

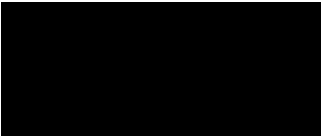


STATE OF CONNECTICUT
STATE DEPARTMENT OF EDUCATION

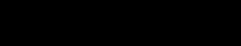


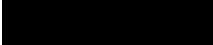

October 10, 2014

Director of Pupil Personnel Services
Perri S. Murdica, Ed.D.
76 Simonds Avenue
Canton, CT 06019




Re: 
Complaint No. 15-0055

Dear  and Dr. Murdica:

A complaint was officially filed on July 29, 2014 with the Bureau of Special Education by  (the Parents) on behalf of their  (the Student). In the complaint, the Parents alleged that the Canton Public Schools (the District) failed to provide the Student with a free, appropriate public education (FAPE) by failing to provide speech and language therapy by a speech therapist who is trained in the areas of dysarthria and apraxia.

Please note that federal regulation (34 CFR Section 300.152(c) requires that if a written complaint is received that is also the subject of a due process hearing or contains multiple issues of which one or more are part of that hearing, the State must set aside any part of the complaint that is being addressed in the due process hearing until the conclusion of the hearing. Our office had received a request for hearing regarding the Student, to which an independent hearing officer had been assigned. It is our understanding that the hearing has been dismissed based upon the parties having reached agreement. Therefore, this complaint is closed unless the parties contact the Bureau on or before October 17, 2014 to object to this closure. Please contact me at 860-713-6938 if you have any questions.

Sincerely,


Gail K. Mangs, Education Consultant
Bureau of Special Education

cc: File

15-0055
RECEIVED
JUL 29 2014

Connecticut State Department of Education - Bureau of Special Education
Special Education Complaint Form

This is a recommended form for the filing of special education complaints. You do not have to use this form to file a complaint although it will help you to include the required information. (Questions may be directed to Bureau staff at 860-713-6928.) Please complete this form and forward to the parents or school district (as appropriate) and send a copy to:

State Department of Education
Bureau of Special Education
P.O. Box 2219 - Room 364
Hartford, CT 06145-2219

Date:* 7-26-14 Person/Agency filing the complaint: [redacted]

Address: [redacted] Phone: [redacted]

Canton CT 06019 Email:* [redacted]
(town) (state) (zip)

Parent's Name (if different):* _____ Phone:* [redacted]

Child's Name: [redacted] Date of Birth*: [redacted]

Education Agency (school district)* _____

Name of School the Child Attends C.J.S Disability Category* [redacted]

Child's Address: [redacted]

Canton CT 06019
(town) (state) (zip)

Be specific as to why you believe that a requirement of the Individuals with Disabilities Education Act has been violated. Include a description of the relevant facts, the nature of the child's problem and a proposed resolution of the problem to the extent known and available at this time. Please forward a copy of this complaint to the education agency. If necessary, you may attach additional sheets as well as documentation of your complaint allegations.

[redacted] has severe dysarthria
and apraxia of speech. no individual
at C.J.S has training to deal
with either speech issue. [redacted] needs
extensive outside professional speech
therapy

Signature of Complainant [redacted]

*Information requested is optional