

Student b/n/f § BEFORE A SPECIAL EDUCATION
Parent §
§
V. § HEARING OFFICER FOR THE
§
CORPUS CHRISTI INDEPENDENT §
SCHOOL DISTRICT § STATE OF TEXAS

DECISION OF THE HEARING OFFICER

I. Statement of the Case

Petitioner Student brings this appeal by his next friends, Parents pursuant to the Individuals with Disabilities Education Act 20 U.S.C. § 1400 *et seq.*, (hereinafter referred to as "IDEA"), against Respondent Corpus Christi Independent School District (hereinafter referred to as "Respondent" or "Corpus Christi ISD"). Petitioner Student by next friends Parents (hereinafter referred to as "Petitioner" or "Student") filed a written request for a due process hearing which was received by the Texas Education Agency on January 13, 2004. Petitioner was represented by Attorney Christopher L. Jonas of Corpus Christi, Texas. Respondent was represented by Attorney Jose Martin of Austin, Texas. A telephone prehearing conference was held on January 16, 2004, at which time both parties waived their right to a final decision within forty-five (45) days of the date the written request for due process hearing was filed. [34 C.F.R. §300.511(c)] A due process hearing was held on Tuesday and Wednesday, April 20 and 21, 2004, in Corpus Christi, Texas. The parties agreed to file post-hearing briefs on or before May 10, 2004.

The parties requested extensions to file post hearing briefs on May 17, 2004, based on a request that the record be re-opened to accept a post hearing stipulation regarding the testimony of a witness.

Petitioner alleges that Student is a ***-year-old student in *** grade at *** School in Corpus Christi ISD who receives special education placement, programs and services on the basis of meeting eligibility criteria as a student who is autistic with Asperger's Syndrome. Student also has speech impairment.

Petitioner raised the following issues regarding the identification, evaluation, placement and educational program of Student:

1. Student is eligible for special education placement, programs and services as a student who is autistic with Asperger's Syndrome. Student also has speech impairment.

2. Student is currently taking the following medications for his disabilities: Carbatrol, Clonidine, Prozac, Concerta, Depakote, and Zypresa.
3. Student has been in and out of psychiatric facilities over the past year, and is now in the Padre Behavioral Center, because of his disabilities.
4. Respondent has removed Student from his classroom excessively during the Spring semester of the 2002 - 2003 school year and the Fall semester of the 2003 - 2004 school year. The removals are prompted by discipline infractions caused by Student's disabilities and include suspensions and in school suspensions. Student's removals total more than 10 days of absences from instruction.
5. Respondent has failed to perform a timely functional behavioral assessment ("FBA") on Student. Respondent did not try effective interventions to respond to Student's lack of cooperation with the assessment process.
6. Respondent failed to provide Student with the necessary related service of psychological counseling.
7. Respondent's excessive removals of Student from his classes constitutes a failure of the District to educate Student in the least restrictive environment ("LRE"). Moreover, Petitioner asserts that the removals are an inappropriate response to manifestations of Student's disabilities.
8. Respondent has denied Student a free appropriate public education.

Based upon the evidence and the argument of counsel, the Hearing Officer makes the following findings of fact and conclusions of law.

II. Findings of Fact

1. Student is a ***-year-old male student who resides within the Corpus Christi Independent School District.
2. Corpus Christi ISD is a political subdivision of the State of Texas and a duly incorporated Independent School District responsible for providing Student a free appropriate public education in accordance with the Individuals with Disabilities Education Act, 20 U.S.C.A. § 1400, *et seq.*, and the rules and regulations promulgated pursuant to IDEA.
3. Student has been treated as an in patient in a psychiatric facility three times in the past two years and nine to ten times in his life. Student is currently residing in the Meridell Achievement Center ("Meridell"), where he has been since January 22, 2004.
4. Student was placed in Meridell as an involuntary patient as a result of a violent episode that occurred at home in January, 2004. Initially, Student's stay at Meridell was paid for

through his family health insurance. That insurance lasted 34 days. Though Student's insurance benefits have run out, Meridell will not discharge him because of his doctors' determination that Student is a danger to himself or others.

5. ***, Ph.D. is a Clinical Psychologist that has been licensed since 1977. Dr. *** has treated Student since December 19, 2003. She last saw Student in January, 2004.
6. In Dr. ***'s evaluation of Student, she finds that he has a vacillating mood and is violent when he is frustrated. Student is combative at times, particularly with his father. Dr. *** does not believe that Student is controllable and she recommends that he remain in residential placement.
7. Dr. ***'s recommendation of residential treatment is based on Student's home situation. She is concerned for Student's needs and the family's needs. She is concerned about preventing him from getting into trouble at home and in the community. She believes that he is at risk to commit a crime.
8. According to Dr. ***, Student's behavior is acceptable until he is put in a situation where he cannot get his way. When he is subjected to the controls of others, he becomes frustrated and loses his composure. Dr. *** believes that Student should be handled carefully, with an understanding of his disability.
9. ***, Ph.D. is a psychiatrist who has been licensed since 1983. She practices at Meridell. Dr. *** treats Student at Meridell and she treated him previously at Meridell from March 2000 to August 2000.
10. Dr. ***, completed an Admission Psychiatric Evaluation on January 22, 2004, the day he arrived at Meridell. Referencing Student's prior stay at Meridell, she noted that Student was diagnosed with Cerebral Dysrhythmia, Asperger's disorder and Attention Deficit Hyperactivity Disorder (ADHD).
11. Immediately prior to his January 22, 2004 admission to Meridell, Student had been hospitalized at Padre Behavior Center ("PBC"), a psychiatric hospital, from January 8, 2004 to January 13, 2004. Upon returning home from that stay in PBC, Student experienced wild mood swings, agitation and out of control behavior. He walked out of family therapy, was non-compliant with the medication prescribed for him to address his disabilities, ran away and became truant. Student's behavior reached the point where he could no longer be managed at home, when he tore a door off its hinges, poked pin holes into his fingers and picked up a knife in a threatening manner.
12. At the time of Dr. ***'s report, Student was taking Carbatrol (1,000 mg. bid); Zyprexa (20 mg. at hs); Prozac (40 mg. in the morning); Concerta (54 mg. at hs); and Clonidine (0.1 mg. bid). Dr. *** reported that Student had been taking his Depakote as prescribed and had been taking Prozac and Concerta for some time.

13. Dr. *** reported that Student was extremely upset about the possibility of being admitted to Meridell. He began crying, denied his mother's reports about his behavior and tried to elope from the hospital. He required a "take-down" and was taken to a unit and given Thorazine IM. Dr. *** listed Student's chief complaint as "I'll run if you try to admit me."
14. Dr. *** listed the following admitting diagnosis on January 22, 2004:
- | | | |
|-----------|---|----------|
| Axis I. | 296-63 Bipolar Disorder, Mixed Recurrent Severe, without Psychotic Features | |
| | 310.1 Personality Change due to Cerebral Dysrhythmia | |
| | 314.01 ADHD, Combined | |
| | 299.80 Asperger's Disorder | |
| Axis II. | None | |
| Axis III. | Cerebral Dysrhythmia | |
| Axis IV. | Severe, Family, School, Social and legal | |
| Axis V. | Current GAF: *** Highest Past Year: | Unknown. |
15. Dr. *** believes that Student's behavioral problems affect home and school settings. Student has made academic progress at Meridell, but the progress is "up and down."
16. Dr. *** recommends residential treatment for Student. She believes that Student needs a high level of structure in a locked setting because of his poor judgment.
17. In his March 2, 2004 psychological evaluation of Student, Dr.***, Ph.D. described Student as having remarkably impaired judgment and a more or less complete absence of insight. He reported that Student's mood is extremely labile, irritable and potentially explosive. He described Student as being very much in need of continued residential treatment without a speedy resolution of his difficulties in sight. Dr. *** believes that Student unquestionably suffers from significant neurological dysfunction. Student was depressed and his depression is linked to his neuro-organicity. Dr. *** concludes that Student certainly cannot live on his own, and if he returns home serious decompensation would result because he is a potential danger to himself and others. Dr. *** believes that only extended hospitalization can offer any hope of sustained stabilization for Student.
18. As of his March 2, 2004 evaluation of Student, Dr. *** reported the following diagnostic impression (DSU-W):
- | | |
|---------|---|
| Axis I. | 296-33 Major depressive disorder, recurrent, severe without psychotic features |
| | 310.1 Personality change due to development encephalopathy and associated seizure activity, combined type |
| | Rule-out Asperger's disorder, per previous diagnosis |
| | 314.01 Attention-deficit/hyperactivity disorder, combined type by history |
| | V61.20 Parent-child relational problem |

312.9 Disruptive behavior disorder
NOS with conduct disorder traits (provisional)
Axis II. 71.09 No diagnosis
Axis III. Development encephalopathy with associated Cerebral Dysrhythmia

19. On February 9, 2004 a Report of Neuropsychological Assessment on Student was prepared by licensed psychologists ***, Psy.D. and ***, Ph.D. for Meridell. The report suggests that Student does not suffer from a learning disability but appears to have a brain based component to his mood and behavior problems consistent with a diagnosis of Personality Change due to a Cerebral Dysrhythmia.
20. Dr. *** is a psychiatrist in private practice. He has treated Student before at Charter Hospital. He first met Student in 1999. Dr. *** feels that Student's main problems stem from his relationship with his family. His parents allowed him to be aggressive as a boy and made excuses for his misbehavior. When their parenting changed Student became angry and rebellious, developed a conduct disorder, and gradually became delinquent.
21. Dr. ***'s assessment of Student advocates an approach that switches from viewing Student as a brain damaged or genetically defective person and starts seeing him as a willful rational person that has the potential to develop self-control and values. Dr. *** has not reviewed any physiological testing of Student, like an EEG.
22. Dr. *** has not spoken to anyone at *** School about Student after Student's January, 2004 inpatient treatment in PBC. Dr. *** has not been apprised of Student's behavior at *** School, nor has he reviewed Student's educational records.
23. Dr. *** does not believe that he is qualified to render an opinion as to whether placement at Meridell is necessary, simply for Student to progress academically.
24. Student is a physically strong young man. It is difficult for his father to control him when he becomes angry and when he wants to run away.
25. Student feels very strongly that he wants to be normal and wants to go out on his own to live. He believes that his mother is trying to run his life and becomes angry and frustrated at restrictions that are placed on him. He is particularly hostile to the idea that he should be placed in Meridell.
26. Student attends the University of Texas Charter School at Meridell. He has a multi-disciplinary program that is scheduled five days a week, four hours a day during the week. Student is considered an elopement risk. Because of this, he is maintained in a highly structured environment.
27. Student is extremely unhappy and depressed about his residential placement in Meridell. During a March 2, 2004 psychological evaluation he talked extensively about hating

Meridell, hating being “locked up”, and about getting out of Meridell and living on his own.

28. Student has experienced limited to marginal academic progress while he has been in Meridell, this year. At times he has excellent weeks and is cooperative and on task. At other times, he does minimal work and has behavioral problems that require responses from the Meridell staff.
29. At this time, Student is attending school and is in the classroom. Meridell is keeping Student even though it is not getting paid because of the consensus of Meridell’s professionals that Student is in need of residential treatment.
30. On November 22, 2002 Mrs. ***, one of Student’s teachers at *** School, reported in her weekly report of Student that he appeared “detached and focus[ed] more on social interactions whether [they] are negative or positive. The student participation is minimum and infrequent. Student needs constant redirection during classes. His behavior was very lethargic.”
31. On November 22, 2002 Ms. ***, one of Student’s teachers at *** School, reported that Student was not doing well; that he left class twice without permission and was refusing to do any work.
32. Student’s CCISD Snapshot Report for the 2002-2003 school year indicates that he missed 81 classes and was late for 37 classes of the 81 absences, six were excused.
33. During the Fall term of the 2003-2004 school year Student failed to attend 113 classes and was late to 17 classes. Of the 113 absences, 24 were excused.
34. On October 15, 2003 an ARD meeting was convened because of the issuance earlier that month of a Progress Report showing that Student was failing four courses (English 3, PERFAMDU, MTHMOD, BUSIM/MM) and was borderline in another (CTEDBSS1). At the ARD meeting Student’s teachers reported that he was passing all of his classes and that his work was improving. Following that ARD meeting, Student had 72 unexcused absences. In CA, he had 11 unexcused absences. In Art2DRAW, he had 11 unexcused absences. In U.S. History he had 10 unexcused absences. In MTHMOD he had 22 unexcused absences. In English 3 he had 6 unexcused absences. In CTEDBSS1 he had 10 unexcused absences. At the October 15, 2003 ARD meeting Student’s counseling was changed from mandatory to consultative, even though he had not actually received any counseling that school year. Student refused to cooperate with the counseling schedule.
35. Student made it a practice to intercept CCISD’s automated calls home that were designed to report his truancy from classes to his parents. Because of this, Student’ parents did not realize the full extent of his truancy.

36. It was not uncommon for Student to walk out of his classes, in progress; skip classes altogether; and take all three lunch periods.
37. During the May 21, 2003 ARD meeting that Student attended, he became agitated and angry; he started cursing and yelling when he disagreed with a statement from a member of the ARD Committee.
38. During the May 21, 2003 ARD meeting Student's special education counseling was discussed by the Committee. Student stated that he did not want the counseling. The counseling was reduced by the ARD Committee because of a reduction of Student's "wandering in the halls" and improvement of his social skills with his peers.
39. Student's IEP indicated that he was not required to do homework. This was added after his 2000 stay at Meridell.
40. At the beginning of the 2003-2004 school year Student refused to attend some of the classes that were assigned to him by his ARD Committee. His schedule of classes was changed. However, by October of 2003 Student was failing all but one of his classes and his performance in that class was borderline.
41. Following the end of the Fall semester for the 2003-2004 school year, Student was in in-school suspension, hospital treatment, or was otherwise absent from *** School.
42. On December 5, 2003 Student's Math Models teacher reported that Student's last day of attendance in that class was November 21, 2003. Student had missed all of the week of November 21, 2003 and the week before.
43. On January 17, 2004, Student's ARD Committee changed his BIP because of the consensus that his existing BIP was not working and ***'s teachers reported his behavior as becoming worse than it had been.
44. By the time an ARD meeting convened on Student's behalf on January 7, 2004, Student was failing four of his seven courses for that 9 week period.
45. By November, 2003 the consensus of Student's teachers was that he was instigating classroom arguments with his teachers as an excuse to remove himself or be removed from his classes.
46. Student received office referrals on 1/17/02; 2/13/02; 2/19/02; 5/3/02; 11/5/02; 9/15/03; and 12/2/03 for a variety for behavioral problems that included truancy, class disruption, refusal to follow instructions or do school work, and disrespect of his teachers.
47. On December 15, 2003, Student was in ISS when his cell phone rang. Because *** students are not allowed cell phones in school, the ISS teacher attempted to confiscate the cell phone. Student became angry and agitated and had a behavioral outburst. Student's

teacher called his mother and reported that Student had become agitated and that she could not calm him down. When Parent arrived the teacher reported that Student had thrown a cell phone at her. Security guards had been called. When Parent drove off with Student, he initially jumped from the moving car and ran back to the school.

48. Student has a close relationship with his girlfriend, who attends his school. He has been known to leave class, skip class and run away from home to be with her.
49. In May of 2003 Student was involved in an altercation with the school's ROTC officer that the school characterized as violent and aggressive. His parents were called to the school to pick him up. Student was not sent to an alternative educational placement because it was agreed that his actions were a result of his disability. Student was suspended from school for the remainder of the school year.
50. On December 4, 2003 Student sold 5 ½ Xanax pills to a student, near the cafeteria. On December 5, 2003, the *** recommended mandatory expulsion for the infraction. That recommendation was not implemented because of Student's disability.

III. Discussion

Petitioner's next friends allege that Student's existing special education program in CCISD has been characterized by multiple failures of Student to control his behavior and multiple failures of CCISD to adequately respond to his behavior. Petitioner's next friends seek residential placement for Student because of his present mental/emotional state and his consistent patterns of violent, disruptive behavior at home and his aggressive and non-compliant behavior at school. Student has an unfortunate history of in patient treatment in various psychiatric facilities, notably at Meridell Achievement Center. These in-patient intervals follow multiple instances of in-home family violence, running away, stealing and criminal behavior. At school, Petitioner's parents emphasize his compulsively truant behavior, his failing grades, and several serious discipline infractions. They urge residential placement so that Student can be protected from his own self-destructive behavior and so that he can have a chance for consistent academic and vocational progress.

Respondent has a very different view of the salient facts. Respondent contends that Student's primary behavioral problems occur at home, rather than in school. Respondent contends that, at school, Student is social, even friendly most of time, and has never really been violent or aggressive. Respondent argues that Student's truancy is no more of a problem than it is for his general education peers. Respondent admits that Student falls behind in his grades, but asserts that he then makes up the failing grades by the end of the grading period. While Respondent admits that Student is a difficult student, it contends that he not only makes educational progress at *** School, but makes more progress than when he is an involuntary student at the University of Texas Charter School in Meridell. Respondent specifically implies that Student's parents are "burned out" on Student (to borrow a phrase from Respondent's witness, Dr. ***) and want residential placement as a means to gain a respite from a difficult

family situation. Respondent argues that with the appropriate changes to his program, as it is now prepared to institute, Student can continue to receive an education within the District.

Aside from Respondent's radically different view of the facts, Respondent urges a strong legal argument concerning the meaningful continuum of alternative placements and least restrictive environment (LRE). Residential treatment is certainly the most restrictive placement possible and a quantum shift from Student's current mainstream placement. It does not help the cause of residential placement that Student is desperately fearful and depressed at the thought of residential placement, particularly at Meridell. As to the continuum of placement issue, Respondent has appropriately cited 34 CFR §300.551 and 19 TEX. ADMIN. CODE §89.61(b)(1)(D) as crucial legal standards. Respondent's offer of a one-on-one aide with counseling and other services, consistent with a January 7, 2004 ARD Committee determination, would seem to be a prudent and legally supportable position.

However, on the record as a whole, and based on the most persuasive evidence and testimony, Respondent's current proposal is too little too late. Respondent's view of the facts is not consistent with a balanced view of the record. Student displayed most of his behavioral problems at home, but he displayed serious problems at school, as well. His truancy was a major problem for a special education student failing or nearly failing multiple classes. He engaged in disruptive behavior with his teachers on some days, and completely non-compliant, disinterested behavior on other days. He refused required counseling and he was obliged by his ARD Committee. He refused to attend some scheduled classes altogether and he was obliged by his ARD Committee. He threw a cell phone at the teacher *in* ISS class, committed an assault on a teacher, and sold drugs to a fellow student; all within the same calendar year at school. Any *one* of those offenses could have caused another student to be sent to an AEP or a JJAEP. Student was so comfortable exhibiting out-of-control behavior in school that he even cursed out his ARD Committee *during an ARD meeting*, when he was confronted with a comment that he did not like. It strains credulity for Respondent to say that student's in school behavior was anywhere close to normal, or that *** School timely responded to multiple examples of his serious disability.

Ultimately, the deciding factor in this case is the strong, unequivocal expert testimony of doctors in whose care Student now finds himself. Drs. ***, *** and *** clearly testified that Student is now a danger to himself and others and *must* be hospitalized. He is a flight risk and at risk to commit a criminal act. Meridell's personnel are clear on the need for intensive treatment to stabilize Student with therapy and significant medication. Their testimony is based on their professional opinions that Student has serious psychological and neurological problems. Dr. ***'s contrary testimony, offered in response, is not as persuasive, nor is it as qualified. The Respondent may not be concerned that such an unstable young man, with a history of violent behavior, also has a penchant for running away from home and skipping classes to be with his girlfriend--another student -- but I am. Student's behavioral/educational needs most certainly cannot be segregated from other aspects of his need for residential treatment.

Without the strong testimony of Student's doctors, my decision might be different, despite clear failures in Student's existing special education program at *** School. A less

restrictive program similar to that proposed in Student's last ARD meeting on January 7, 2004 should be tried, once it is determined that Student is *stable*. Residential placement is indicated by this record, but Student should be re-evaluated, soon, to see if a less restrictive placement would be more conducive to a free, appropriate public education.

IV. Conclusions of Law

1. Student is a student in the CORPUS CHRISTI ISD who is eligible for special education services under the provisions of IDEA, 20 U.S.C. §1400, *et seq.*, and its implementing regulations as a student with Autism.
2. Respondent CORPUS CHRISTI ISD is an independent school district duly constituted in and by the State of Texas, and subject to the requirements of the IDEA and its implementing federal and state regulations. Corpus Christi ISD is Student's resident district and has the responsibility to provide him with a free appropriate public education. 20 U.S.C. §1401 (a)(18).
3. Student's mental/emotional disabilities and resulting behaviors prevent him from receiving a free appropriate public education in his current placement. *Hendrick Hudson Central School District v. Rowley*, 458 U.S. 175 (1982).
4. Student requires residential treatment for educational reasons in order to obtain a free appropriate public education. 34 C.F.R. §300.302; 19 T.A.C. §89.61; *Independent School District No. 284, Wayzata Area Schools v. A.C.*, 36 IDELR 59 (8th Cir. 2001).
5. Student's disability causes very serious behavior problems that prevent him from receiving an educational benefit in Respondent CORPUS CHRISTI ISD and requires residential placement at this time. His behavioral and educational needs cannot be segregated from other aspects of his residential treatment. *Kruelle v. New Castle County Sch. Dist.*, F.2d 687 (3rd Cir. 1981); *Laura J. v. Pearland Ind. Sch. Dist.*, 520 F. Supp. 869 (S.D. Tex. 1981); *Mohawk Trail Regional Sch. Dist. v. Shaun D.*, 29 IDELR 885 (D. Mass. 1999).
6. Student has not made meaningful educational progress in his CORPUS CHRISTI ISD placement. CORPUS CHRISTI ISD's program does not provide FAPE for Student, because it does not provide for the 24-hour behavioral intervention which he needs to make educational progress. He is entitled to a publicly funded residential placement, and, if necessary, appropriate transitional placement until his behavior is sufficiently stabilized that he can receive FAPE in CORPUS CHRISTI ISD public schools. *Board of Education v. Rowley*, 102 S.Ct. 3034 (1982); *Polk v. Central Susquehanna Inter. Unit 16*, 853 F. 2d 171 (3d Cir. 1988); *Cypress-Fairbanks Indep. Sch. Dist. v. Michael F.*, 23 IDELR 1014 (S.D. Tex. 1995).

V. Order

After due consideration of the record, the foregoing Findings of Fact and Conclusions of Law, the Hearing Officer ORDERS that the relief sought by Petitioner is GRANTED.

Respondent is ORDERED to reimburse Petitioner for Student's residential placement as of January 22, 2004 in the University of Texas Charter School within Meridell Achievement Center and to pay for such placement until such time, following an evaluation by competent medical experts, that Student is no longer a danger to himself and others.

Respondent is further ORDERED to perform a full and individual evaluation of Student before the beginning of the next school year and to convene an ARD meeting at the earliest practicable time to consider and develop an appropriate program in the least restrictive environment.

All other relief not specifically granted is hereby DENIED.

The district shall timely implement this Decision within 10 school days in accordance with 19 T.A.C. §89.1185(q) and 34 C.F.R. §300.514. The following must be provided to the Division of **Special Education Programs and Complaints** at the Texas Education Agency and copied to the Petitioner within 15 school days from the date of this Decision: 1.) Documentation demonstrating that the Decision has been implemented; or 2.) If the timeline set by the Hearing Officer for implementing certain aspects of the Decision is longer than 10 school days, the district's plan for implementing the Decision within the prescribed timeline, and a signed assurance from the superintendent that the Decision will be implemented.

Finding that the public welfare requires the immediate effect of this Final Decision, the Hearing Officer makes it effective immediately.

SIGNED this 20th day of May 2004.

/s/Stephen P. Webb
Stephen P. Webb
Special Education Hearing Officer

DOCKET NO. 164-SE-0104

Student b/n/f § BEFORE A SPECIAL EDUCATION
Parent §
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V. § HEARING OFFICER FOR THE
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CORPUS CHRISTI INDEPENDENT §
SCHOOL DISTRICT § STATE OF TEXAS

SYNOPSIS

Issue: Whether a *** year-old special education student who is currently in mainstream classes who exhibits extreme aberrant behavior at home and truant, disruptive behavior at school is entitled to residential placement because of his inpatient status in a psychiatric hospital.

Federal Citation: 34 C.F.R. §§ 300.302; *Kruelle v. New Castle County Sch. Dist.*, F 2d 687 (3rd Cir. 1981); *Laura J. v. Pearland Ind. Sch. Dist.*, 520 F. Supp. 869 (S.D. Tex. 1981).

Texas Citation: 19 T.A.C. §§89.61(b)(1)(D)

Held: For the Petitioner. While most of Petitioner’s bad behavior occurred at home, he did exhibit extreme behavior at school that included chronic truancy, assaults, and delivery of a controlled substance. He was failing multiple classes and refusing to cooperate with his prescribed special education program. His diagnosed status as a danger to himself or others meant that his behavioral/educational needs cannot be segregated from other aspects of his need for residential treatment.