults and we had to send him home for head hitting staff. For the next week, we saw no hits or redirects. Then we had two days in a row where Oliver had to leave school early due to restraints for major hits. Oliver had major hits of head to floor at home as well as head to object hits at school.

After Christmas break, his right cheek and under left eye was bruised. Oliver had major head hits to objects and went home, 1/3. Then we had no hits or redirects for several more days while the bruises were healing. Oliver did not come to school on Friday, 1/6 due to rough behaviors at home. Starting 1/9, we saw a major increase in behaviors.

During the week of January 9<sup>th</sup> – 12<sup>th</sup>, (he did not attend school 1/13 due to lack of sleep) we had 63 major hand hits to his head, 10 head hits to objects, and 145 redirects over a 4-day period. Redirects are usually us stopping him from hitting himself.

This week, Oliver came to school on Tuesday with a swollen lip and bruising on his jaw and nose as well as his right cheek and his left arm. Dad reported that Oliver had been hitting himself in the lip in order to make himself bleed. He is fascinated by the blood. Oliver was very disconnected from what was going on at school and hard to engage, but was still trying to hit himself in the lip/jaw. Wednesday, Oliver continued to need a lot of redirections to avoid hits to his

face. However, he would reposition his helmet to cover the bruised area before hitting himself, giving us time to redirect. He did end his day by hitting his head on the tricycle seat which prompted us to call parents to pick him up early.