

1 HOUSE OF REPRESENTATIVES  
2 COMMONWEALTH OF PENNSYLVANIA

3 \* \* \* \*  
4 SPECIAL EDUCATION SERVICES PART II

5 \* \* \* \*  
6 House State Education Committee  
7 Special Education Subcommittee

8 Ryan Office Building  
9 515 Irvis Office Building  
10 Harrisburg, Pennsylvania

11 Tuesday, December 14, 2021 - 9:03 a.m.

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13  
14 SUBCOMMITTEE MEMBERS PRESENT:

15 Honorable Jason Ortitay, Majority Subcommittee  
16 Chairman  
17 Honorable Mark M. Gillen  
18 Honorable Robert W. Mercuri  
19 Honorable Curtis G. Sonney  
20 Honorable Mike Zabel, Minority Subcommittee Chairman  
21 Honorable Mark Longietti

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STAFF ATTENDANCE:

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Alycia Laureti  
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22 SUBMITTED WRITTEN TESTIMONY

23 (See other submitted testimony and handouts  
24 online.)

25 **Key Reporters**

1 MAJORITY SUBCOMMITTEE CHAIRMAN ORTITAY:

2 Welcome everyone to this hearing of the  
3 House Special Education Subcommittee.

4 I'd like to remind everyone that this  
5 hearing is being recorded and live stream so the  
6 public may watch. If we experience any technical  
7 difficulties, we will recess the hearing until  
8 those technical difficulties can be addressed.

9 For the testifiers participating  
10 virtually, which is almost everyone, please mute  
11 your microphones until it's your turn. Each  
12 testifier has been asked to limit their testimony  
13 to the Committee to 3 minutes or less and not read  
14 their testimony verbatim. Following, the presenter  
15 may be questioned by members of the Committee.  
16 We'll do that after the completion of each panel to  
17 keep everything moving along here.

18 Hereon, we will move on to  
19 introductions. I will start to my left.

20 MINORITY SUBCOMMITTEE CHAIRMAN ZABEL:

21 Good morning. Mike Zabel, Delaware  
22 County, 163rd district.

23 REPRESENTATIVE LONGIETTI: Mark  
24 Longietti. I represent the 7th district in Mercer  
25 County, and I serve as the Minority Chairman of the

1 House Education Committee.

2 REPRESENTATIVE GILLEN: Representative  
3 Mark Gillen. Berks, Lancaster counties.

4 MAJORITY SUBCOMMITTEE CHAIRMAN ORTITAY:

5 And I am Representative Jason Ortitay.

6 I represent the 46th district, Allegheny and

7 Washington counties.

8 You will notice we'll probably have  
9 members coming in and out of the room throughout  
10 this hearing. There's a lot of things going on at  
11 the Capitol this morning, so don't take offense  
12 that members are running from committee meeting to  
13 committee meeting as well. Just keep that in mind.  
14 We'll keep things rolling around.

15 We have three different panels today.  
16 I'm gonna start with some opening remarks, and then  
17 I'll throw it over to Representative Gabel for his  
18 opening remarks as well, and then we'll get  
19 started.

20 The House Special Education Subcommittee  
21 will hear from teachers, school personnel, and  
22 parents of special education students on the  
23 delivery of special education services to our  
24 students in the Commonwealth. As a special  
25 education subcommittee, it is important for us to

1 understand the various aspects of special education  
2 services, teaching, the teaching techniques and  
3 best practices. Hearing from parents, teachers,  
4 and school personnel on the delivery of these  
5 services will help us develop a greater  
6 understanding of their respective roles and issues  
7 they may be encountering to better inform our  
8 policy as a committee.

9 This hearing is focused exclusively on  
10 special education services. It's not a budget-  
11 related hearing, nor is the intention of this  
12 committee to discuss the financial aspects of the  
13 special education services here today.

14 So I thank all of you for joining us.  
15 Now I'll turn it over to Representative Zabel for  
16 any opening remarks.

17 MINORITY SUBCOMMITTEE CHAIRMAN ZABEL:

18 Thank you, Representative. I want to  
19 thank the Representative for calling these series  
20 of hearings.

21 As a former school teacher and as a  
22 parent of a child who receives special services,  
23 this is a subject that's near and dear to my heart.  
24 And I look forward to hearing the testimony today.  
25 Thank you.

1 MAJORITY SUBCOMMITTEE CHAIRMAN ORTITAY:

2 Thank you, Representative.

3 Just as a reminder to the people  
4 testifying, if you could please turn your camera  
5 off until it is your turn to testify, it will help  
6 with the speed and quality of our wonderful server  
7 here in Harrisburg as well.

8 I see Chairman Sonney has joined us as  
9 well. With that, we are going to start with the  
10 first panel. We have Doctor David Lillenstein,  
11 school psychologist in Derry Township School  
12 District. And we also have Jennifer Senavaitis,  
13 and I apologize if I mispronounce any of your last  
14 names. She's a certified school counselor at  
15 Whitehall Coplay Middle School.

16 Thank you both for being here. I do  
17 have to swear you in. I just wanted to make sure.  
18 If you could all please raise your right hand to be  
19 sworn in.

20 (All panel testifiers were sworn  
21 en masse).

22 MAJORITY SUBCOMMITTEE CHAIRMAN ORTITAY:

23 Doctor Lillenstein, you may begin when  
24 you are ready.

25 DOCTOR LILLENSTEIN: Thank you. Good

1 morning, and thank you for the opportunity to speak  
2 with you today about special education in  
3 Pennsylvania and the role of the school  
4 psychiatrist.

5 I'm Doctor David Lillenstein. I'm a  
6 school psychiatrist with the Derry Township School  
7 District in Hershey. I'm also the section  
8 president for school psychologists of PSEA, the  
9 Pennsylvania delegate to the National Association  
10 of School Psychologists and the past president and  
11 board member of the Association of School  
12 Psychiatrists in Pennsylvania.

13 I'm speaking with you this morning on  
14 behalf of over 1500 Pennsylvania school  
15 psychologists. Our role in the special education  
16 process is largely to assist in determining  
17 eligibility for special education, and then provide  
18 students staff support and intervention to address  
19 students' identified needs.

20 Most school psychologists divide their  
21 jobs into two categories, preventive and reactive.  
22 Our duties in special education tend to be more  
23 reactive in nature and impact fewer students.  
24 Preventive duties tend to benefit more students.  
25 Unfortunately, we face many challenges in being

1 able to be preventive.

2 The recommended ratio of school  
3 psychologists to students is 1 to 500. Sadly, the  
4 ration in Pennsylvania 1 to 1400. With poor  
5 staffing ratios, less time is spent on prevention  
6 and intervention, such as addressing student mental  
7 health.

8 Special education is fraught with  
9 mandates. For example, in Pennsylvania, students  
10 must be re-evaluated when they move into a state  
11 with an identified disability from another state.  
12 Previously-identified students who are entering  
13 kindergarten need to be re-evaluated, as the  
14 disability of developmental delay does not apply to  
15 school-age students in Pennsylvania as it does in  
16 most other states.

17 Pennsylvania also mandates that  
18 evaluations for special education eligibility be  
19 conducted within 60 calendar, not school days.  
20 These mandates are extremely time-consuming and  
21 often redundant. What this means, that while our  
22 colleagues are using their weekends and extended  
23 breaks to recharge, school psychologists are often  
24 found writing evaluation reports and trying to meet  
25 the paperwork requirements and deadlines that tick

1 away, even while school is not in session.

2           During the first week of school this  
3 year, a student with an IEP, who I evaluated and  
4 with whom I now meet weekly, came to my office. He  
5 told me how happy he was to be in school again full  
6 time and that he couldn't wait to see me as this  
7 past year and a half was so lonely.

8           He went on to say how difficult school  
9 was for him because he kept so much inside, and how  
10 he had nobody that he could talk to and no one who  
11 could understand him. He cried and cried, and he  
12 told me how good it felt to be able to talk and  
13 have someone listening.

14           I asked him why he didn't talk to his  
15 parents. He told me that they don't understand and  
16 they don't listen. He told me that he asked if he  
17 could go see someone to talk to and they told him  
18 no. He told me that the only place he can really  
19 talk to someone is at school.

20           This student is not alone and speaks for  
21 thousands of students across our Commonwealth.  
22 Students like him are desperate for help.  
23 Unfortunately, in some districts, one school  
24 psychologist must be everything to everyone. And  
25 while I hate that it must be this way, the tasks

1 that we have to prioritize are the ones with state  
2 mandates and timelines attached. I have never and  
3 would never turn away a student in crisis, but I've  
4 definitely foregone time with my family to meet  
5 mandated deadlines due to a student needing the  
6 support of a caring and trusted adult.

7 Pennsylvania is currently experiencing  
8 shortages in school psychologists across the  
9 Commonwealth, and many districts this year have  
10 been unable to fill open positions. There is such  
11 a high demand for the services a school  
12 psychologist can provide, both with special  
13 education and mental health, that many districts  
14 are actively seeking to hire additional school  
15 psychologists.

16 With your help, we can remove barriers  
17 that limit access to a school psychologist. With  
18 your help, we can increase the number of school  
19 psychologists in the training pipeline through  
20 programs, such as loan forgiveness, tuition  
21 reimbursement, and state funding for the required  
22 1000-plus hours school psychology internships, all  
23 in exchange for working in Pennsylvania schools  
24 after graduation.

25 With your help, we can improve funding

1 for training programs for school psychology. With  
2 your help, we can improve access to mental health  
3 and special education services for students  
4 throughout this Commonwealth. Without a doubt,  
5 this investment will pay dividends in our  
6 communities for years to come.

7 Thank you for your time and attention to  
8 this important issue.

9 MAJORITY SUBCOMMITTEE CHAIRMAN ORTITAY:

10 Thank you very much. We'll move to  
11 Jennifer Senavaitis now. You can begin when you're  
12 ready.

13 MS. SENAVAITIS: Hi, good morning. I'm  
14 Jen Senavaitis. I am an 8th grade counselor at  
15 Whitehall Colay Middle School. I'm also the PSDA  
16 Section President for school counselors. I'm going  
17 to talk a little more informally as David had  
18 something prepared in the role of a school  
19 counselor.

20 When we talk specifically to the special  
21 education process, so our role here really starts  
22 with qualifying and really identifying students who  
23 may be struggling not only meeting differentiation,  
24 but meeting differentiation due to learning with an  
25 emotional disability. It focuses on providing

1 school counseling for children lessons, individual  
2 (inaudible) counseling, redevelop short-term and  
3 long-term counseling goals.

4 I currently have a student ratio of 352  
5 students to one. So, the delivery for me is very  
6 short term, and I'm not truly able to give the kind  
7 of counseling that kids deserve; not only students  
8 with IEDs, but kids across the board.

9 The school counselor role when we talk  
10 about students with IEPs or having a learning or  
11 emotional disability, is really encouraging family  
12 involvement. I will tell you ones of those  
13 strengths. I think that our district has been, in  
14 particular, working with students with IEPs there's  
15 the communication, the advocacy, and working as a  
16 team, and I can't emphasize that enough, is working  
17 as a team together with families to advocate on  
18 behalf of their children.

19 That is probably 85 percent of what I  
20 do. Not only for students with an IEP, but also  
21 for students in a regular curriculum. We're  
22 always, again, to advocate, collaborate with all  
23 the students and support staff to make sure that  
24 students get everything they need both academically  
25 and then the transition, not only from 8th grade to

1 9th grade, but for post-secretary considerations.

2           Additionally, school counselors often  
3 carry the role of being a 504 case manager, so not  
4 only the special ed component but looking at a  
5 chapter, and 15 more requirements for that as well.  
6 When we look at challenges across special ed  
7 specifically, and -- but not specifically the  
8 school counselors, we are looking at the learning  
9 gaps that we're experiencing. Kids aren't having  
10 access to mental health resources.

11           We are a district, we have 13 prevention  
12 intervention programs, so we have a plethora of  
13 programs to offer our kids. But that does not  
14 address the learning gaps that we are experiencing.

15           We currently are struggling with  
16 re-teaching our children how to be students. We're  
17 seeing an area where kids are about a year to a  
18 year and a half behind academically and  
19 emotionally, and so, we're teaching them how to ask  
20 questions, how to learn, how to study, and how to  
21 ask for help, you know. And these are areas that  
22 shows that IEPs tend to struggle with naturally.  
23 So we are working on that.

24           I think we have staff shortages. We are  
25 having a hard time when someone's out and finding

1 someone to replace that case manager. It's  
2 extremely challenging. We are also paying staff to  
3 take care of those responsibilities. So what we  
4 typically offer 110 percent, we are offering  
5 75 percent because we don't have the staff to  
6 support the needs.

7           When we look at the mental health with  
8 emotional learning, our kids are struggling. Our  
9 kids with IEPs tend to need a little bit more  
10 training, discussion, advocacy and related to that.  
11 We'll focus on the career trades or the college  
12 courses in preparing them for that.

13           So, where do we go from here? We talk  
14 about the support of teachers and how we focus on  
15 that, the support of counselors, counseling  
16 programs that talk about not only the skills of  
17 counselors, but what it is to work in a school,  
18 which is very different than a mental health  
19 setting, and we're really advocating -- teaching  
20 parents how to advocate appropriately for their  
21 students; teaching kids how to advocate for  
22 themselves; collaborating as a team, and how to ask  
23 for what you need and what you want and what our  
24 kids deserve.

25           Thank you.

1 MAJORITY SUBCOMMITTEE CHAIRMAN ORTITAY:

2 Thank you very much. We'll move to  
3 questions, and I'll kick it off. Then I'll turn it  
4 over to my colleagues. This is for both of you.  
5 It's kind of a two-parter.

6 What's an average day in the life look  
7 like for both of you on a day-to-day basis now as  
8 compared to pre-COVID as well? I want to get your  
9 take on both, and kind of what we are looking at  
10 and seeing more needs in certain areas more than  
11 others.

12 MS. SENAVAITIS: If it's okay, David,  
13 I'll go first.

14 DR. LILLENSTEIN: That's fine.

15 MS. SENAVAITIS: A day in the life, when  
16 I come in I have students waiting for me. I see an  
17 increase in mental health in terms of anxiety,  
18 depression. Kids getting off the bus, not handling  
19 being here well. They were home for an almost a  
20 year and a half, and transitioning back to school  
21 is very challenging.

22 I would say, on average, I mentioned I  
23 had about a caseload of 352 students. I average  
24 about 35 to 40 kids check in every day. And that's  
25 2 minutes to 10 minutes.

1           I will say this. Mostly, we don't get a  
2 lunch. We teach for lunch. We see our kids. Our  
3 kids are our priority. We are in the classrooms  
4 when we're not meeting with kids, because we want  
5 to be sure we know what they're being taught, how  
6 they're being taught, and if their needs are being  
7 addressed, so when families (inaudible) and  
8 advocate for those classrooms and for our students.

9           I will see, you know, we were doing  
10 maybe all of that pre-COVID; just not as many  
11 students every day.

12           Unfortunately, I'm seeing also an uptick  
13 of suicidal risk assessments. And so, we are doing  
14 more of those more routinely because we just want  
15 to be sure we don't miss something. We didn't have  
16 a connection maybe with those kids as much as we  
17 would have liked because we've been in COVID. We  
18 couldn't get them online. We couldn't connect with  
19 them.

20           So now that we are doing that, we're  
21 seeing an uptick. I am seeing an uptick in mental  
22 health. So we constantly in our department are  
23 seeing kid after kid after kid just to be sure we  
24 don't miss something.

25           DOCTOR LILLENSTEIN: What I have to say

1 would be a lot of ditto.

2 What my schedule looks like in the  
3 morning is now what my day looks like at the end of  
4 the day. I always start out with a schedule, I  
5 don't often stick to it. Why? There are a lot of  
6 student self-referrals for mental health reasons.

7 Overnight I receive texts or e-mails  
8 from students. I then have to figure out how to  
9 work them in. Actually, I have to figure out how  
10 to work in the rest of my day because I prioritize  
11 meeting with those students.

12 As Jen said, a lot more trauma  
13 assessment. A lot more suicidal ideation this  
14 year. I have helped to facilitate or co-facilitate  
15 more hospitalizations for students this year than I  
16 ever have in the past. We're finding our time  
17 often occupied with helping kids to learn how to  
18 behave again; how to use the coping skills that we  
19 have been working with them on pre-COVID and  
20 pre-quarantine time; helping them to return to  
21 those coping skills and to teach them new coping  
22 skills and reinforce the use of them.

23 Our days -- Our days are full. As Jen  
24 was saying, we don't eat a lunch. Our lunches are  
25 usually spent with students, oftentimes doing

1 trauma, risk assessment, threat assessment. We're  
2 not eating just to socialize or interact and hang  
3 out with the students like we had in the past.  
4 Mental health is definitely the priority this year.

5           You know, learning loss. I know there's  
6 been a lot of talk about learning loss. When we  
7 look at our universal assessment data and progress  
8 monitoring data and we compare it to pre-COVID  
9 times, we're not seeing huge differences in  
10 learning or skill acquisition pre-COVID to  
11 post-COVID. What we are seeing, though, is a huge  
12 uptick in mental health needs and behavioral needs.

13           MAJORITY SUBCOMMITTEE CHAIRMAN ORTITAY:  
14           Just one more question.

15           Can both of you talk about communication  
16 you have ongoing with your students? David, you  
17 had just mentioned texts and e-mails. But,  
18 primarily, are your communications in person, or  
19 are you finding students don't want the in person  
20 more than the electronic side? What are you  
21 seeing? What are you doing on a day-to-day basis?

22           DOCTOR LILLENSTEIN: I work -- I'll  
23 start, Jen, first, if it's all right with you.

24           I work primarily at the high school. I  
25 also support gifted support and emotional support

1 throughout the district, but my assignment is the  
2 high school.

3 We live in an era where kids text to  
4 reach out, where kids might e-mail. So, I  
5 initially will receive communications sometimes via  
6 text or e-mail. I have a QR code outside my  
7 office. Kids will take a picture of that and send  
8 me an e-mail that says, I need to talk. Or a  
9 friend --

10 Friday night I got an e-mail from a  
11 friend of a student who they knew that I meet with.  
12 Obviously, I can't disclose anything about the  
13 student that I meet with. But I called that  
14 student over the weekend and I said, you know I  
15 can't disclose anything, but I'm all ears. Tell me  
16 what you want to tell me and I can listen. I also  
17 communicated with that student's parent to let them  
18 know that I had received a communication from their  
19 child about a friend.

20 Students really prefer the in-person.  
21 They reach out via these other means, and I'm glad  
22 that they do that because it makes us more  
23 accessible. But it also makes us accessible  
24 24 hours a day, seven days a week. They really  
25 prefer the in-person.

1           It's not out of the ordinary for me to  
2 walk in the building and have a student standing  
3 outside my hallway -- outside my door in the  
4 hallway waiting for me, waiting to talk. I had  
5 that happen just last week, and it ended up being a  
6 risk assessment and then a hospitalization for this  
7 student. The student waited for me hoping that I  
8 was going to be showing up that day.

9           MS. SENAVALTIS: So, I'll just also  
10 exhibit that as well. I use Google voice in terms  
11 of communicating with families. They get the text,  
12 it goes right to my phone. It also shows up as an  
13 e-mail, so then I'm aware. Kids want to be in-  
14 person. They want to communicate. They want to  
15 have that dialog.

16           I do a lot of developmentally at the 8th  
17 grade level. They're not great at communicating.  
18 I am teaching how to communicate and network and  
19 how to ask for what you need. And kids, that's  
20 (indiscernible) necessarily. We teach  
21 (indiscernible) and social studies. It's really  
22 how to advocate for yourself appropriately and  
23 learn one of those words that we need to hear that  
24 we need help.

25           And so, from a technical side, sure, we

1 have every access. We have e-mail. We have this,  
2 we have that. It's safe to say if they should need  
3 something.

4 I also, like David, have kids waiting  
5 for me in the morning. They get off the bus, they  
6 grab their breakfast, and they're waiting for me.  
7 I think that, to be quite frank, the in-person  
8 connections we make with our kids is the best part  
9 of the job, if I can just say. We were hearing  
10 some (video difficulty) having stuff that we do,  
11 but the kids matter, and they're the reason we get  
12 up and do this every day.

13 MAJORITY SUBCOMMITTEE CHAIRMAN ORTITAY:  
14 Thank you both. I appreciate that.  
15 We'll move on to Representative Zabel.

16 MINORITY SUBCOMMITTEE CHAIRMAN ZABEL:  
17 Thank you, Representative.

18 Thank you both for your testimony today.  
19 I'm especially interested and want to ask you about  
20 the mandates portion of your testimony, Doctor, and  
21 in particular, because, as a committee and as a  
22 legislative body, mandates are one of the things we  
23 can consider and act most directly upon.

24 As you -- You list three mandates there.  
25 I'm sure at the time they were enacted or put into

1 force, they had the best intentions behind them.  
2 But given the mental health challenges that have  
3 been exacerbated and raised during the two years,  
4 perhaps, this is an opportune time to revisit these  
5 particular ones. So I'd want to ask you about  
6 these specifically.

7 First, the mandate regard -- or the rule  
8 about developmental delay not applying to  
9 school-age students in Pennsylvania, can you  
10 explain why it should, even though Pennsylvania  
11 does not currently allow that to apply to  
12 school-age children?

13 DOCTOR LILLENSTEIN: Yeah. To clarify,  
14 a student is identified with a developmental delay  
15 in early intervention, can receive services once  
16 they become school-age eligible. However, the  
17 school district cannot receive special education  
18 funds for that student until their disability on  
19 record has been changed to one of the school-age  
20 disabilities.

21 So, here's a scenario. A student in  
22 early intervention could receive an evaluation in  
23 July of the summer prior -- so two months prior to  
24 starting school, but their disability on record  
25 could be developmental delay. So the school

1 district, in order to provide special education  
2 services and receive funding for that student, has  
3 to perform a new evaluation to change the  
4 eligibility category for the student.

5 That, in my opinion, is a lot of  
6 redundancy. We already have an evaluation that,  
7 you know, essentially says that a student is an  
8 eligible student, but we have to basically drop  
9 everything, make that a priority in order for that  
10 student to receive services and also for the school  
11 district to receive funding.

12 MINORITY SUBCOMMITTEE CHAIRMAN ZABEL:

13 So if that previous assessment were able  
14 simply to be carried over, that's what you would  
15 advocate for?

16 DOCTOR LILLENSTEIN: Yes. Most other  
17 states recognize the disability of developmental  
18 delay through the age of, I think is 9. So  
19 students can enter into school receiving special  
20 education services, the district can receive  
21 funding. And then when that student is up for  
22 reevaluation, that's when the district can change  
23 the disability of record.

24 Without that, a whole new process of  
25 paperwork, permissions, and time-consuming meetings

1 must occur. Obviously, that takes time from not  
2 just the school psychologist, but the entire team  
3 of people, including teachers. It's burdensome for  
4 parents and its redundant. So, in my opinion it's  
5 unnecessary.

6 MINORITY SUBCOMMITTEE CHAIRMAN ZABEL:

7 Thank you. With regard to the mandate  
8 on 60 calendar days for evaluation for special  
9 education eligibility, I'm sure proponents of the  
10 existing rule would say, we want to make sure these  
11 are done in a timely expeditious fashion.

12 Can you explain why it would be  
13 beneficial, perhaps, to move away from that  
14 60-calendar day rule to provide some -- What would  
15 be the compromise? What would be the tradeoffs?  
16 What would we get as a better result if we were to  
17 relax that rule?

18 DOCTOR LILLENSTEIN: Yeah. Let me start  
19 by saying, I am all for mandates if it helps kids,  
20 but there's some mandates that don't. So here's  
21 what happens with the 60-day issue.

22 At the beginning of the year, we have a  
23 lot of students that have moved in over the summer.  
24 We have to prioritize those students, get them  
25 where they need to be, evaluate them if they've

1 moved in from out of state. We need to do a new  
2 evaluation to get them eligible in Pennsylvania.  
3 We basically need to drop everything and do that.  
4 In middle of this we have mental health going on,  
5 right?

6 The 60-calendar versus the 60-school day  
7 becomes a real issue because, when schools are not  
8 in session, such as weekends, Thanksgiving break,  
9 winter break, and any other kind of extended  
10 breaks, school closures because of snow, or let's  
11 say there's a closure because of quarantine or  
12 something like that, those days count towards the  
13 timeline. But yet, we, as school staff, don't have  
14 access to the students during that time.

15 And so, what we sometimes end up doing  
16 is rushing an evaluation, or potentially even  
17 leaving out things that we really shouldn't leave  
18 out because we need to meet a deadline. If we  
19 don't meet the deadline, then we're out of  
20 compliance and then we get dinged for that on an  
21 audit. That's where the 60 calendar versus  
22 school days becomes an issue. It's largely over  
23 holidays, breaks, when students are not accessible.

24 MINORITY SUBCOMMITTEE CHAIRMAN ZABEL:

25 Thank you. This will be my last

1 question. I appreciate the allowance here with  
2 this.

3 With regard to the mandates with  
4 students from other states moving into Pennsylvania  
5 and having to be reevaluated, you've mentioned what  
6 other states do with regards to some of these other  
7 mandates. Are you able to speak to whether this is  
8 a common practice? Do other states allow for sort  
9 of a reciprocity, for lack of a better term, in  
10 terms of evaluations?

11 DOCTOR LILLENSTEIN: I'm not sure what  
12 other states allow for. But I know Pennsylvania  
13 requires that when a student moves in from other  
14 states, even though they have an IEP and they've  
15 been identified in another state, we are required  
16 to evaluate them to determine whether or not they  
17 meet criteria for a disability in Pennsylvania.  
18 And, the disability on record in the other state  
19 may be a disability we recognize.

20 Most states now follow the common  
21 disabilities from IDEA. So, if a student is  
22 identified in, let's say Maryland, last week to  
23 meet the criteria for a specific learning  
24 disability and they follow the exact same criteria  
25 for identifying a student for a specific learning

1 disability in Pennsylvania, once they move across  
2 the border, we have to then initiate that process  
3 all over again, even though the evaluation just  
4 occurred in Maryland last week.

5           What does that mean for us? It means we  
6 need to issue a new set of paperwork requesting  
7 permission from the parent. We need to then review  
8 all the records, write up a summary report, produce  
9 an evaluation report, produce a whole new IEP, have  
10 meetings. There's a lot of time that goes into it,  
11 and that takes time away from intervention and  
12 prevention. It takes time away from some of the  
13 other mental health behavioral needs that we're  
14 experiencing right now like we've never  
15 experienced.

16           MINORITY SUBCOMMITTEE CHAIRMAN ZABEL:  
17           Thank you very much. That's very  
18 helpful.

19           MAJORITY SUBCOMMITTEE CHAIRMAN ORTITAY:  
20           Thank you, Representative.  
21           We'll move to Chairman Sonney.

22           REPRESENTATIVE SONNEY: Thank you,  
23 Mr. Chairman.

24           I'd like some examples of the -- what  
25 the students bring to you. You both said that you

1 have students lined up and waiting for you, you  
2 know, to talk to you. Since you're the  
3 psychologist and the counselors, you talk a lot  
4 about trauma and mental health, social and  
5 emotional.

6 So, give me some real life examples of  
7 all of these issues that are brought to you every  
8 day by the students?

9 MS. SENAVALTIS: David, you want me to  
10 go first?

11 (Affirmative head motion).

12 MS. SENAVALTIS: I see a lot of  
13 depression. We see a lot of (inaudible) states.  
14 When you talk about (indiscernible) myself. We see  
15 self-injurious behaviors. (Video difficulty). We  
16 have a family where it's a single mom taking a job.  
17 Eight children and mom works nights, so the oldest  
18 child is taking care of younger siblings; not  
19 sleeping; therefore, coming to school because we  
20 offer free breakfast, free lunch. So, for those  
21 students, they come for those two meals,  
22 opportunity to be in class, how to schedule  
23 consistency.

24 We see trauma. We've had kids move in,  
25 different country. Seen things in their own

1 country, come here, and so, therefore, we're seeing  
2 language barriers as well as behavioral barriers.

3 Adjusting, we're coming back. I have  
4 seen more behaviors in terms of attention deficit,  
5 hyperactivity; sometimes, if you will, not being  
6 able to sit for 52 minutes. Creating distraction,  
7 being kicked out of a class, talking back to a  
8 teacher. We are sort of a practice school, so we  
9 really focus on the relationship we have with our  
10 students, bridging the behavior and the  
11 relationship, while also, if need be, having a  
12 discipline.

13 There's a family component. Maybe the  
14 kid's upset and then the family is also calling  
15 upset, fighting at home. Relational issues where  
16 you have families who have 10 or 11 people living  
17 in a home together because that is their dynamic.  
18 So they come here. Not necessarily, education is  
19 not the number 1 priority as much as it is to eat,  
20 to have a consistent schedule, but to have someone  
21 take care of them and ask them a simple question of  
22 how are you? All of that happens daily. It looks  
23 different from student to student.

24 And then you throw in a risk assessment,  
25 a student says, I'm going to hurt myself today and

1 here's my plan, and I have a detailed plan and a  
2 timeline. And so, that happens -- how often does  
3 that happen? I'm going to say once or twice a  
4 week. So all of that other stuff is happening  
5 every day, and then you throw in, you know, risk  
6 assessments, they're suffering.

7 DOCTOR LILLENSTEIN: Again, I would  
8 probably say ditto to a lot of that.

9 I would also add, I'm seeing more self-  
10 injurious behavior with boys than I've ever seen  
11 before. And boys reporting it, sometimes it's  
12 being seen and then we have to confront it. But  
13 there's more self-injurious behavior with male  
14 students than I've ever seen.

15 You know, there's also some COVID-  
16 related issues that the kids are bringing in.  
17 Parents are getting sick, relatives are dying.  
18 Relatives living in the house that have never lived  
19 in the house before because they have had to  
20 quarantine or they've had to leave their house and  
21 it is causing stress.

22 There's loss of jobs. A lot of domestic  
23 issues. It seems as though the divorce rate is  
24 higher and, obviously, before a divorce occurs  
25 there's a lot of domestic occurring in the house.

1 And the kids are bringing it in and they're wanting  
2 to talk to someone. They can't talk to mom or dad  
3 because mom and dad are the reason, and they don't  
4 feel like they can approach mom or dad. They want  
5 to talk to someone here in school.

6 I would also add, these kids, their  
7 attendance is fine. They are here every day.  
8 They're often here early and they're often here  
9 late. They want to see adults who are trusted and  
10 who care about them, and they know -- they know who  
11 those adults are.

12 REPRESENTATIVE SONNEY: So those  
13 particular students wouldn't be the ones with  
14 discipline problems? In other words, as long as  
15 you're able to talk with them and work through the  
16 emotional problems, then you can pretty much stem  
17 off of the discipline problems with those students?

18 DOCTOR LILLENSTEIN: Yes and no. I  
19 mean, some of them do have discipline problems.  
20 But, you know, as Jen said, we're trying to work on  
21 more restorative practices and not just a  
22 disciplinary response. But really, trying to get  
23 at, you know, what are some alternatives? If you  
24 did something wrong to someone, what can you do  
25 right to that person and what can you do to make it

1 right, and how can we learn from this?

2 You know, some of these kids, suspending  
3 them from school, that isn't gonna do anything  
4 other than give someone maybe a break for a day or  
5 two. It's not going to get at the real root of the  
6 issue. With more time we're able to get to the  
7 root of the issues that the kids are dealing with.

8 As we're -- You know, you guys have all  
9 heard the analogy of peeling an onion, and that is  
10 so true; that, as we get to know the students and  
11 develop relationships with the kids, we are able to  
12 peel back that onion and get to what's going on.

13 The behaviors we're seeing in the  
14 hallways and the classrooms, those -- those are the  
15 consequences of what's underneath it all. If we  
16 can get underneath it, we can get to a solution.

17 REPRESENTATIVE SONNEY: Thank you,  
18 Mr. Chairman.

19 MAJORITY SUBCOMMITTEE CHAIRMAN ORTITAY:  
20 Thank you. Last one to Chair Longietti.

21 REPRESENTATIVE LONGIETTI: Thank you.

22 I want to get back to the 60 calendar  
23 days versus 60 school days and, obviously, a  
24 concern when you do the math of 60 school days,  
25 it's potentially a third of the school year, and

1 learning about students not getting services until,  
2 perhaps, a third of the school year's come and  
3 gone.

4 So, I'm interested, if you have any  
5 concrete proposals that would add some flexibility;  
6 while, at the same time, having a safeguard so we  
7 don't have the bulk of the cases going 60 school  
8 days.

9 And I'm just wondering out loud, you  
10 already talked about staffing issues. But it seems  
11 like part of your concern is this time devoted to  
12 the paperwork side of things, evaluations. Is  
13 there a way to -- if you have resources to staff  
14 that, so that someone's primary duty is evaluation  
15 piece or the paperwork piece, whereas, others are  
16 freed up to actually meet with students and deal  
17 with their underlying issues that are more,  
18 perhaps, imperative or almost an emergency  
19 situation, really?

20 DOCTOR LILLENSTEIN: With regard to  
21 school psychologists, I did cite that the ratio in  
22 Pennsylvania is about 1 to 1400. The recommended  
23 ratio is 1 to 500. If we were closer to that  
24 1-to-500 ratio, the 60-day issue would be basically  
25 a nonissue. All the other mandate concerns would

1 be much less of an issue. So, with better ratios,  
2 we can manage all of that.

3           You know, the 60-day issue would  
4 probably be less of an issue if some of the  
5 redundancy were eliminated in the mandates. So the  
6 one issue of redundancy is having to reevaluate  
7 students when they come in from out of state. That  
8 is a huge issue at the beginning of the school  
9 year. We get kids over the summer. Oftentimes, we  
10 don't know that they've moved until a week or two  
11 before school starts, and then we have to basically  
12 drop everything. That then puts pressure on all  
13 the other students who are due for an evaluation or  
14 reevaluation within that 60 days. And so, if the  
15 out-of-state evaluation requirement were  
16 eliminated, then there would be less pressure put  
17 on the 60-day issue for all the other students.

18           REPRESENTATIVE LONGIETTI: My other  
19 question, you all referenced with the pandemic and  
20 kids being out of school that you had to, in  
21 essence, re-teach coping skills, appropriate  
22 behaviors, these sorts of things. This would be a  
23 tough one to get at. But that seems to suggest  
24 that when kids aren't in the school, parents or  
25 guardians aren't able to properly support them, so

1 that it reinforces the techniques that you've  
2 already given to them.

3 How do we address that, or do you see  
4 that as an issue? I'm just curious because it  
5 seems like we saw some significant backsliding  
6 during the -- during the pandemic.

7 MS. SENAVAITIS: I'll speak to that.

8 Coping skills is a skill set that is  
9 built upon over years and years and years in public  
10 education. I can speak that when you look at  
11 social, emotional learning and when you look at  
12 curriculum, and you look at techniques that are  
13 being taught, there's key developmental fundamental  
14 skill sets that are taught in the classroom in a  
15 school setting in-person, brick and mortar.

16 So, that time we were not physically in  
17 the building is -- it's difficult to teach  
18 interpersonal skills to students when they're  
19 online, you know, with 25 other students, not  
20 cameras on, they won't -- they won't engage.

21 I find -- My experience has been,  
22 parents, in collaboration with the school, want us  
23 to work with them and help them learn strategies to  
24 teach to their students. They don't have that  
25 skill set so they often look to us as the experts,

1 if you will, to say, how can I engage? What kind  
2 of questions can I ask my students when they come  
3 home? What really needs to be focused on?

4 So I think the pandemic in some cases  
5 prevented us from reaching those students who were  
6 more susceptible and needed that skill development  
7 and they couldn't get it because we just couldn't  
8 connect with them, whether it was anxiety of  
9 getting online, anxiety of showing a face, and any  
10 other factors.

11 So I definitely want to emphasize, in  
12 collaboration with any parents or families, this  
13 skill development, that's the best way it happens.  
14 Developmentally, no matter what age you are, you  
15 still need a coping skill development. You need  
16 advocacy. That, as we get older, turns into  
17 employability skill development.

18 And so, it's really a combination of  
19 both; that in-person skill development, and then  
20 collaboration with families.

21 REPRESENTATIVE LONGIETTI: Thank you.

22 MAJORITY SUBCOMMITTEE CHAIRMAN ORTITAY:

23 All right. Thank you very much.

24 Thank you both for making time to be  
25 here today. We really appreciate the information

1 you shared is invaluable, and certainly appreciate  
2 all the expertise that you shared with us with your  
3 experience as well. So thank you both again.

4 MS. SENAVALTIS: Thank you.

5 MAJORITY SUBCOMMITTEE CHAIRMAN ORTITAY:

6 We're going to move on with our second  
7 panel. We have Ashley Pullum, the Director of  
8 Special Education, Philadelphia Charters for  
9 Excellence. We also have Jeremy Hall and Christine  
10 Thomas, who are special education teachers in South  
11 Fayette School District. We have Isaiah Foust,  
12 who's Positive Behavior Intervention and Supports  
13 Coordinator at The School at McGuire.

14 Ashley, we are going to start with you,  
15 and you may begin when you are ready.

16 MS. PULLUM: Good morning.

17 MAJORITY SUBCOMMITTEE CHAIRMAN ORTITAY:

18 Ashley, hold on one second. I need some  
19 housekeeping. I forgot to swear all of you in.

20 (All panel witnesses were sworn  
21 en masse.)

22 MAJORITY SUBCOMMITTEE CHAIRMAN ORTITAY:

23 Thank you.

24 Ashley, sorry about that. You may start  
25 when you're ready.

1 MS. PULLUM: Thank you so much.

2 So, as mentioned, I am the special  
3 education director for Memphis Street Academy  
4 Charter School. And here we're looking in the  
5 Philadelphia and the Kensington section of the  
6 city. We also service some children at Port  
7 Richmond, so we're within a general vicinity.

8 Memphis Street is a very diverse school  
9 itself. About 22 percent of our population --  
10 education population makes up the overall  
11 population of the school. We have a large number  
12 of English language learners, as well as just  
13 students that are coming in from our feeder schools  
14 that are just, in general, below grade level.

15 So, coming out of COVID, what we're  
16 noticing is a significant regression and student  
17 performance based on students that were here  
18 previously, so we're also noticing students coming  
19 in from our feeder schools that are performing well  
20 below grade level just based on the fact that it's  
21 virtual learning. Many of them didn't log in for  
22 virtual learning, unfortunately, or was not an  
23 effective modality core providing instruction, so  
24 we're noticing that they are struggling to meet  
25 grade-level expectations.

1           In addition to that, we're noticing  
2 scholars that are just -- they were -- did not  
3 receive the testing that they should have received  
4 based on their performance. So we're finding  
5 parents are requesting academic testing that they  
6 were unable to receive for a variety of reasons.

7           We do believe one of which is the  
8 18-month school closure due to COVID, which  
9 contributes to a child being below grade level.

10           In addition to that, we have English  
11 language learners that join -- that entered the  
12 country during COVID closure. Although I'm sure  
13 schools attempted to provide English language  
14 learners support, unfortunately, many of them are  
15 still struggling with the acquiring their language.  
16 And so, that is -- has been a barrier that we were  
17 experiencing also.

18           But I think more significantly is  
19 definitely the mental health issue that we are  
20 noticing. Many of our scholars were unable to  
21 receive their prescriptions for medication. Many  
22 of them go to free clinic, which, during COVID  
23 closures were closed. Although there was some form  
24 of telehealth that was happening, they were still  
25 unable to receive some of that medication that was

1 needed. And so, we're noticing a significant  
2 increase and (inaudible) in this health crisis.

3 Students get angry just in general and  
4 attempting to provide them with that support and  
5 coping skills so they can access the curriculum.  
6 So what we're doing is prioritizing the mental  
7 health issue before the curriculum need or else we  
8 can't access the scholar. We learned that pretty  
9 early on in the school year, you can't just dive  
10 into a typical school year just due to the  
11 magnitude that we noticed and the fights. Fights  
12 after school and different things posted on social  
13 media, and just a significant mental health crisis  
14 in general.

15 We had a few students that had been  
16 hospitalized since the start of the school year,  
17 and so, we are definitely making an effort to  
18 provide staff with the necessary training and  
19 support so that we can support our scholars as they  
20 return to the school, in hopes that, as we start in  
21 2022, things will kind of go with the new normal  
22 than what we have experienced since August.

23 That's just a general idea of what's  
24 happening here at Memphis Street Academy. Please  
25 let me know if there's any other questions. Again,

1 thank you for having me.

2 MAJORITY SUBCOMMITTEE CHAIRMAN ORTITAY:

3 Thank you. We'll have questions after  
4 Isaiah goes, so if you could stay with us, Ashley,  
5 that would be great.

6 Next we'll move on to Jeremy Hall and  
7 Christine Thomas who are at South Fayette, who are  
8 my district. Thank you both for being here. The  
9 joys of being Chair is I can invite some of my  
10 school districts in. Both of you may begin when  
11 you're ready.

12 MR. HALL: Thank you. It is both an  
13 honor and a privilege to speak with all of you  
14 today about a topic that we are so passionate  
15 about, but also one that shaped our lives in the  
16 last 17 years.

17 In our almost two decades of serving in  
18 public education, all within special education,  
19 Mrs. Thomas and I have witnessed firsthand the  
20 challenges special education teachers face on a  
21 daily basis.

22 As previously mentioned by some of the  
23 other panels, students enter the program because  
24 they have been found eligible through evaluation  
25 processes that were initiated by the school for

1 parents. The moment in which parents are provided  
2 the results of this report, our 30-day clock  
3 starts.

4 Please also note that this timeline is  
5 further impacted if a student transfers to us from  
6 another district, which then requires us to  
7 coordinate and hold an adoption meeting within the  
8 first 10 days to ensure that they're specially  
9 designed instruction can be followed seamlessly  
10 despite only knowing the students for a few days.

11 During our allotted time, we are charged  
12 with developing a new plan that will not only make  
13 the student successful, but be able to access their  
14 least restricted environment as equally as their  
15 non-disabled peers. Despite how monumental this  
16 task seems, we set off by interviewing past and  
17 present teachers, parents and students, sifting  
18 through permanent records and analyzing data to  
19 make the best decisions possible for our students  
20 to achieve success for their short-term and  
21 long-term educational futures.

22 And then couple this with monitoring and  
23 revise IEPs on a continuous basis, which requires  
24 setting up and holding meetings to do so, logging  
25 progress for quarterly progress monitoring, and ESY

1 determinations; being on call when one of our  
2 students is experiencing a problem; acting as a  
3 liaison between home and school, and completing the  
4 cornerstone task of any educator, which is planning  
5 and teaching multiple classes.

6           While we all wish for there to be more  
7 time or the clock to just pause for even a moment,  
8 we know that federal and state mandates require us  
9 to assure timelines are adhered to or become out of  
10 compliance which will certainly carry with it some  
11 form of disciplinary action against us.

12           The number of students being identified,  
13 as well as the complexity of individualized needs,  
14 have consistently increased over the years, and  
15 this number has only been further exacerbated  
16 during the COVID pandemic. At the height of the  
17 pandemic, students and teachers were forced into  
18 uncharted waters with having to hold school in a  
19 nontraditional manner, yet, still trying to make  
20 the same educational growth they would have in  
21 normal years. And sadly, with no definite end in  
22 sight, we're still fighting these same challenges  
23 today.

24           Fortunately, here at South Fayette, we  
25 have been able to resume in-person education.

1       However, a student needs to quarantine, we need to  
2       provide them with a safe, live asynchronous  
3       learning, albeit, through a virtual platform at the  
4       same time that we are delivering to the students  
5       that are in front of us.

6               The Commonwealth requires for special  
7       education teachers to be highly qualified in every  
8       subject they teach, despite earning our  
9       undergraduate degrees in elementary education and  
10      special education. We were then required to  
11      achieve additional certifications such as middle  
12      school math to not only be considered for an  
13      interview, but in our case it was necessary to keep  
14      our jobs. This mandate has greatly impacted the  
15      number of eligible candidates, which, in turn,  
16      creates staffing shortages, thus requiring teachers  
17      like Mrs. Thomas and me to take on additional  
18      classes so that our students can be taught by  
19      highly-qualified teachers.

20              In summary, the world of special  
21      education continue to evolve all the time, even  
22      daily. While Mrs. Thomas and I made the  
23      conscientious decision to enter the special  
24      education field and continue to have the desire to  
25      be advocates for students with exceptional needs,

1 our day does not end at 3 o'clock. Instead, we  
2 must continues our desire to ensure every part of  
3 our job responsibilities are met, which often  
4 includes working late into the evening, completing  
5 paperwork, and altering our personal lives and  
6 family time to get the job done.

7 Thank you for this opportunity in  
8 allowing us to provide you with a snapshot of a  
9 special educator's day. And if we can provide any  
10 further information, we'll be glad to do so.

11 MAJORITY SUBCOMMITTEE CHAIRMAN ORTITAY:

12 Thank you.

13 Miss Thomas, would you like to add  
14 anything?

15 MS. THOMAS: No, not at this time.

16 MAJORITY SUBCOMMITTEE CHAIRMAN ORTITAY:

17 All right. Thank you.

18 Next we'll move to Isaiah Foust.

19 MR. FOUST: Good morning. My name is  
20 Isaiah Foust. I am a board certified assistant  
21 behavior analyst at The School at McGuire Memorial,  
22 which is an approved private school in New  
23 Brighton, Pennsylvania. Thank you for having me  
24 this morning. I just want to talk a little bit  
25 about our students and about some of the challenges

1 that we have come across this year.

2 At The School McGuire Memorial, we serve  
3 children ages of 3 to 21 with complex and  
4 significant needs. Many of our students are  
5 nonverbal, have autism, intellectual disability,  
6 and severe challenge and behavior. The majority of  
7 our students are unsuccessful in traditional  
8 educational placements.

9 We have a strong emphasis on Applied  
10 Behavior Analysis, which is an evidence-based  
11 practice. We look at behavior, analyze why kids  
12 are engaging in specific behaviors, and we act to  
13 seek to change those behaviors in meaningful ways.

14 Our students require hands-on  
15 instruction. They are not able to learn  
16 independently. We do have to provide prompt  
17 methods and prompt fading procedures where we've  
18 got students through our instructional process, and  
19 then we slowly fade out that guidance over time.  
20 We have to individualize and adapt everything that  
21 we use with our students to meet their individual  
22 needs, and we have to be very consistent with the  
23 education that we provide for them to acquire  
24 skills.

25 So, with that said, over the course of

1 the year, we have had some challenges, and one of  
2 those challenges was when we had to go virtual with  
3 our students. We did not have a virtual platform  
4 in place, and that was something that we had to  
5 create from the ground up, which we had to do in a  
6 very quick time frame. And most virtual platforms  
7 were not designed for our types of students and our  
8 types of learners, so we had to adapt everything  
9 that we used to meet their needs.

10 We did require a lot of support from the  
11 families, as well as caregivers, to assist in  
12 providing that education virtually. I will say we  
13 have some amazing families that were participating  
14 and assisting us in providing that education, and  
15 it's been, you know, a process that was difficult  
16 at first, but we did see some progress with our  
17 students through IEP goals and IEP objectives.

18 We also had some parents that indicated  
19 that they were very happy to have had the  
20 opportunity to work with their students directly --  
21 or their child directly and learn different  
22 prompting procedures that we use. And they  
23 indicated that it was kind of a blessing for them  
24 to have had this opportunity to learn to work with  
25 their child.

1           Although we had some successes, we  
2 definitely had some challenges. One of the  
3 challenges is coming back in person. Like I had  
4 mentioned, our students engage in some significant  
5 challenging behaviors, and that was something that  
6 we saw when we originally were coming back in  
7 person. We saw an increase in some behaviors, as  
8 well as parents indicated some challenges at home.

9           In addition to that, we have seen a  
10 drastic decrease in staff. We are currently down  
11 around 20 percent of the staff that we are required  
12 to -- that we require to operate our building. And  
13 this includes our teaches and support staff. So, I  
14 had mentioned that our students require  
15 consistency. That is very difficult when you're  
16 down 20 percent of the staff that you need in the  
17 building.

18           So, we have therapists and  
19 administrators working directly with our students.  
20 We have staff rotating, you know, daily throughout  
21 different classrooms, working with different  
22 students in different classrooms in our building.  
23 We definitely have had some barriers. The staffing  
24 crisis right now has been the biggest challenge  
25 that we're working to overcome. But, we are

1 dedicated in providing the best education to our  
2 children still. And we have some absolutely  
3 amazing staff that work with our children.

4 Thank you for taking the time to listen.  
5 And if you have any questions, I would be happy to  
6 answer.

7 MAJORITY SUBCOMMITTEE CHAIRMAN ORTITAY:

8 All right. Thank you. Thank you to all  
9 three of you. I'll kick it off first. But before  
10 that, I want to recognize Representative Mercuri is  
11 here as well, has joined us.

12 Mr. Hall and Miss Thomas, I wanted to  
13 ask you a little about the asynchronous learning.  
14 I know a lot of schools are doing this. But I'm  
15 curious, what's it been like for the teachers to do  
16 this? As I understand it, and I know I've been to  
17 the school and I've seen -- I think I've seen it in  
18 action with the camera. So that's, basically, your  
19 teachers are teaching the class, to students in the  
20 classroom as well as students who are tuning in and  
21 watching online.

22 How does that change a way that a  
23 teacher teaches normally, and what's that impact  
24 look like on students so far that you've seen?

25 MS. THOMAS: So the districts in our

1 area, they were all given the opportunity to do  
2 what was best for their district. Here at South  
3 Fayette we decided in the last that school year  
4 that whenever our students were at home learning,  
5 they were not asynchronous. Rather, they were  
6 synchronous. They were live with their teachers  
7 the entire class time. We have found that has been  
8 very beneficial to our students because they were  
9 live in our classroom. But that does have  
10 challenges for classroom teachers providing  
11 instruction to those students who need help within  
12 a classroom, especially students with special  
13 needs, you know, within a classrooms as well as  
14 students at home.

15 It has been challenging, and we continue  
16 to provide those services to children at home who  
17 are either quarantined or having COVID (video  
18 difficulty). If a child is at home, they are still  
19 receiving live instruction as if they were in our  
20 classrooms.

21 A TESTIFIER: And I just would like to  
22 further add to what Mrs. Thomas said. During the  
23 current time by providing this like hybrid  
24 approach, if you will, while all of our students  
25 are welcome back with the pandemic, that could then

1 derail some of the students being able to come in,  
2 which then we have to have that student online with  
3 us at any given moment.

4           You know, we receive notification the  
5 morning of, we have to make sure that, where our  
6 typical instruction may have been delivered in the  
7 standard form of like paper/pencil, we have to  
8 ensure that that student at home is given equal  
9 access which means then we might have to, you know,  
10 a quick move to make sure that it's accessible  
11 electronically.

12           And, of course, with technology you  
13 always run into issues. But, you know, we  
14 certainly try to do this balance. I feel very  
15 fortunate at South Fayette I think we do have the  
16 means to do that, but it certainly takes a lot of  
17 time in planning and flexibility to be able to  
18 ensure that that is possible for a student at any  
19 given moment.

20           MAJORITY SUBCOMMITTEE CHAIRMAN ORTITAY:

21           Thank you. My next question for Miss  
22 Pullum. You had mentioned when you were speaking  
23 about focusing on the mental health aspect before  
24 the academic part, and you said you had seen a rise  
25 in fights after school. I was just wondering if

1 you could elaborate and go into a little bit more  
2 detail about how you're focusing more on the mental  
3 health side than the academic side?

4 MS. PULLUM: Yeah. So what I'm saying,  
5 when a student first arrives, a lot of teachers are  
6 doing more I want to say it's awareness time where  
7 they're like listening to music. They're focusing  
8 on how they're feeling at the moment  
9 (indiscernible). We have parents-shared community  
10 which is a curriculum centered around the classroom  
11 being more of a community where the conflict at the  
12 time you would as a classroom come together and  
13 discuss it; not necessarily specifying names, but  
14 you would sit in a circle and everyone would share  
15 what their issues are with someone else, and then  
16 we would collaborate as a group to resolve this  
17 issue.

18 At any point the teacher or class  
19 students can call for a class meeting, as they call  
20 it, to discuss the ongoing concerns that they share  
21 with one another. We are doing ongoing mediation,  
22 investigating students' concerns. Counselors who  
23 have a (indiscernible). We have a social group  
24 going. So, we're trying our best to support the  
25 need because it's very high.

1           I think, in part, it's the neighborhood  
2 that we're in and the students are confined to  
3 their homes for an extended period of time I think  
4 that contributed a large amount to the uptick in  
5 aggressive behavior and anger management that we're  
6 noticing.

7           MAJORITY SUBCOMMITTEE CHAIRMAN ORTITAY:

8           Thank you. Mr. Foust, are you seeing  
9 anything similar in your school or doing anything  
10 similar?

11          MR. FOUST: Yes.

12          MAJORITY SUBCOMMITTEE CHAIRMAN ORTITAY:

13          Go ahead.

14          MR. FOUST: So our students are a little  
15 bit different, so we have to kind of work on  
16 retraining some skills that we've already taught in  
17 order to manage some of these behaviors.

18                 So, some of our students struggle with  
19 communication, so that was something that we had to  
20 spend a lot of time in retraining certain  
21 communication responses and stuff to regain access  
22 of things they want rather than engaging in some  
23 challenging behavior to get those things. So we  
24 had to do a lot of retraining in those regards with  
25 our students.

1 MAJORITY SUBCOMMITTEE CHAIRMAN ORTITAY:

2 Thank you. I don't see any other  
3 questions here. Thank you all for joining us.  
4 Thanks again for making time for us. We really  
5 appreciate it. Enjoy the rest of your day. You're  
6 welcome to stay if you'd like.

7 MR. PULLUM: Thank you.

8 MAJORITY SUBCOMMITTEE CHAIRMAN ORTITAY:

9 We'll move on to our third and final  
10 panel. This panel consist of our parents. I  
11 believe we have Denika Chilton, who's here in  
12 person. If you want to make your way up to the  
13 table. She's a parent of a student at York City  
14 School District. We have Alan and Jennifer  
15 Shuckrow, who is a parent for a student at Western  
16 PA School for Blind Children. We have Beverly  
17 Caldwell, who is a parent for a student at the  
18 Pennsylvania School for the Deaf. And Irene  
19 Connelly, who is a parent for PA Cyber.

20 I'm not going to forget to swear you all  
21 in this time.

22 (All panel testifiers were sworn  
23 en masse).

24 MAJORITY SUBCOMMITTEE CHAIRMAN ORTITAY:

25 Miss Chilton, you may begin when you are

1 ready.

2 MS. CHILTON: Thank you. Thank you,  
3 Chairman. And thank you to the members of the  
4 Committee for hearing my testimony.

5 MAJORITY SUBCOMMITTEE CHAIRMAN ORTITAY:

6 Miss Chilton, I'm sorry. Can you turn  
7 your microphone on?

8 MS. CHILTON: Can you hear?

9 MAJORITY SUBCOMMITTEE CHAIRMAN ORTITAY:  
10 Sorry about that. Thank you.

11 MS. CHILTON: That's all right.

12 Thank you, the Committee, for listening  
13 to my testimony today. My name is Denika Chilton.  
14 I live in York, Pennsylvania. I'm a mother with a  
15 child that has intellectual disabilities, and on  
16 that autism spectrum which interferes with his  
17 behavior health.

18 He is currently attending York City  
19 School District and has been in and out of the  
20 district due to the lack of services designed for  
21 his needs. I first discovered my child had special  
22 needs when he attended kind of pre-K. Some of the  
23 teachers kind of recognized some of the  
24 developments within his speech, his delay, his  
25 direct eye contact.

1           I was given a short meeting. I was only  
2 given a few pamphlets to read about my child's  
3 disability and what type of services that were  
4 actually there for him at that time within the  
5 schools. There was no one to talk to, no idea  
6 where to go, and I kind of felt like why this is  
7 happening to my child.

8           It was extremely overwhelming with the  
9 amount of paperwork, the terminology, and  
10 everything that went into trying to make the right  
11 choices for my son's education. There were times  
12 that the school's administration told me that there  
13 was nothing they could do for him and I needed to  
14 find another school. I felt hurt. I felt like my  
15 son was not good enough. I felt like my son did  
16 not fit into the box of what was expected as  
17 education like every other kid in that school  
18 district.

19           Over the years we have tried him in  
20 regular school settings, charter schools, Lincoln  
21 Intermediate, and special education. He is now  
22 9 years old and currently in the life skills class  
23 provided by York City School District. We have  
24 faced a lot of challenges when it came to getting  
25 him services. There's at least a 6-month minimum

1 wait just to be seen by a psychologist in the  
2 schools.

3           There is no time given for any direct  
4 support staff that are assigned to my kid for in-  
5 school and out-of-school services just because of  
6 the staffing issues and behavior health agencies.  
7 Also, the insurance does not cover most of the  
8 expenses that is needed to cover the wraparound  
9 services or some services needed for in schools. I  
10 just feel like there should be a more rapid,  
11 holistic approach to intellectual disability.  
12 Education services for children like my son that  
13 should be standardized across the schools of  
14 Pennsylvania.           There's no reason why any  
15 child should feel like they should be penalized  
16 because of the zip codes in which we live. Every  
17 day that he is waiting for these services or any  
18 child waiting for these services or providers, um,  
19 sorry, is another day that his intellectual and  
20 personal development may be impaired.

21           That's all the time that I have. Do you  
22 have any questions?

23           MAJORITY SUBCOMMITTEE CHAIRMAN ORTITAY:

24           You did a great job. Thank you for  
25 being here. We'll go to questions after if you

1 want to stick around.

2 Next we'll move to Alan and Jennifer  
3 Shuckrow.

4 MR. SHUCKROW: Thank you, Representative  
5 Ortitay, and members of the Subcommittee. Thank  
6 you for this opportunity to speak as parents of our  
7 daughter, Abby, who is on camera with us here  
8 today, who's a student at the Western Pennsylvania  
9 School for Blind Children in Pittsburgh. This is  
10 Jennifer and I, we live in the North Hills here in  
11 Allegheny County, and we're happy to see our friend  
12 and Representative Robert Mercuri, who's a member  
13 of this Committee as well.

14 We want to talk to you about the  
15 importance of the delivery of special education  
16 students, your services to children like Abby who  
17 have profound needs. This is a group of students  
18 and people that are often forgotten. We think it's  
19 important -- so important that she's only got a  
20 couple days left before the break starts, and  
21 school is really her favorite thing. But we  
22 thought it was important enough to have her here to  
23 participate in this meeting today.

24 For these children, the reality is, it  
25 becomes incredibly hard for families to take them

1 out into society after they get to be about 7 or  
2 8 years old, because at that point they become too  
3 heavy to carry for any distance. Their equipment  
4 is cumbersome and weighty. Some, not Abby,  
5 although she could yell during this hearing at any  
6 time, have behaviors, and they need medication,  
7 feedings, and the list goes on and on.

8 You'll rarely see these kids at the  
9 mall, grocery store, or the community centers.  
10 Sadly, as children like Abby age, they become more  
11 tethered to their homes.

12 MS. SHUCKROW: An antidote to this kind  
13 of sad reclusiveness are the special education  
14 schools like the School For Blind Children. Here  
15 at the School For Blind Children, Abby has a chance  
16 to interact with other children like her of a  
17 similar age. She has a chance to work on new  
18 skills, try out different experiences and to  
19 otherwise flourish.

20 Even though she's rocked by maybe a  
21 dozen or more seizures a day--In fact, if you sit  
22 here long enough she'll probably have one--her  
23 educational team, team of therapists and teachers  
24 find incredible ways to help her make small steps  
25 forward. And really we have to make no mistake, a

1 tiny step forward for her requires a thousand times  
2 more effort than her typical brother would have had  
3 to expend.

4 So, at places like the School For Blind  
5 Children, these children are no longer invisible  
6 members of society. They are really treated as  
7 valuable contributing members of society.

8 I also wanted to talk briefly about the  
9 School For Blind Children's push to return to  
10 in-person learning. After kind of some starts and  
11 stops in the fall of 2020, they really returned to  
12 100 percent full-time in-person learning in  
13 February of 2021, and that was really a lot -- well  
14 before a lot of other schools in the area.

15 And despite all the fear and  
16 uncertainty, our staff knew that these complicated  
17 children were backsliding horribly during the  
18 pandemic. So a typical child may have forgotten  
19 how to regroup numbers or identify a topic  
20 sentence. The special needs students forgot how to  
21 eat. They forgot how to walk. They forgot how to  
22 communicate needs, and these are life-threatening  
23 losses.

24 So the School For Blind Children's staff  
25 really soldiered forward relentlessly with

1 reopening, despite the fact that these children are  
2 all almost unvaccinated at that time and really  
3 physically incapable of keeping masks on their  
4 faces. If you put a mask on Abby, it rolls up over  
5 her eyes within seconds because she doesn't have  
6 enough muscle tone to keep it in place.

7 So I really can't say enough about the  
8 School for Blind Children that put its needs -- the  
9 needs of these special children above their fears  
10 and their worries and opened in February of 2021.

11 MR. SHUCKROW: And one final thing we  
12 wanted to mention is that, these students can  
13 attend the school until they're 21, so they have  
14 18 years at a school like the School For Blind  
15 Children.

16 But, as you may be able to understand  
17 the transition out of the school is something that  
18 the parents dread, because the options for the  
19 adults are not as robust. When you go to the  
20 graduation at the School For Blind Children, it's a  
21 very bittersweet event.

22 And importantly for you to know, the  
23 School for Blind Children is looking to develop an  
24 adult residential program to continue to serve  
25 these students and families. And if you can

1 whisper in the ears of your colleagues at Health  
2 and Human Services, we would be most grateful if  
3 going forward, and we're working with them now to  
4 partner so that the school can expand its offerings  
5 to this population.

6 We want to thank you again for your time  
7 this morning and for your champion of special  
8 education services. Thank you.

9 MS. SHUCKROW: Thank you.

10 MAJORITY SUBCOMMITTEE CHAIRMAN ORTITAY:

11 Thank you both. Again, please stick  
12 around to the end so we can do some Q and A with  
13 you.

14 Next up we have Beverly Caldwell.  
15 Beverly, you may begin when you're ready.

16 (Pause. No response).

17 MS. CALDWELL: Hello. Can you hear me?

18 MAJORITY SUBCOMMITTEE CHAIRMAN ORTITAY:

19 Yes, we can. Loud and clear.

20 MS. CALDWELL: Sorry. I'm having  
21 difficulties this morning. I just wanna share a  
22 little bit. Thank you for this opportunity for  
23 listening to me this morning.

24 My name is Beverly Caldwell. I'm here  
25 today to speak with you about my experience with

1 special education.

2 I have the privilege of being the mother  
3 of an amazing 8-year-old named Noah, who is smart,  
4 funny, strong, determined, kind, loyal, loving,  
5 compassionate and inquisitive, who happens to be  
6 hard of hearing with hearing aids, and is obsessed  
7 with PAW Patrol. Watching my son grow up to this  
8 point, I have learned that labels and limits can  
9 make or break -- can break you.

10 So, our children may be receiving  
11 special education, but they are more than special  
12 education, and they can be everything that they  
13 should be, want to be, and dream to be because of  
14 special education; not despite it.

15 My life changed forever when I met the  
16 first deaf person in my arms and named him Noah. I  
17 knew I wanted him to have access to everything that  
18 was available to him.

19 Noah received his first pair of hearing  
20 aids at six months, and we began the journey of  
21 learning American sign language. By two years old,  
22 he was a member of the Toddler Play Group at  
23 Pennsylvania School for the Deaf. The play group  
24 introduced us to the deaf community, which led to  
25 Noah meeting other deaf children like himself,

1 building early independence and friendships. We  
2 both got to see that professionals in action.

3           The connections that I have made with  
4 other parents and teachers are helpful to this day  
5 for developing parenting strategies. These  
6 opportunities would not have been made available to  
7 us if it were not for special education programs,  
8 like the Toddler First Play Group and preschool at  
9 PSD. Pennsylvania School for the Deaf is serving  
10 my son well, giving him the foundation that he  
11 needs to succeed in the future. He started out as  
12 a scared two year old and has turned into an open,  
13 outgoing well-adjusted eight year old that can  
14 express himself in ASL and spoken language -- and  
15 spoken English, sorry.

16           I believe PSD will continue to be an  
17 asset in his life, making him a proud deaf adult  
18 and an asset to our community. He's made great  
19 strides academically, physically, socially, and  
20 emotionally as a student at PSD. Removing or  
21 providing minimal education for our children will  
22 be a detrimental effect to them. We -- I'm sorry.  
23 I'll go back. Sorry.

24           Removing or providing minimal education  
25 for our children will have a detrimental effect,

1 developmentally, emotionally and academically, and  
2 will feed off of stereotype that deaf can't, when  
3 the truth is deaf can. With this said, parents  
4 should have the final say in their children's  
5 education because we know what's best for them.  
6 Their strengths, weaknesses, temperaments,  
7 triggers, likes and dislikes, we are the experts.

8           So it's to my surprise, after blowing  
9 out the candles on our four year old's birthday  
10 cake, I found out that he could potentially lose  
11 the benefits of the school that he was attending  
12 and thriving at.

13           After a bunch of paperwork, evaluations  
14 and stress, a year later I found myself sitting  
15 across the table from a person with a folder of  
16 papers and statistics about my child and a  
17 mediator, all because I didn't want him to change  
18 schools. All these strangers had a say in what's  
19 best for my child, and that's not fair to the  
20 parents and students whose futures are in jeopardy.

21           We need your support and -- we need your  
22 support and not your dictation for what's best for  
23 our children.

24           The services that comes through with  
25 that education teaches these children their

1 identity and gives them their -- and teaches them  
2 deaf culture what we as hearing parents can't do.  
3 Most deaf children are born to hearing parents, and  
4 like I said, these services will help them to be  
5 proud deaf adults.

6 So, thank you for listening to my  
7 thoughts and concerns, and I hope it came across  
8 clear. Thank you.

9 MAJORITY SUBCOMMITTEE CHAIRMAN ORTITAY:  
10 Thank you, Miss Caldwell. You did a  
11 great job.

12 MS. CALDWELL: Thank you.

13 MAJORITY SUBCOMMITTEE CHAIRMAN ORTITAY:  
14 Next we're going to move on to Irene  
15 Connelly, who is in the room with us. Miss  
16 Connelly, you may begin when you're ready.

17 MS. CONNELLY: Good morning. My name is  
18 Irene Connelly. And I do want to echo the  
19 sentiments from Miss Caldwell that the educational  
20 programs that are available to our children will  
21 either make or break them.

22 I'm a parent of a 16-year-old daughter  
23 who suffers from a neurological disorder called  
24 misophonia. Misophonia affects the limbic area of  
25 the brain. So simple sounds such as coughing, a

1 throat clearing, provoke a fight or flight  
2 mechanism in her. It's a real disorder. It  
3 seriously compromises her functioning, her  
4 socialization, and mental health and generally  
5 appears at about age 12.

6 My daughter started to show signs at  
7 9 years old. She's in a private school with no  
8 resources, and she was labeled as -- previously as  
9 an A student, as a child with disciplinary issues  
10 that needed anger management counseling.

11 She's triggered by coughing, throat  
12 clearing, sniffing, chewing, and the hard C sound.  
13 If I say the word okay, that has the potential to  
14 trigger her. Visual triggers as well, such as foot  
15 movement. I have a nervous thing and I wiggle my  
16 foot a little bit or rubbing my eye. I'm dry and I  
17 need to clear my eye. That's enough to trigger  
18 her.

19 Each time she's triggered, she feels the  
20 fight or flight response, along with a chemical  
21 dump that ensues. She's triggered 60 to 70 times  
22 per day, even in a home environment. It can take  
23 up to three weeks for each one of these triggers to  
24 dissipate the physiological response as it replays  
25 in her mind. It relives over and over again.

1           The response causes rage, anxiety, fear,  
2 extreme muscle tension, and in her it manifests  
3 primarily in her neck. It's her direct connection  
4 right there, so she gets headaches, body aches,  
5 extreme fatigue and lack of motivation. All of  
6 these symptoms contribute to a down spiral of  
7 depression, anxiety, and discouragement.

8           When she was diagnosed she was in a  
9 brick-and-mortar school and in 5th grade. We had  
10 moved her there for a break. We went from that  
11 private school to an arts academy where she was a  
12 gifted skater, figure skater. She was allowed to  
13 skate half the day. The exercise helps her  
14 tremendously. So she has her academic class half a  
15 day and half the day she was at the rink.  
16 Unfortunately, she was calling many times a day. I  
17 need to leave work, go pick her up because of the  
18 triggers.

19           The school did support a 504 plan. She  
20 was allowed to leave the class when she was  
21 triggered. She was allowed to test alone in the  
22 hallway. She was often refused these  
23 accommodations, though, by certain teachers who  
24 honestly just didn't get the accommodations or why  
25 they were needed. The school just simply didn't

1 have the resources to support what she needed.

2 She was unable to obtain her treatment  
3 and therapy without being absent. To go to a  
4 doctor's appointment, a therapy appointment she had  
5 to miss school or skating, which was beneficial to  
6 her to help dissipate those triggers. She started  
7 to spiral downward in her grades. She started to  
8 miss school. She was way behind, and to make  
9 matters worse, she was bullied by other students  
10 who misunderstood the pain or arrogance or some  
11 other sivenius (phonetic).

12 I found myself repeating over and over  
13 to school administrators what she needed and trying  
14 to find a compromise, they just simply couldn't  
15 understand it or support it. They certainly tried,  
16 but they just couldn't support it.

17 I asked Kate several times in the past  
18 few years where she should be if we do not move her  
19 to PA Cyber. She simply said, I was out of  
20 options. I would have killed myself. She spent  
21 most of her time in her room crying. Something as  
22 simple as my walking up the steps after I had  
23 showered, if she was in her bathroom she would be  
24 screaming. I wasn't sure if she had, you know,  
25 psychotic issues, or whatever the case may be, but

1 thank God we got the diagnosis when we did.

2           On my first call to PA Cyber, I met an  
3 intake gentleman, someone who was in admissions,  
4 who readily admitted he did not know what  
5 misophonia was, but he was able to draw on his  
6 experiences with other students. He made some  
7 parallel connections there and asked a lot of  
8 clarifying questions. We discussed what PA Cyber  
9 could offer to help her. It was such a tremendous  
10 weight lifted to speak to someone in a school  
11 administration situation that understood what my  
12 daughter needed.

13           First and foremost, they never treated  
14 her as if she had a disability. She is an A  
15 student, and she's a very successful young person.  
16 But rather, what they do is provide the flexibility  
17 in her schedule that allowed her to understand and  
18 adapt to how her brain works. They create a  
19 situation where she could not only succeed in  
20 school, but in life.

21           This might sound odd to all of you  
22 parents in the room, but she's 16, and yesterday  
23 proud momma here, she actually did her first trip  
24 into a Dollar store alone to purchase something.  
25 No triggers, no problems, no fear made it happen.

1 So she's catching up on her life skills, but it's  
2 just taking some time.

3 A 504 plan at PA Cyber, it does require  
4 her complete the same subject matter as the other  
5 students, but she chooses whether she should attend  
6 the live virtual class to do self-study. Her  
7 French was easy, that was recordings, or to do a  
8 blended class of the two. She can also be an  
9 exemption to the live class by obtaining high  
10 enough grades, consistent performance. So she's  
11 rewarded with not having to attend the live class.

12 She's able to leave the class if she  
13 needs to. She can reach a teacher during school  
14 hours. If they have office hours, she can text  
15 message them and say, hey, I need some assistance.  
16 They'll speak to her during odd hours. She can  
17 just revisit the material, or she can join tutoring  
18 sessions. There's lots of options for her to catch  
19 up if she needs to step away.

20 Unlike other schools that she's been at,  
21 her teachers understand her diagnosis, and they  
22 actually weren't triggering her. They don't cough.  
23 She don't sniffle. They don't do those things that  
24 would trigger her. They get it.

25 One of the most remarkable things too,

1 is that, I have had teachers call me to say, just  
2 reporting in that Kate didn't seem quite herself.  
3 Sure enough, every time that I heard back from a  
4 teacher that she wasn't quite herself, I'd check  
5 her meds. She missed a day. They're spot on.  
6 They totally understand this.

7           So, the team works together. The  
8 teachers, the academic counselor that helps her  
9 choose her classes; her 504 Plan counselor, I guess  
10 that's her IEP administrator; her tutors, her  
11 school psychologists, and even the extracurricular  
12 counselors, they work together. But because they  
13 work collectively with so many students across the  
14 state, someone on that team gets it. There's  
15 always someone that can relate and understand to  
16 what she's going through. They've been exposed to  
17 so many different scenarios that they just get it.

18           So since transferring to PA Cyber, Kate  
19 has been able to get back on track academically.  
20 The first summer she was there -- the entire summer  
21 doing school work. It was late, but it got done.  
22 She is producing all A's or darn close to it. She  
23 has that 89 percent something in math, almost  
24 there, and she's gradually ramping up her therapy  
25 so that she, hopefully, be able to attend a

1 brick-and- mortar college. It might have to be  
2 part time, depends on the curriculum, but she has  
3 very high aspirations to get back to a normal  
4 productive life. Work on those life skills first,  
5 though.

6 She's actually is now a U.S. figure  
7 skating gold medalist. Proud momma. And while she  
8 can't compete, if a judge coughs, she's done. So  
9 she can't compete, but she did just perform her  
10 first public performance in three years, just for  
11 the holidays, just for mom who's there.

12 She's optimistic she'll be able to adapt  
13 those skills and continue to work with her coaches  
14 just to enjoy the athleticism and the exercise  
15 because it helps to dissipate those triggers.

16 She's actually considering a career in,  
17 maybe, physical sciences, but she also likes  
18 fashion, so, I mean, the heart side of fashion, the  
19 design and whatnot. So we're talking about her  
20 blending the physical sciences and looking forward  
21 to -- and thinking about where global warming is  
22 going; adapting her thoughts to how do you make  
23 that suit more comfortable in the summer when it's  
24 10 degrees hotter out. So, food for thought.

25 It's interesting to note, also since so

1 many people have fought the pandemic, PA Cyber  
2 didn't miss a beat. We've received notification  
3 that they were going to send their administrators  
4 to work from home. I think it took about a half a  
5 day. They did some type of updates to allow more  
6 students to be on the network. I know they  
7 dispensed a whole lot of laptops, and they were up  
8 and running, like, on a Friday afternoon and just  
9 Monday they were back.

10 So, we have not felt any impact from the  
11 pandemic whatsoever. And I notice with my  
12 daughter, she still has psychological interactions.  
13 She's not failing in the ways I see her more social  
14 or normal like school friends doing so.

15 I personally work a very challenging  
16 job. I'm expected to simply show up online, pull  
17 my weight, do my job, and work in a lot of grey  
18 areas with very little direction. Although, I used  
19 to tell Kate when her skating friends were  
20 attending Cyber and I didn't -- She needed it. I  
21 used to tell her there was no way I would let her  
22 attend a cyber school. I had some choice words for  
23 what I used to call that.

24 But I can see now that her cyber school  
25 has taught her the same life skills that I'm

1 expected to bring to the job. She shows up, does  
2 her work, makes her choices, and is able to perform  
3 academically despite all these obstacles that are  
4 thrown at her.

5 Her school psychologist, I can't thank  
6 everyone enough that works in this field that's  
7 been here today, they have offered me some very  
8 valuable insights. Although we are fortunate  
9 enough to be able to pay for her therapy, she has a  
10 therapist. Very few people treat her disorder.  
11 One is in the U.K. and two are in California. And  
12 so, she attends her therapy via Skype most of the  
13 time.

14 They were able to offer some very  
15 valuable insights to help her accept that she was  
16 different, accept the 504 accommodations. And  
17 right now we went from a child that had a  
18 devastating diagnosis with very little hope,  
19 suicidal tendencies, and now she's happy. It is  
20 difficult. It's not easy for her. But thanks to  
21 the support of the entire team at her cyber school,  
22 this girl is on a path and nothing is stopping her.  
23 I can't be more proud.

24 So, I hope you all take that into  
25 consideration when you think about special ed is

1 not always the tears. It's also that ray of  
2 sunshine at the end. It depends on what we do with  
3 those resources.

4 Thank you to everyone who supports it.

5 MAJORITY SUBCOMMITTEE CHAIRMAN ORTITAY:

6 Thank you very much. Appreciate it.

7 Representative Mercuri.

8 REPRESENTATIVE MERCURI: Thank you,

9 Mr. Chairman.

10 And thank you so much to the parents who  
11 joined this last panel, in particular, Alan and  
12 Jennifer and Abby from back home. Good to see you  
13 guys. Loved hearing the stories. And I know that  
14 it was obvious from your comments that there are  
15 many struggles, and some of them daily struggles.  
16 But it's such a picture of compassion and humanity  
17 in your words, and I see it in your smile.

18 So I commend you all for the work you do  
19 with your families, and for also bringing  
20 transparency to the issues that you face today.  
21 And I think that's courageous of you to do. It  
22 helps us better understand those struggles that you  
23 face so that we can make better decisions as a  
24 Committee and really think about -- So we'll be  
25 thinking about your stories as we make policy

1 decisions in coming days.

2 The only question that I have for the  
3 parents is, if you could, and if somebody wants to  
4 take a stab at this, describe how it was in the  
5 early days when you were identifying the issues,  
6 the challenges that you were facing with your  
7 child, and then dealing with the bureaucracy around  
8 some of the programs; whether it was Cyber school  
9 or the School For Blind Children.

10 Alan and Jennifer, what was it like in  
11 those early days identifying the issues and then  
12 dealing with some of the bureaucracy around getting  
13 the services that were needed? Maybe start with  
14 the Shuckrows, if you guys want to take a stab at  
15 that, and then anyone else.

16 MR. SHUCKROW: Sure. Thank you.

17 I'm probably the wrong person to be  
18 speaking, but Jennifer's calming Abby down right  
19 now because Jennifer dealt with most of this.

20 The Early Intervention team that, you  
21 know, we had with us was helpful and did help us  
22 access resources, but yeah, it's not easy. Luckily  
23 for us, we were in a position where Jennifer was  
24 able to basically handle that full time while I was  
25 working. Not everybody is in that position to be

1 able to do that. So, maybe we made it look easier  
2 than it is for some people.

3 And then, again, at the school, we've  
4 been so involved there that I think it might be --  
5 It's not easy. It's not easy. It might be a  
6 little bit easier for us, but it is difficult  
7 because you don't know -- you really don't know  
8 where to turn. You pretty much do have to invent  
9 this stuff yourself. There are plenty of people  
10 that want to help, but I don't think the system is  
11 ideal, I guess I would say that.

12 We're certainly not complaining about  
13 anything, you know, about anybody. We got a lot of  
14 people who helped us and we're very grateful for  
15 that, so thank you.

16 REPRESENTATIVE MERCURI: Thank you.

17 Thank you, Mr. Chairman.

18 MAJORITY SUBCOMMITTEE CHAIRMAN ORTITAY:

19 Thank you.

20 Representative Gillen.

21 REPRESENTATIVE GILLEN: Thank you very  
22 much each of the testifiers. That was very  
23 compelling. The incredible investment that you're  
24 making in each of your children certainly  
25 registered with my heart here.

1           The question really could be to anyone,  
2 but maybe specifically to Alan and Jennifer. You  
3 had mentioned an adult residential program. I've  
4 always wondered postgraduation what the investment  
5 paid in the way of dividends for those that were  
6 educated and had their education augmented through  
7 special services for 21 years.

8           What's the future look like? Where are  
9 some of the graduates from these programs?  
10 Specifically, the School For the Blind, what are  
11 they doing? And how could this adult residential  
12 program that you mentioned conceivably help? So,  
13 in general, what does the future look like and how  
14 do legislators help brighten that future?

15           MR. SHUCKROW: Thank you for the  
16 question. Obviously, like all of this, it's very  
17 individualized and it depends upon the person. I  
18 mean, there are some graduates, not as many as  
19 there used to be, but there are some from the  
20 School for the Blind that have a little more  
21 ability than Abby does and might have a little bit  
22 of a different path.

23           But, most of them coming out of our  
24 school now are not going to have jobs and not going  
25 to be on their own. As long as we're able to do

1 it, Abby is going to live with us, obviously. But,  
2 they're living longer and longer because of good  
3 health care and places like the School For Blind  
4 that help take care. The horizon in the future, as  
5 we see it, is, as the parents or caretakers are  
6 aging and they're living longer, there becomes a  
7 problem, okay? There's not a lot of options for --

8           The policy at the federal and state  
9 level is to believe that people with disabilities  
10 are supposed to be on their own and out into the  
11 community. And so, there's this policy to disperse  
12 people into the community to be part of the normal  
13 community. But that's just simply not possible for  
14 many of these people.

15           More of a group setting, which is sort  
16 of way old school out of vogue now, is probably  
17 what is needed because you can have the economies  
18 of scale for -- with the services, the medical  
19 services and the other services that are needed.  
20 So, that's where the schools are looking.

21           They have an adult day program right now  
22 that is a nice program, but we believe that there  
23 will be a need going forward for more robust  
24 residential settings. And that is something that I  
25 think is going to require communication with the

1 legislature and with the people in Health and Human  
2 Services going forward.

3 REPRESENTATIVE GILLEN: I think you  
4 well-articulated the wave, recently, has been  
5 towards dispersing from aggregate, congregate  
6 residential settings. But I'm also hearing pretty  
7 clearly that that one-size-fits-all approach  
8 certainly is not going to work for all families.

9 So thank you very much for your  
10 testimony.

11 MR. SHUCKROW: You're welcome.

12 MAJORITY SUBCOMMITTEE CHAIRMAN ORTITAY:

13 Miss Caldwell, I see your hand is up.  
14 Did you want to respond to that question as well?

15 (No response).

16 MS. CALDWELL: Can you hear me?

17 MAJORITY SUBCOMMITTEE CHAIRMAN ORTITAY:

18 Yes, ma'am.

19 MS. CALDWELL: I wanted to respond to  
20 the question. Before the Chairman mentioned about  
21 services being started in the beginning of our  
22 journey and to like now. That's kind of  
23 paraphrasing.

24 My son goes to Pennsylvania School For  
25 the Deaf, and he arrived at 2 years old.

1 Everything was going good. He was learning the  
2 language and we were making connections, and we're  
3 both learning the language. When that transition  
4 to kindergarten stepped in, everything changed for  
5 us, and he was in danger of losing the school where  
6 he's doing so well.

7 And I would like to see changes in that,  
8 because that was a shock to our family, and I'm  
9 sure it's a shock to other families, because it is  
10 so important for him to be at a place where he's  
11 learning and thriving and that he's comfortable and  
12 I'm comfortable with him being there. And for that  
13 to be in jeopardy, that takes a lot from you as a  
14 parent.

15 You already have this child where all  
16 you can do is support them. You can't change their  
17 lot in life. So, to have their educational  
18 services changed is detrimental to the child and to  
19 the family. So I just wanted to chime in with  
20 that. That's the issue that we had.

21 MAJORITY SUBCOMMITTEE CHAIRMAN ORTITAY:  
22 Thank you. We appreciate that.

23 Miss Caldwell, I have one final question  
24 for you and we'll wrap up here. And if any of the  
25 other panelists want to chime in, you're more than

1 welcome to. Could you talk about the mediation  
2 process that you went through and how you felt  
3 going through that and what that process was like  
4 for you?

5 MS. CALDWELL: Sure. It was very  
6 disheartening, confusing. It felt unfair because I  
7 choose this school for my son because I think it's  
8 the best place for him, and for -- Like I said, the  
9 next thing I know, I'm sitting across from someone  
10 with a bunch of papers that just has stats on my  
11 child when I know what he needs. I know that when  
12 my son is afraid or he gets shy he'll stop talking  
13 and sign.

14 But, if he goes to a different school  
15 that doesn't give him access to sign language or  
16 other people that can't communicate with him in  
17 sign, he's not going to be able to communicate any  
18 fears or the discomfort that he's having because  
19 these people don't know AFL.

20 So the mediation process--let's go back  
21 to the mediation process--was very, um, very  
22 stressful, and it still is because we're still in  
23 that same process, and I don't know what the next  
24 year or so is going to bring. With everything else  
25 that's going on, that's still in the back of my

1 head. Will he lose a place where he's flourishing?

2 So it's a tough space.

3 MAJORITY SUBCOMMITTEE CHAIRMAN ORTITAY:

4 Thank you for sharing that.

5 Miss Chilton, do you have anything to  
6 add. I'm just going down the line.

7 MS. CHILTON: That's fine.

8 Just the same thing with her. You kind  
9 of sit in with these meetings with different  
10 people, psychiatrists, and again, they're with your  
11 child for 5 minutes. And yet, they're making all  
12 these recommendations.

13 I just feel, like, there should be,  
14 like, a little bit more resources for families and  
15 students because, again, like, with a child with a  
16 disability in my situation, you're only limited to  
17 certain schools. You're only limited to certain  
18 resources that may be available, and some of that  
19 comes with a cost.

20 Some of that is not just, we're really  
21 here to help. Again, just like, you know, the  
22 mother just said, you're picking what's best for  
23 your child and the school. But yet, that school is  
24 not accommodating to your son, his needs, so now  
25 what do you do? Where are you left? You're kind

1 of left out there on the street to find other  
2 resources and those things take time.

3 I'm a full time -- You know, I work  
4 full time. I have other kids too that I need to  
5 attend to. I can't do this all on my own. But any  
6 guidance, I don't have a caseworker. Some of the  
7 services that he was receiving in the beginning, I  
8 had to let it go. It was a choice I had to make as  
9 a parent. It was hard because I knew it was  
10 beneficial for him.

11 But not to be able to provide that for  
12 him, I felt like, and I still feel like crap as a  
13 parent. I can't give him what he needs every day  
14 to survive, and just having those skills and those  
15 life skills, and the education and extra service to  
16 help me as a parent to learn my son or other ways,  
17 this isn't fair. It just lacks.

18 MAJORITY SUBCOMMITTEE CHAIRMAN ORTITAY:

19 Thank you. Miss Connelly, do you have  
20 anything to add?

21 MS. CONNELLY: I'll just say that, in  
22 her first school where she first experienced  
23 symptoms of misophonia, there were no resources and  
24 she was labeled. And that label passed from  
25 teacher to the next year, the next year, the next

1 year. If anything, that hurt her more than  
2 anything and caused her to withdraw and to have  
3 more of these psychological symptoms than just the  
4 physical manifestation of it.

5 So, I was able to find a diagnosis  
6 myself, and then find the doctor that could concur  
7 on my own diagnosis. So, if there were any other  
8 resources that were available to examine her, to  
9 help us understand what we were dealing with, it  
10 would have helped tremendously.

11 MAJORITY SUBCOMMITTEE CHAIRMAN ORTITAY:

12 I want to thank the panelists.

13 I'm going to turn it over to  
14 Representative Zabel for some closing remarks.

15 MINORITY SUBCOMMITTEE CHAIRMAN ZABEL:

16 Thank you, Representative.

17 Specifically, while we have the parents  
18 here, Miss Chilton something that you had mentioned  
19 in your testimony, there was a line that I'm  
20 reading from your testimony, it is extremely  
21 overwhelming with the amount of paperwork,  
22 technical terminology and everything that went  
23 along with trying to make the right choices for my  
24 son's education.

25 I've been through this process myself

1 and our family, and I couldn't agree more. I serve  
2 on the Education Committee. I'm a former teacher  
3 myself and should be pretty familiar with this  
4 process. But the fact is, as every parent knows,  
5 you don't get a manual.

6 And then, to have to navigate with all  
7 of that, I can't imagine who it's easy for because  
8 it's certainly not -- it wasn't easy for our  
9 family. It's still not. Whether it's negotiating  
10 schools or insurance companies, maybe the worst  
11 part of it, learning all the terminologies and  
12 experiences.

13 So what -- All four sets of parents,  
14 it's very valuable for people to come and hear  
15 that. I want you to know you are not alone in  
16 experiencing that and those frustrations, your  
17 experience and successes, it's good to hear  
18 successes as well. We will take your experiences  
19 to heart in trying to figure out, because we have  
20 to do better. We have to -- We have to make this  
21 experience not so --

22 There's a lot of bureaucracy. There's a  
23 lot of obstacles, and there's some inherent -- You  
24 know, your number 1 job -- My number 1 job is a  
25 parent. I'm sure you all feel that way. If you

1 feel like you can't do your job as a parent, if you  
2 can't get them everything they need, I know what  
3 that anxiety is like. I know what that concern is  
4 like.

5 Even if there's a disruption in your  
6 services in what's being provided, all you can  
7 think about is, how do I get that back? And it  
8 feels like you can be talking into a machine, or  
9 something like that, hoping you get a human on the  
10 other end who recognizes what's going.

11 So I appreciate your perspectives here  
12 today. I appreciate the perspectives of our  
13 teachers and counselors and psychologists. This is  
14 all -- It's very important for us to hear on the  
15 front lines.

16 I want to thank Representative Ortitay,  
17 Chair Sonney, and Chair Longiotti for allowing us  
18 to have these hearings because it is extremely  
19 valuable. I think that -- Our legislative body  
20 would be well-served if every Committee took this  
21 approach to fact finding and gathering.

22 So thank you for your time, and I  
23 appreciate it.

24 MAJORITY SUBCOMMITTEE CHAIRMAN ORTITAY:

25 Thank you.

1                   And I just want to say thank you to  
2 everyone who testified today. I know it's not  
3 always easy to share your stories. I appreciate  
4 your bravery and courage and perseverance, more  
5 importantly.               This Committee has its work set  
6 out for itself. I'm looking forward to getting to  
7 work. This was our second hearing on the topic.  
8 And I think having the parents here was,  
9 undoubtedly, the most important testimony that I  
10 personally heard. I'm very happy that all of you  
11 were here and willing participants in that.

12                   Like I said, I look forward to the work  
13 we're going to be doing over the next couple of  
14 months, working in a bipartisan fashion to get some  
15 of these changes -- much needed changes done and  
16 accomplished and across the finish line.

17                   With that said, everyone have a great  
18 day. This hearing is adjourned.

19                   (At 10:44 a.m., the hearing concluded).

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