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# LAW BY DAVE

APC

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March 16, 2026

**VIA CERTIFIED MAIL, FACSIMILE AND EMAIL:**

Dr. Natasha Jones  
Elementary Principal  
George H. Dunn Elementary  
830 N. Lilac Ave.  
Rialto, CA 92376  
Rialto, CA 92376  
Via Fax: (909) 820-7947  
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Barbara McGee  
City Clerk  
City of Rialto City Clerk's Office  
150 S. Palm Ave.  
Rialto, CA 92376  
Via Fax: 909-873-9593  
Via Email: [cityclerk@rialtoca.gov](mailto:cityclerk@rialtoca.gov)  
Via Email: [mrodriguez@rialtoca.gov](mailto:mrodriguez@rialtoca.gov)

County of San Bernardino  
Risk Management Division  
222 West Hospitality Lane, 3rd floor  
San Bernardino, CA 92415  
Phone: 909-386-8631  
Via Fax: 909-382-3212

**TIME LIMITED POLICY LIMIT DEMAND RE DAMAGES SUSTAINED BY CLAIMANTS**  
**(DEADLINE: 04/07/2026)**

Re: CLAIMANTS: (Minor) and Leslie Benitez (Minor's  
guardian / biological mother)  
DOB:  
Location of Incident(s) : George H. Dunn Elementary  
Rialto Unified School District

**TO THE DISTRICT, ITS GOVERNING BOARD, AND LEGAL COUNSEL:**

This firm represents the parents and legal guardians of (“ ” or the “Minor”). This correspondence constitutes a **Formal Demand for Damages and Notice of Statutory Violations** arising from the District’s prolonged and systemic failure to protect a medically fragile student with disabilities from repeated physical assaults and disability-based harassment, and its failure to provide legally mandated accommodations and a free appropriate public education (“FAPE”).

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The facts outlined below establish violations of federal and California law, including but not limited to:

- The **Individuals with Disabilities Education Act** (20 U.S.C. § 1400 et seq.) (“**IDEA**”)
- **Section 504 of the Rehabilitation Act of 1973** (29 U.S.C. § 794)
- **Title II of the Americans with Disabilities Act** (42 U.S.C. § 12131 et seq.) (“**ADA**”)
- California Education Code §§ 200–262.4 (Safe Place to Learn Act)
- California Education Code § 220 (prohibition of disability-based discrimination)
- California Education Code § 234 et seq. (bullying prevention duties)
- Government Code § 11135 (state-funded program nondiscrimination)
- Common law negligence and negligent supervision

This letter addresses **damages** sustained by \_\_\_\_\_ and his mother as a direct and proximate result of the District’s acts and omissions. While corrective educational measures remain urgently necessary, this firm’s representation concerns civil liability for the harm already inflicted.

Please note our clients are currently engaged in ongoing special education proceedings with the District regarding Emiliano’s placement, safety supports, and entitlement to a Free Appropriate Public Education under the Individuals with Disabilities Education Act (IDEA). Nothing in this correspondence is intended to resolve or waive \_\_\_\_\_ educational rights or remedies under federal or state special education law, and the family expressly reserves all rights to pursue administrative remedies related to Emiliano’s educational program and placement.

## I. FACTUAL BACKGROUND

\_\_\_\_\_ is a six-year-old child with diagnosed **intellectual disability and epilepsy**, conditions that substantially limit major life activities including learning, neurological function, communication, and self-regulation. He is therefore a qualified individual with a disability under IDEA, Section 504, and the ADA.

The current placement has proven unsafe and incapable of protecting Emiliano despite repeated written and verbal notice to school administrators regarding ongoing physical assaults. Immediate corrective educational action, including consideration of a more protective educational placement and appropriate supervision supports, is required to ensure Emiliano can safely access his education.

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During prior IEP discussions and mediation proceedings, the District agreed to assign an Environmental Aide to supervise during high-risk periods of the school day, including recess and playground transitions. This agreement reflects the District's acknowledgment that required additional supervision to remain safe on campus. Despite the continuation of peer aggression and ongoing reports of physical incidents, the Environmental Aide was later removed and replaced with a generalized 'safety plan' that proved ineffective in preventing further assaults. The removal of this agreed-upon protective measure, despite the District's knowledge of continuing harm, demonstrates both inadequate supervision and a failure to implement necessary supports designed to protect Emiliano.

The District's failure to intervene is particularly troubling in light of the written medical warning issued by treating neurologist at Children's Hospital Los Angeles on May 16, 2024. In that correspondence, the physician expressly advised the District that emotional stress and physical trauma significantly lower seizure threshold and increase the likelihood of a seizure event. The neurologist further warned that head injuries resulting from physical altercations could trigger a serious medical episode. This medical notice placed the District on heightened awareness that continued bullying and physical assaults posed a foreseeable and medically significant risk to health and neurological stability.

The District has long had **actual knowledge** of:

1. intellectual disability;
2. His epilepsy and seizure disorder;
3. The medical risks posed by stress and head trauma; and
4. Ongoing physical assaults by peers.

Despite this knowledge, has been subjected to repeated physical aggression, including being struck, pushed from playground equipment, knocked to the ground, and kicked in the abdomen. These incidents were documented through:

- In-person meetings with administrators;
- Email correspondence with the Vice Principal;
- ParentSquare communications from classroom teachers;
- Photographic documentation of injuries;
- A formal medical letter from his treating neurologist at Children's Hospital Los Angeles;
- Formal legal advocacy during IEP proceedings; and
- A police investigation initiated by the Rialto Police Department (Report No. 93201460).

The District therefore cannot plausibly claim lack of notice.

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## II. CHRONOLOGY OF EVENTS

(Selective but not comprehensive of all related events; *Establishing Actual Notice, Pattern, Escalation, and Deliberate Indifference*)

The following timeline demonstrates repeated physical aggression against a medically fragile student, consistent notice to school officials, and the District's failure to take effective corrective action.

### *January 2024 – First Documented Physical Assault:*

In or about January 2024, returned home with visible redness and injury to his nose and reported that another student had struck him on campus at Lida M. Henry Elementary School.

His parent immediately met in person with Program Administrator Tyler Lange to report the incident. The District was therefore placed on **actual notice** of peer-to-peer physical aggression. Photographs documenting injuries were taken and preserved (**Exhibit A**).

At this point, the District knew:

- was a student with intellectual disability;
- He had epilepsy;
- He was vulnerable to physical injury;
- He had already been struck.

No effective protective measures were implemented.

### *March 15, 2024 – Second Physical Assault:*

On March 15, 2024, was again hit by another student. This incident was documented in writing through email communication with the School's Vice Principal.

This written notice eliminated any ambiguity regarding ongoing aggression. The District now had documented evidence of a **pattern**, not an isolated event.

Under Title II of the ADA and Section 504, once a public entity has actual knowledge of disability-based harassment, it must take prompt and effective action reasonably calculated to end the harassment and prevent recurrence.

The assaults continued.

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## **April 10, 2024 – Playground Push from Equipment**

On April 10, 2024, \_\_\_\_\_ was pushed off playground equipment by another student. This incident again required parental reporting and was documented via email correspondence with the Vice Principal.

Playgrounds are recognized high-risk areas requiring supervision. The recurrence of physical aggression in that setting demonstrates either inadequate supervision or failure to implement safety measures.

At this point, the District had:

- Notice of multiple assaults,
- Knowledge of medical vulnerability,
- No effective intervention plan in place.

## **Late April 2024 – Escalation and Head Impact:**

Later in April 2024, multiple additional incidents occurred:

- Teacher Mrs. De La Torre reported via ParentSquare that another student pushed \_\_\_\_\_ to the ground after Emiliano called the student “daddy,” causing \_\_\_\_\_ to strike his head.
- A separate pushing incident occurred later that same month and was likewise documented in writing.

A head impact involving a child with epilepsy is medically significant.

The repeated need for documentation by classroom staff further demonstrates that the aggression was not hidden; it was observable and recurring.

## **May 16, 2024 – Formal Neurological Medical Warning:**

On May 16, 2024, \_\_\_\_\_ treating neurologist, Dr. Dana O’Rourke of Children’s Hospital Los Angeles, issued a formal written medical letter warning:

- Emotional and physical stress lowers \_\_\_\_\_ seizure threshold;
- Head trauma significantly increases seizure risk;
- Immediate protective action was medically necessary.

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This correspondence placed the district on heightened notice of **foreseeable medical harm**. Failure to act after a direct physician warning substantially strengthens claims of deliberate indifference and reckless disregard.

**November 1, 2024 – Renewed Physical Injury:**

On November 1, 2024, Emiliano returned home with a bruise and scratch on his hip after being pushed by another student. Photographs were taken (**Exhibit A**). This demonstrates that whatever measures had been discussed earlier were either:

- Not implemented,
- Not monitored,
- Or ineffective.

**November 7, 2024 – Written Notice of Ongoing Bullying:**

On November 7, 2024, \_\_\_\_\_ parent submitted written notice to Mr. Lange advising that the bullying had resumed. Again, the District was placed on direct written notice.

**December 2024 – Legal Representation and IEP Advocacy:**

The family retained counsel specializing in IEP matters. Formal bullying and safety concerns were raised with the District. Despite legal intervention, incidents continued.

During mediation, the District agreed to assign an Environmental Aide to ensure safety. This constitutes an acknowledgment that:

- The risk was real,
- Protection was necessary,
- Supervision was inadequate.

The aide was later removed and replaced with a safety plan that proved ineffective.

Failure to implement agreed-upon IEP supports is independently actionable under IDEA.

**February 4 & 11, 2025 – Group Aggression:**

On February 4, 2025, \_\_\_\_\_ was pushed again (documented by Mrs. Robles via ParentSquare).

On February 11, 2025, \_\_\_\_\_ was pushed to the floor by multiple students.

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Group aggression demonstrates escalation and lack of effective deterrence.

**November 18, 2025 – Kicked in Abdomen; Medical Removal:**

On November 18, 2025, \_\_\_\_\_ was pushed to the ground and kicked in the abdomen, causing stomach pain.

He was treated at Golden State Pediatrics and medically excused from school until November 24, 2025 (**Exhibit C**).

A child being kicked in the abdomen to the extent that medical removal is necessary represents a serious safety breakdown.

**January 10, 2026 – PTSD Diagnosis:**

On January 10, 2026, \_\_\_\_\_ underwent comprehensive psychological evaluation and was diagnosed with **Posttraumatic Stress Disorder (DSM-5-TR F43.1)**.

Standardized testing confirmed clinically significant trauma and anxiety symptoms, including:

- ❖ School avoidance,
- ❖ Hypervigilance,
- ❖ Persistent distress.

This diagnosis establishes psychological injury directly linked to the repeated assaults.

**February 3–5, 2026 – Police Investigation:**

Due to continued abuse and sustained injuries, the Rialto Police Department initiated an investigation (Report No. 93201460).

Only after law enforcement involvement did the District express renewed interest in corrective action; despite previously resisting school transfer requests and failing to sustain agreed supports.

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A reactive response after police involvement does not cure prior deliberate indifference. As a direct result of this prolonged pattern, Emiliano now experiences:

- ❖ Persistent fear of school
- ❖ Emotional dysregulation
- ❖ Irritability
- ❖ Sleep disturbance
- ❖ Hypervigilance
- ❖ Somatic complaints (headaches, stomachaches)
- ❖ Impaired academic access

requires trauma-informed psychotherapy and structured IEP revisions (**Exhibit F**).

### **Concealed and Delayed Disclosure of Documented Incidents:**

Several incidents involving \_\_\_\_\_ were documented by school staff at the time they occurred but were not disclosed to \_\_\_\_\_ mother when they happened. These incidents were only revealed months later in January 2026, when \_\_\_\_\_ mother was provided copies of the teacher’s check-in sheets (see Exhibit [ ]).

The documents demonstrate that the teacher had contemporaneous knowledge of the incidents and recorded them, yet failed to notify \_\_\_\_\_ mother as required. This failure to report critical information in a timely manner prevented \_\_\_\_\_ mother from taking immediate steps to address the situation, advocate for her child, and ensure his safety and well-being.

The delayed disclosure raises serious concerns regarding the school’s reporting practices, supervision of students, and compliance with its duty to promptly inform parents of significant incidents affecting their child. The withholding of this information until January 2026 suggests a breakdown in required communication protocols and may constitute negligence and a failure to properly report incidents involving a minor student.

Copies of the relevant check-in sheets provided in January 2026 are attached as **Exhibit G**.

Additional message conversations and photographs have also been included as supporting documentation. At this time, these images represent the **complete set of materials currently available to \_\_\_\_\_ mother.**

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Legal Significance of the Chronology is that, among other related facts, it highlights and establishes:

1. **Actual notice** beginning January 2024 to present;
2. **Repeated written notice;**
3. **Medical warning ignored;**
4. **Failure to implement agreed supports;**
5. **Escalation of harm;**
6. **Psychological injury diagnosis;**
7. **Police intervention.**

This is not an isolated incident case. It is a documented, multi-year failure to protect a medically fragile child with disabilities from foreseeable harm.

is under the ongoing care of specialists at Children’s Hospital Los Angeles, including the Neurology Clinic. On May 16, 2024, treating neurologist issued a formal medical letter warning that stress, both physical and emotional, significantly lowers seizure threshold and increases the likelihood of seizures. The physician further warned that bullying and physical assaults, including head injuries, pose a serious medical risk and could trigger a significant seizure event.

The neurologist expressly recommended that the school take immediate action to address the bullying and provide a safe and supportive learning environment. The District failed to act in accordance with this medical guidance.

**NEEDLESS TO SAY, MS. BENITEZ ( MOTHER) HAS ALSO BEEN EMOTIONALLY DISTURBED DUE TO ALL OF THESE INCIDENTS AND HAS SOUGHT AND IS GOING THROUGH PTSD AND OTHER RELATEDS THERAPY AS A RESULT OF THEIR SEVERITY.**

### III. DENIAL OF FAPE (IDEA & SECTION 504)

Under IDEA (20 U.S.C. § 1412(a)(1)), the District must provide a **Free Appropriate Public Education** reasonably calculated to enable meaningful progress.

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A student cannot receive FAPE in an environment where:

- ❖ He is repeatedly assaulted;
- ❖ His medical safety is compromised;
- ❖ His seizure threshold is medically lowered due to stress;
- ❖ He develops trauma-related avoidance of school.

During mediation, the District agreed to assign an Environmental Aide. That aide was later removed and replaced with an ineffective safety plan. The repeated recurrence of assaults demonstrates that the IEP was not reasonably calculated to ensure safety or educational access.

Failure to implement agreed-upon IEP supports is itself a denial of FAPE. See 34 C.F.R. § 300.323.

#### IV. MEDICAL NOTICE AND FORESEEABILITY:

On May 16, 2024, \_\_\_\_\_ treating neurologist at Children’s Hospital Los Angeles issued a written medical directive warning that:

- Physical and emotional stress lowers \_\_\_\_\_ seizure threshold;
- Head trauma presents serious medical danger;
- Immediate protective measures were necessary.

The District failed to act in accordance with this medical warning despite the fact that under California negligence law, once a defendant is aware of a foreseeable risk of harm, it owes a duty to take reasonable steps to prevent that harm. The risk here was not speculative; it was documented and medically substantiated.

#### V. PSYCHOLOGICAL INJURY:

On January 10, 2026, \_\_\_\_\_ underwent a comprehensive evaluation by a licensed psychologist and was diagnosed with **Posttraumatic Stress Disorder (DSM-5-TR F43.1)**.

Clinical findings include:

- ❖ School avoidance
- ❖ Hypervigilance
- ❖ Sleep disturbance

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- ❖ Somatic complaints (headaches, stomachaches)
- ❖ Persistent fear of returning to campus

has been prescribed trauma-informed psychotherapy and play therapy. Projected treatment costs exceed \$50,000.

The psychological injury is directly traceable to the District's failure to protect him from repeated assaults.

Throughout the above-referenced events, has consistently expressed fear of attending school and reports that he does not feel safe on campus. The prolonged exposure to repeated bullying and physical assaults, coupled with the absence of effective adult intervention, placed him at significant risk for lasting psychological harm, including trauma-related and anxiety-based symptoms.

Given young age, intellectual disability, and preexisting epilepsy, the psychological injury is medically consequential. His treating providers have cautioned that stress increases his seizure risk, compounding the seriousness of the harm. The evaluating psychologist has recommended ongoing trauma-informed psychotherapy, caregiver involvement in treatment, and structured academic safety supports within his educational plan.

Psychological treatment is clinically indicated and necessary. has begun the process of assessment and treatment, and continued therapy will be required. The anticipated costs of psychological care and related services are expected to exceed \$5,000,000.00

## VI. NEGLIGENCE AND NEGLIGENT SUPERVISION:

California public schools owe students a duty of reasonable supervision. See *Dailey v. Los Angeles Unified School District*, 2 Cal.3d 741 (1970). Repeated physical assaults over a prolonged period, in known high-risk environments such as playgrounds and transitions, establish:

- Breach of supervisory duty;
- Failure to intervene;
- Failure to implement adequate safety controls;
- Causation of injury.

The foreseeability of harm; particularly to a medically fragile child; makes liability clear.

## VII. CAUSATION:

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As a direct and proximate result of the District’s conduct, [redacted] has sustained economic damages: Psychological evaluation costs, Ongoing psychotherapy expenses, Medical visits, Future therapeutic services, Parental lost time and related costs.

Given [redacted] young age and neurological vulnerability, the long-term impact is substantial and potentially lifelong.

## VIII. NON-ECONOMIC DAMAGES

As a direct and proximate result of the District’s failures, [redacted] has suffered substantial non-economic damages, including fear and anxiety related to attending school, loss of personal safety, emotional distress, humiliation, physical pain, and loss of educational enjoyment and access. These harms are particularly severe given [redacted] young age, disabilities, and medical fragility.

## IX. PAIN AND SUFFERING (GENERAL DAMAGES)

As a direct, foreseeable, and proximate result of the acts and omissions of Rialto Unified School District and Lida M. Henry Elementary School, [redacted] Chavez has suffered; and continues to suffer; substantial past and future pain and suffering.

Under California law, a minor plaintiff is entitled to recover for physical pain, mental suffering, emotional distress, fear, anxiety, humiliation, loss of enjoyment of life, and loss of sense of security. See CACI 3905A. These damages are separate and distinct from economic losses and are often the most significant component of recovery in cases involving children.

### A. Physical Pain and Bodily Injury:

Emiliano endured repeated physical assaults, including:

- Being struck in the face;
- Being pushed from playground equipment;
- Being pushed to the ground multiple times;
- Sustaining head impact;
- Being kicked in the abdomen resulting in medical treatment and school removal.

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Each incident involved physical pain, shock, and fear. Given diagnosis, each head impact or physical altercation carried heightened neurological risk, increasing not only physical discomfort but medical vulnerability. Moreover, the District had actual knowledge that stress and physical trauma could trigger seizure activity. Thus, every assault was not merely playground misconduct; it was medically dangerous.

## **B. Emotional Distress and Psychological Trauma:**

has been diagnosed with Posttraumatic Stress Disorder (DSM-5-TR F43.1) following prolonged exposure to repeated aggression in what should have been a protected educational setting. He now experiences:

1. Persistent fear of returning to school;
2. Hypervigilance in social environments;
3. Sleep disturbance;
4. Emotional dysregulation and irritability;
5. Somatic symptoms including headaches and stomach pain;
6. School avoidance behaviors;
7. Loss of trust in adult authority figures tasked with protecting him.

For a six-year-old child with intellectual disability, school should represent structure, safety, and developmental opportunity. Instead, it became a source of fear and trauma.

The law recognizes that psychological injury is no less real than physical injury. Where a public entity acts with deliberate indifference to known harassment of a disabled student, compensatory damages for emotional distress are recoverable under Section 504 and Title II of the ADA.

## **C. Loss of Enjoyment of Life and Educational Experience:**

has suffered a loss of childhood enjoyment and loss of educational benefit. Rather than experiencing peer inclusion, growth, and confidence, he has internalized fear and insecurity.

The repeated assaults have deprived him of:

- 1) The ability to feel safe on campus;
- 2) The ability to focus fully on academics;
- 3) The opportunity to engage socially without fear;
- 4) The normal developmental experiences expected in early elementary school.

This loss is particularly severe given his young age and developmental vulnerabilities.

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## **D. Ongoing and Future Suffering:**

The harm inflicted is not confined to past events.

Children who experience repeated victimization in early schooling are at increased risk for:

1. Long-term anxiety disorders;
2. Academic regression;
3. Social withdrawal;
4. Reduced self-esteem;
5. Heightened medical complications in neurologically vulnerable populations.

treating providers have recommended extended trauma-informed therapy. The need for long-term intervention confirms that his pain and suffering is ongoing and likely to persist into the future.

Under California law, damages for future pain and suffering are recoverable where future harm is reasonably certain. The psychological diagnosis and medical recommendations satisfy that standard.

## **E. Aggravating Factors:**

The severity of pain and suffering is compounded by the following:

1. His intellectual disability, which limits his ability to self-advocate or defend himself;
2. His epilepsy, which increases the medical consequences of physical trauma and stress;
3. The District's repeated notice and failure to implement sustained protective measures;
4. The removal of an agreed Environmental Aide;
5. The necessity of police intervention before meaningful corrective action was initiated.

The knowledge that adults were repeatedly informed yet failed to protect him intensifies the emotional harm.

## **Conclusion Regarding General Damages:**

pain and suffering are substantial, medically documented, and legally compensable. His injuries are not momentary or trivial. They represent the foreseeable outcome of prolonged exposure to preventable physical aggression in a setting where the District owed him the highest duty of care.

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The magnitude of general damages in this matter is significant and must be evaluated accordingly in any policy-limit settlement discussion.

## X. POLICY LIMIT SETTLEMENT DEMAND

In addition to the corrective actions outlined above, the family hereby demands a the full policy limit available under any and all insurance policies available to the school to resolve all claims arising from the the School and the District's conduct, including but not limited to claims for emotional distress, pain and suffering, loss of educational benefit, disability-based discrimination, and the costs associated with medical and psychological care necessitated by the School and the District's failures.

This demand reflects the severity, duration, and foreseeability of the harm suffered by the School and the District's repeated failure to act despite notice, and the significant risk posed to health and safety. This amount does not include attorneys' fees or costs, which the family reserves the right to seek should litigation become necessary.

## XI. DEADLINE TO RESPOND

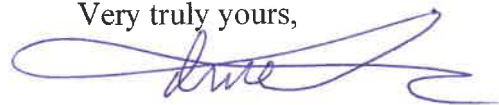
Please provide a written response no later than **5PM PST of April 7, 2026** to inform whether the district intends to resolve this matter informally. If the District fails to respond or refuses to do the right thing, we are prepared to pursue all available legal remedies, including administrative complaints and civil litigation, without further notice.

Nothing contained herein constitutes a waiver of any rights, claims, or remedies, all of which are expressly reserved.

Please do not hesitate to contact me at VIA EMAIL TO: [david@esfeh.com](mailto:david@esfeh.com).

Thank you for your anticipated prompt written response.

Very truly yours,



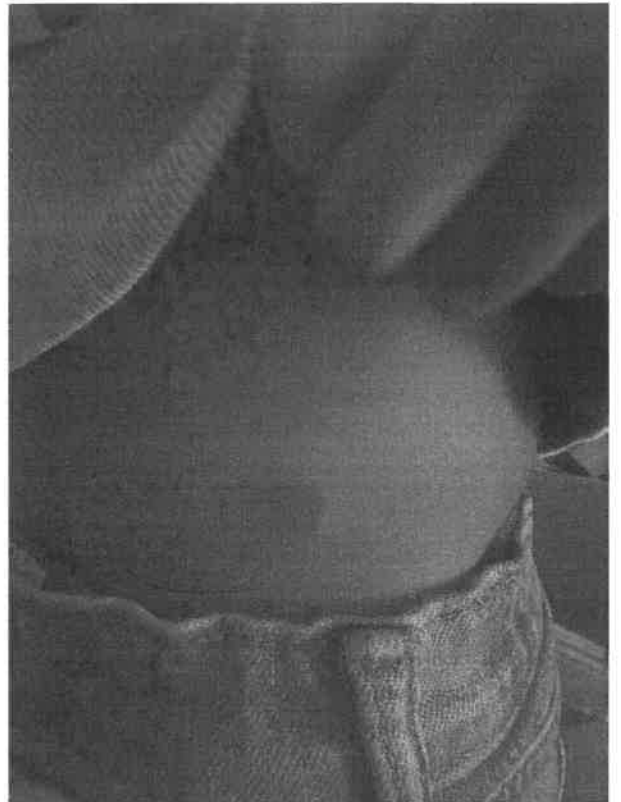
**David M. Esfeh, Esq.**  
**TRIAL LAWYER**

**Encl.**

**Exhibit A: Minor's Injuries**



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**Exhibit B: Letter from Neurologist**



May 16, 2024

Medical Letter for:  
Chavez

To Whom It May Concern,

Chavez is under my care in the Neurology Clinic at Children's Hospital Los Angeles. He has several medical diagnoses including intellectual disability and epilepsy. As you may be aware, stress, both mental and physical, can significantly decrease a person's seizure threshold, increasing the likelihood of experiencing seizures.

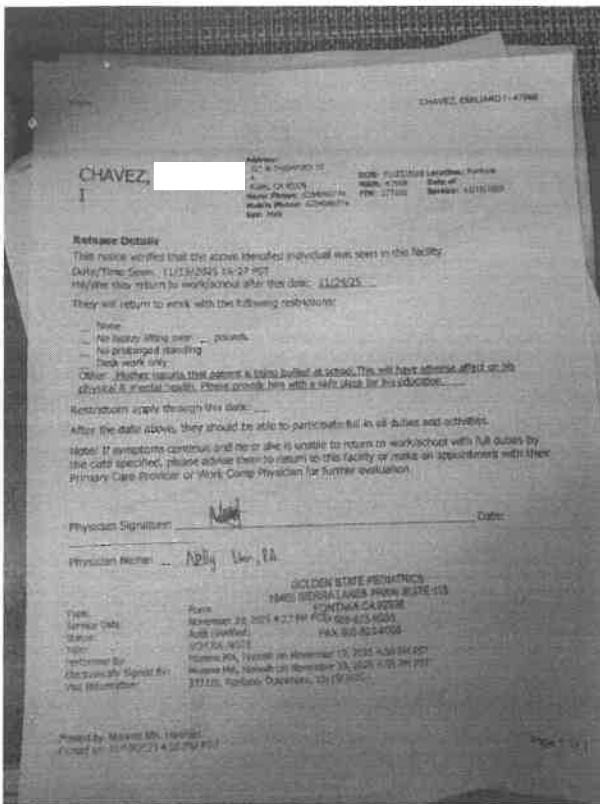
I am writing to you today to express my serious concern regarding the well-being of my patient, who has reported bullying from his peers, which can impact his health and safety. Bullying can be a significant source of stress, and I am concerned that the ongoing incidents are putting him at a heightened risk for seizures. Furthermore, the reports of physical assault by bullies raise additional concerns. Head injuries can be a trigger for seizures, and any physical altercation could potentially lead to a serious medical episode.

It is my medical professional recommendation that your school administration take immediate action to address these bullying incidents. A safe and supportive learning environment is crucial for all students, but particularly for those with pre-existing medical conditions like epilepsy.

If there are any questions regarding this letter or recommendations, please do not hesitate to contact my office.

Dana O'Rourke, MD  
Neuromuscular Attending Physician  
Children's Hospital Los Angeles  
Phone: 323-361-2471  
Fax: 323-361-1109

**Exhibit C: Note from Pediatrician's Office about  
returning to School**



**Exhibit D: Communications with School Staff**

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12:46

addressed. If you have received this email in error please notify the sender.

me Apr 10  
to ignacio

Hi, Mr. Avila

Thank you so much for your emergent call post incident today 4/10/2024.

As we've discussed this is the third incident that has occurred since [REDACTED] began at your school. As you can assume it is extremely alarming, as he had no prior incidents at his previous school.

For my documentation if you could please specify the type of equipment [REDACTED] fell off of and if possible a picture. I am also open to touring the location of the incident if need be.

I will be discussing this with [REDACTED] once he's home. I would just like as much information as possible.

Thank you for your understanding,

Lesley Benitez, [REDACTED] Chavez parent.

me Apr 10  
to ms, Tyler, Mozlo

Hi Ms. Benitez,

Thank you for reaching out to me and visiting today. As we discussed earlier today, [REDACTED] was sent to the health office after falling from the play equipment during lunch recess. From the information I have gathered so far, it looks like [REDACTED] was trying to

12:46

Chavez Inbox

me Mar 21  
to lavia

Hi Mr. Avila,

I wanted to follow up our conversation. I truly do appreciate you taking the time to speak with me regarding the incident that occurred on 3-15-2024 (Friday) with [REDACTED]

Due to [REDACTED] disability it does make it very difficult for him to communicate and defend himself when he is being picked on, or bullied by other children. I appreciate your attention to the matter.

My hope is that this does not happen again, as this is the second incident that has occurred in the span of the 2 months [REDACTED] has been at this school. Per our conversation you mentioned touching base with the aids to ensure the children's safety and you would speak to the parents of the children involved.

Once again I appreciate your time, I hope we won't meet again under the same circumstances.

me Apr 1  
to me

Hello Ms. Benitez,

Thank you for reaching out to me. We definitely want and all his peers to feel a sense of safety while at school. The aides have been keeping an eye out for any kind of behavior that goes beyond the scope of acceptable school conduct. Dunn follows the three overarching PBIS expectations of 'Be Safe,

← Mrs. De La Torre

exhibited. He mentioned that Emiliano was approached twice. Would you mind elaborating what happened.

At lunch the noon supervisors informed me that Emiliano was pushing another student after he was pushed. So I had both of them sit on the wall for just 5 minutes during the last recess. While they were sitting on the wall for 5 minutes they were playing around and touching each other. I saw touch the other student, and then the other student touched I talked to them about keeping their hands to themselves & that wasn't appropriate. Then, I separated them and continued their five minutes at the wall.

Thank you so much for the information and your fast response. I'm just having a bit of trouble understanding how this would constitute playing "rough" as that's what you mentioned to my partner. I completely understand telling Emiliano to keep his hands to himself, we will have that conversation with him as it is inappropriate. Due to previous incidents and recent escalations, I would appreciate to be notified as soon as possible, one in writing if any incident that involved mischief.

Type your message

Send

← Mrs. De La Torre

Today is the last day to sign up for Summer School Enrichment Program. If anyone has sent in a registration form, please let me know so I can ask your student to get it from their backpack. You can also turn them in to the office by the end of the day. Thank you

TUE AT 2:13 PM

Hello Ms. Benitez, I hope all is well with your new baby girl. There was an incident after lunch today involving Emiliano and another student. The other student claims continually called him "daddy". The student got annoyed and pushed him fell on the concrete and bumped his head. was sent to the nurse for ice. Both students were talked to by the assistant principal and principal. They will contact you after they complete their investigation. If you have any questions, please let me know.

Thank you for letting me know. I will have a conversation with Em...

WED AT 12:08 PM

Type your message

Send

10:37

Maribel Robles

MR: Sounds great!

2:21 PM

Jan 27, 2025

Hello, I will be pulling Em out early he has a dentist appointment at 1:45.

12:51 PM

Feb 4, 2025

Maribel Robles

MR: Hello, I wanted to inform you that while in line after recess, Emiliano was pushed by another student. He didn't want to see a nurse because he said he wasn't hurt, but that other student was sent to the office with administration. Please let me know if you have any questions.

10:18 AM

Thank you for noticing me.

10:19 AM

MR: Of course

10:20 AM

New Message

Send

10:37

Maribel Robles

MR: Hi, I'll check when I return to the classroom

2:17 PM

Thank you so much!

2:17 PM

MR: You're welcome

2:19 PM

I found 2 beanles inside his desk. I'll have him place them in his backpack, first thing in the morning

2:39 PM

Feb 11, 2025

Hello, I am reaching out to inform you that Emiliano approached me at the end of recess and mentioned that several students had hit him and pushed him down. I sent him to the nurse to have him checked out.

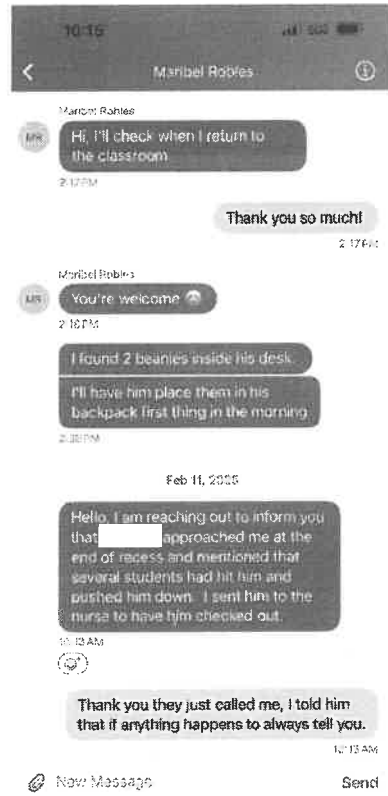
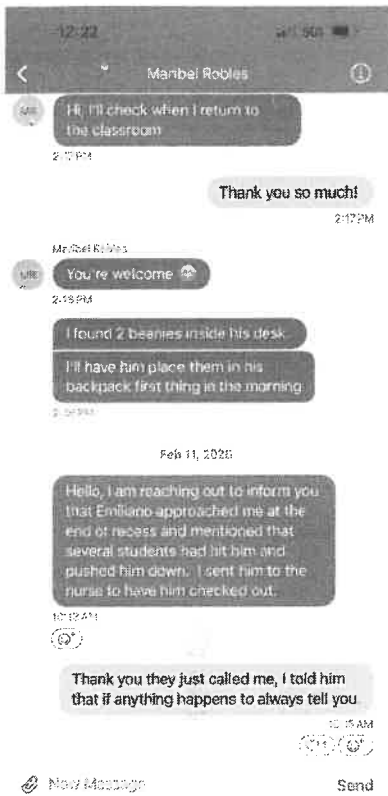
10:15 AM

Thank you they just called me, I told him that if anything happens to always tell you.

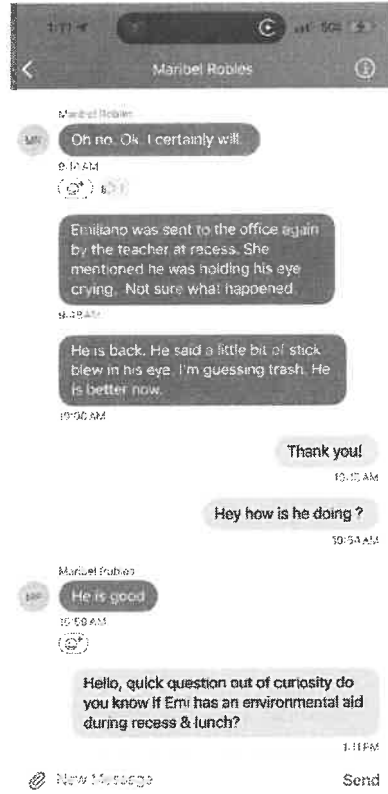
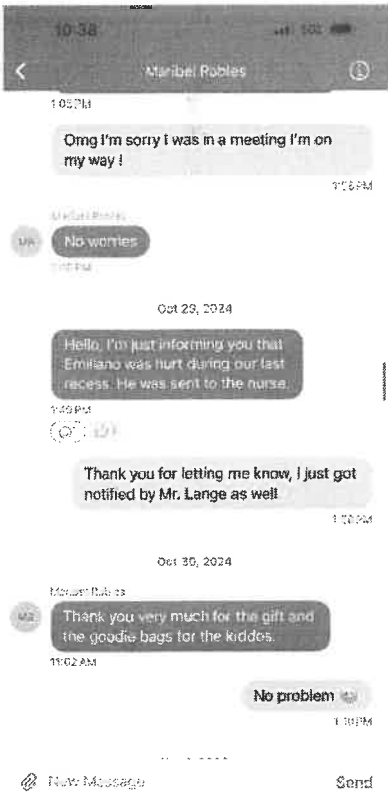
10:15 AM

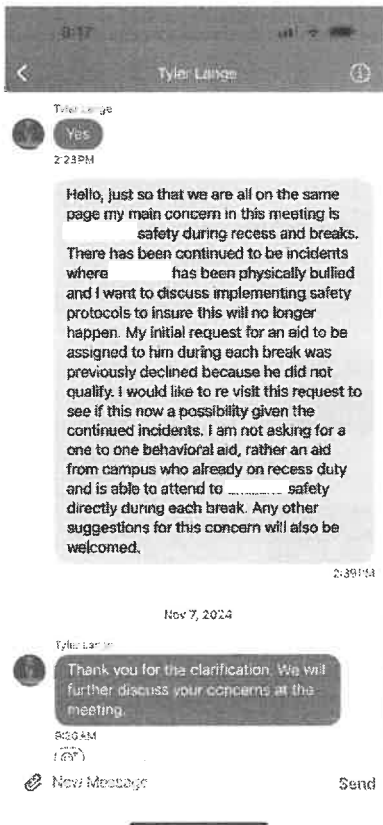
New Message

Send



RECEIVED  
CITY CLERK  
2025 MAR 26 PM 4:06  
CITY OF RIALTO





**Exhibit E: Psychological Consultation Report**



**Psychological Assessment Center, PC**  
 Mailing Address: 11278 Los Alamitos Blvd, # 729, Los Alamitos, CA, 90720  
 18000 Studebaker Rd, Suite 700, Cerritos, CA, 90703  
 Phone: 562-682-5867  
 Fax: 562-799-1415  
 Website: www.pacpc.net

February 16, 2026

Law by Dave, APC  
 5210 Lewis Road, Suite 5A  
 Agoura Hills, California 91301

RE: Name of Examinee: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Age: 7 years, 10 months  
 Language: English  
 Hand Dominance: Right-Handed  
 Date of Injury: January 2024 to November 18, 2025  
 Date of Evaluation: January 10, 2026

**PSYCHOLOGICAL CONSULTATION**

Emiliano Chavez was examined on January 10, 2026, in my Cerritos, California office for a psychological evaluation. Included in this report are the findings from this examination and a list of the psychological test results; see the Appendix. Medical records were also reviewed and incorporated into this evaluation.

**CONSENT**

The examinee was accompanied by their legal guardian, Ms. Leslie Benitez. Ms. Benitez was informed of the purpose, scope, and nature of the evaluation for examinee, Emiliano Chavez. She was notified of the limits of confidentiality. Ms. Benitez indicated understanding and provided informed consent prior to participation. The examinee was informed of the purpose of the examination in age-appropriate language to help orient the patient to the examination process. Ms. Benitez was present for the entirety of the evaluation. She provided additional information and assisted in the evaluation via support and prompting.

Re: Chavez

**IDENTIFYING INFORMATION**

is a seven-year-old, right-handed, Hispanic male. His height was not measured, and his weight was reported to be approximately 58 pounds. His weight was proportionate to his height. He had brown eyes and brown hair. He presented with good hygiene and good grooming. He was dressed in a sweatshirt, sweatpants, athletic shoes and wore a beanie. He was cooperative and alert throughout the evaluation process.

**HISTORY OF THE INJURY**

reported that he does not like school and does not want to return. He explained, "kids punch me." He reasoned that "because they want to take my chips." He also remarked that the other children, "make fun of me at school."

Collateral with Ms. Leslie Benitez

Ms. Benitez reported that \_\_\_\_\_ was enrolled at George Dunn Elementary School in January of 2024 after relocating from Baldwin Park, California to Realto, California in December of 2023. She stated that problems with the other children at the school started immediately after \_\_\_\_\_ started attending Goerge Dunn Elementary School. She reported that the first week of school, \_\_\_\_\_ "came home with redness on his nose." Ms. Benitez alleges that \_\_\_\_\_ verbalized being punched and hit by a student. Ms. Benitez stated that she verbally addressed the matter with the school administrator, Mr. Lange.

\_\_\_\_\_ has reportedly been a victim of repeat bullying at school since January of 2024. Ms. Benitez reported initial discussions about aggressive incidents toward \_\_\_\_\_ by other students, verbally with the vice principal. However, transitioning communication to email and text messages with school administration to maintain a record of incidents.

Ms. Benitez described various physical aggressive attacks by other school children onto \_\_\_\_\_ that include being pushed, punched, and pushed off playground equipment. \_\_\_\_\_ has exhibited bruises and scratches on various areas of his body as a result of various physical aggression by the other school children. She stated that these physical attacks on her son were occurring several times per week.

In December of 2024, Ms. Benitez retained the services of an attorney specializing in Individual Education Programs (IEP). This attorney brought Ms. Benitez's bullying concerns to the attention of the school district. Nevertheless, \_\_\_\_\_ continued to be bullied at school.

On November 18, 2025, Ms. Benitez received a notification from the school that \_\_\_\_\_ was pushed to the floor and kicked in the abdomen by a student, and he was

Re: Chavez

complaining of that his stomach was hurting. Ms. Benitez verbalized feeling scared and had her father pick Emiliano up from school. continued to report stomach pain and was taken to the doctor the same day. This doctor issued a note excusing Emiliano from school from November 19, 2025, to November 24, 2025.

Ms. Benitez reported becoming concerned when she learned that the other children had been bullying for his chips "for some time." She expressed concerns about the lack of effective adult supervision at the school, noting that her son was still being pushed and kicked despite assurances that a safety plan was in place. She stated that there was "no follow through" from the school with regard to the provisions of Emiliano's IEP.

Overall, Ms. Benitez affirms that that s fearful of returning to school, and that he feels unsafe due to the repeated incidents of bullying that he has experienced.

At the time of the undersigned's evaluation, has been on Winter break. He is scheduled to return to school on January 12, 2026. Ms. Benitez reported that she has been working to prepare Emiliano for his return to school.

**EXAMINEE'S REPORT OF SYMPTOMS & IMPAIRMENTS**

When asked to describe the issues that are causing the most distress, the following issues were reported:

1. "It makes me feel sad when I get punched" (per
2. "When kids are torturing him intentionally" (per Ms. Benitez).

Depression Symptoms

In describing his current emotional symptoms, stated that he feels "sad" that the other children hurt him. Ms. Benitez reported that he cries, gets frustrated and irritable, he seems sad and seems hesitant in his social interactions. His mother reported that he will only play with children younger than him, and avoids interacting with older children.

Anxiety Symptoms

acknowledged having anxiety, stating feeling "scared" about going back to school. His mother reported that since the bullying has started he seems reclusive around other children. He will only play with children younger than him. He seems irritable and exhibits some temperamental outbursts, including crying, having "a little attitude," and saying "I don't want to." Ms. Benitez reported that he sometimes wakes in during the night saying that he does not want to go to school.

Cognitive Symptoms

Re: Chavez

has no surgical history. No future surgeries are planned.

Apart from the incidents of bullying described above, has no additional history of head trauma.

Developmentally, has a diagnosis of intellectual disability that was assessed by the regional center when the patient was 3 years old according to Ms. Benitez.

Family medical history is notable for epilepsy and autism, diabetes and kidney problems in his maternal side.

**CURRENT MEDICATION**

currently prescribed the following medications:

- Levetiracetam liquid (100 mg/4 ml), two times per day, for epilepsy/seizures.

mother denied administering any medications not prescribed to him, or taking more than the recommended dosages of his prescription medications. He has good medication compliance managed and administer by his mother.

**MENTAL HEALTH HISTORY**

has never been involved in psychotherapy. He has never been prescribed medications for mood or problematic behavior. He has never been psychiatrically hospitalized. Apart from his history of bullying at school, significant history of emotional trauma was denied by his mother.

family psychiatric history is notable for depression and anxiety in his maternal family.

**DEVELOPMENTAL HISTORY**

was born via induced delivery after 41 weeks gestation. He was delivered at Queen of the Valley Hospital in West Covina, California. He weighed 6.14 ounces at birth and was measured at 20 inches long. He was raised by his biological mother in the cities of West Covina, Baldwin Park, and currently in Rialto, California.

developmental milestones were delayed. He was able to turn over by himself at nine months, sat without assistance at ten months, began crawling at eleven months, stand by himself at fourteen months, walked without assistance at fifteen months, walked up stairs at eighteen months, and walked up stairs alone at twenty-four months. He was bowel and bladder trained at the age of five years and continued to use a diaper until he was six years old.

Re: Chavez

Ms. Benitez denied any cognitive complaints for the patient.

Physical Symptoms

Ms. Benitez reported that will complain of stomach aches, that his head hurts and that his hand hurts on days that he goes to school.

**ACTIVITIES OF DAILY LIVING**

has some trouble with activities of daily living. His mother reported that, due to developmental issues, requires assistance with bathing, dressing, putting on his shoes, and brushing his teeth. He is unable to tie his shoelaces, and he struggles with buttons. He is particular about feeding and becomes upset if different food touch each other. He also requires assistance with toileting, specifically wiping and cleaning after a bowel movement.

**TYPICAL DAY**

On a typical day when he is not at school, awakes at 8:00 a.m. His mother prepares his breakfast, he eats, and then he watches television for approximately 20 minutes. During the day, he plays with toys, has a snack (typically grapes, which is a "favorite" food of his), and eats lunch at approximately noon.

On a typical school day, awakes at 7:20 a.m., skips breakfast, and looks in the mirror for approximately 10 minutes. He requires help to get dressed and ready for the day ahead. His stepfather takes him to school at 8:00 a.m., and his maternal grandfather picks him of from school at 2:16 p.m. He spends the afternoons with his grandparents until his mother picks him up to go home.

**MEDICAL HISTORY**

medical history is notable for epilepsy, with his first seizure occurring at 11 months old. These seizures were described as "full on body shakes," and are accompanied by flailing hands, dilated pupils, and his eyes rolling back into his head. He is conscious but unresponsive during these episodes. To manage this condition, has been prescribed Levetiracetam. Ms. Benitez reported that these seizure episodes formerly occurred once per month basis but have improved since Emiliano was formally diagnosed and prescribed medication.

In 2025, io was diagnosed with asthma. He uses a humidifier to manage his condition.

As cited above, is also experiencing complaints in his stomach, hand, and head, as well as heart palpitations and chest pain. He has been evaluated by a cardiologist who found no problems. It has been suggested that these physical complaints may be psychosomatic in origin and related to anxiety.

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2025

Re: Chavez

native language is English. He also speaks Spanish as a secondary language with his maternal grandparents.

**FAMILY HISTORY**

mother is 26 years old. She lives with in Rialto, California. She has a high school education and works as a Parent Ambassador at the Regional Center. When asked about his relationship with his mother, stated "She's my mommy."

is estranged from his father. Ms. Benitez reported that Emiliano does not have a relationship with his biological father. His father's age is unknown. His father lives in El Monte, California. He has a high school education and is employed as a manager at a CVS store.

According to Ms. Benitez, she and biological father are separated due to his father being "toxic" and "unhelpful" in caring for His parents separated when mother was 18 years old, and has lived with his mother since that time.

has a one-year-old half-sister, Aguire. is in good health. gets along with his sister, and the two siblings interact on a daily basis. lives with his mother, his sister Eva, and his stepfather in Rialto, California.

**EDUCATIONAL HISTORY**

has had an Individual Education Plan (IEP) since he was in kindergarten. At the time of the undersigned's evaluation, it was reported that has an IEP in place for his medical condition of epilepsy. She reported uncertainty if autism is reflected in the IEP however, the school psychologist diagnosed the patient with autism. He has an individualized Program Plan (IPP) since the age of three years established through the Regional Center, regarding epilepsy and intellectual disability.

is currently enrolled at George H. Dunn Elementary School, located within the Rialto Unified School District in Rialto, California. He began attending this school in January of 2024. Per Ms. Benitez, His second-grade teacher, Ms. Karla Realgeno, has reportedly stated that is not disruptive, and is a "loving kid" who is a "pleasure to have in class." However, he is currently falling behind, his grades are "not good," and he is unable to read.

As noted previously, has a history of bullying that has been ongoing for approximately one year. Ms. Benitez reported that bullying began when he transferred to George H. Dunn Elementary School.

previously attended schools within the Baldwin Park Unified School District. According to his mother, had never experienced problems with other children until his enrollment at Dunn Elementary School.

**SOCIAL HISTORY**

reported that he has one close friend at school, with whom he plays at recess. He identified his current interests and hobbies as drawing, playing Pokémon games, and playing the video game Minecraft.

**LEGAL HISTORY**

In addition to the current lawsuit, Ms. Benitez reported that she also filed two previous lawsuits against the Baldwin Park Unified School District and the Rialto Unified School District, due to discrepancies in IEP. Both of these lawsuits are in active litigation.

**MENTAL STATUS EXAMINATION**

was seen in the examiner's Cerritos office for his evaluation. He arrived on time for the appointment and was accompanied by his mother and his grandmother. He was casually dressed in a beanie, sweatshirt, sweatpants, and athletic shoes. He had good hygiene and good grooming. His vision was grossly intact without corrective lenses. His hearing was intact for conversation purposes. Motor activity was at an appropriate level. Motor functions were grossly intact, and ambulated without any assistive devices.

presented as cooperative and alert. He was oriented to person and purpose, age appropriate for young children within his age group. Speech was intact, and appropriate for volume, rate, and prosody. Language comprehension was generally concrete. As a result, the clinician made the clinical decision to only administer the parent version of the psychiatric screens. Short-term and long-term memory seemed to be intact for the purpose of this evaluation and age appropriate. The patient required his mother to provide detailed history of the incidents that have occurred in school. Thought processes was concrete. There was no evidence of impulsivity. mood was stable. His affect was initially neutral and slow to warm up to and was congruent to his curious and cautious mood. As the examination progressed the patient appeared more receptive and exhibited as euthymic with congruent mood.

Upon meeting the examiner, avoided eye contact and stood next to his mother while holding a 67 plushy. The clinician met the patient at eye level and explained her role as a feelings doctor that wanted to learn about his feelings. The examiner informed the patient that we would talk while we played. The patient verbally agreed to participate with a brief statement "okay," and walked ahead of his mother and side by side with this examiner. The patient appeared curious and asked where this examiner's office was. Upon arriving to the office, the patient waited for his mother and until asked to enter. The examiner informed the patient of office rules and expectations regarding cleanup and asking before retrieving toys. The patient was invited into the office and introduced to the toy shelf in which he focused on the Inside Out plushies and asked to hold "Anxiety."

The patient continued to avoid eye contact with the examiner as other toys such as a dollhouse, people figurines, a schoolhouse and a school bus were introduced. The patient was given an opportunity to explore the various toys introduced as the examiner explained to his mother the purpose of the play. The examiner attempted to engage the patient, who appeared more interested in solo play, placing toy furniture in the house, and people figurines throughout the house. The patient named each figurine, mom, dad, grandma, grandpa and baby sister.

The patient was responsive with short answers to the examiner's concrete questions about school (e.g. what grade was he in, his teacher's name, was he looking forward to returning to school). The patient was unresponsive when additional questions were asked about why he did not want to return to school. The examiner collaborated with his mother in the open-ended questions. He was receptive to his mother's questions evidenced by his fluid responses and brief elaboration. The patient described verbally and through playing injuries sustained during physical assault by other children. As the play session ended, the patient was asked to clean up before being taken to a larger office space for the collateral interview with his mother. He was receptive and offered toys and other activities such as drawing and coloring while this examiner spoke with his mother. The patient chose to borrow color pencils, paper and three Inside Out Plushies (Anxiety, Anger and Sadness). When asked why he chose those three plushies, he stated, "I don't know."

During collateral interview with Ms. Benitez, the patient was supervised by his maternal grandmother. The examiner was able to observe the patient's interaction with his caregiver. The patient appeared much more comfortable, playful, exhibited euthymic mood, engaged in appropriate play and was interactive with his grandmother.

The patient sporadically approached the examiner and stated that he had drawn pictures for the examiner. The examiner briefly engaged the patient in identifying his hobbies and his favorite things which he verbalized with more ease and made eye contact with this examiner.

**EVALUATION PROCEDURE**

The cognitive, mood, personality, and other psychological assessment techniques used in this examination are listed below. All tests were interpreted personally.

- Clinical interview with Chavez
- Collateral interview with mother, Ms. Lesley Benitez
- Behavior Assessment System for Children, 3rd Edition—Patient Rating Scale-Child
- Child and Adolescent Trauma Screen (CATS) Caregiver Report (Ages 7-17 years)
- Faces and Emotions Chart

- Screen for Child Anxiety Related Disorders (SCARED) Parent Version
- Review of Records

**PSYCHOLOGICAL TEST RESULTS**

**Behavior Assessment System for Children-3rd Edition (BASC-3) – Parent Rating Scale - Child** – was utilized to gather quantitative indication of emotional and behavioral functioning. The BASC-3-Parent Scale-Child was administered to the mother in English to screen behavioral and emotional strengths and weaknesses. The results are from the mother's description of her son.

**VALIDITY INDEX SUMMARY**

F Index	Response Pattern	Consistency
Acceptable	Acceptable	Acceptable
Raw Score: 0	Raw Score: 96	Raw Score: 12

**EMOTIONAL DISTURBANCE QUALIFICATION SCALES (EDQs) SUMMARY**

Emotional Disturbance Qualification Composites (EDQCs)	Raw Score	T Score	Percentile Rank	95% Confidence Interval	Clinical Indicator
EDQC 1: Unsatisfactory Interpersonal Relationships	371	65	91	62-68	At-Risk
EDQC 2: Inappropriate Behavior/Feelings	410	61	85	58-64	At-Risk
EDQC 3: Unhappiness or Depression	102	51	63	45-57	Acceptable
EDQC 4: Physical Symptoms or Fears	112	57	78	50-64	Acceptable
EDQC 5: Schizophrenia and Related Disorders of Thought	339	71	97	68-74	Clinically Significant
<b>Social Maladjustment Indicator</b>					<b>Absent</b>

**Child and Adolescent Trauma Screen (CATS) Caregiver Report (Ages 7-17 years)**- is a standardized screening tool designed to assess a child's exposure to potentially traumatic events and the presences of posttraumatic stress symptoms based on caregiver observations. It aligns with the DSM-5 PTSD. The total symptom score of 15 or higher is commonly used as a clinical cutoff, indicating clinically significant trauma-related symptoms.

Ms. Benitez's marked the following as stressful and scary events that have happened to the patient. Additionally, she identified "school" as the stressful event that is bothering the patient the most now.

- Slapped, punched, or beat up by someone not in the family.
- Serious accident or injury like a car/bike crash, dog bite, sports activity.
- Stressful or scary medical procedure.
- Other stressful or scary event: "School Incidents"

Ms. Benitez's score of 18 is above the threshold and indicative of probable PTSD for the patient. His mother indicated that these problems interfere with school or work. Ms. Benitez endorsed the following items regarding the patient:

*Almost always*

- Problems with concentration.

*Half of the time*

- Upsetting thoughts or images about a stressful event Or re-enacting a stressful event in play.
- Some strong physical reactions when reminded of a stressful event.

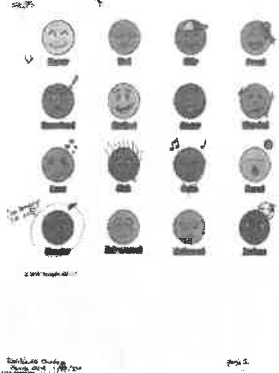
*Once in a while*

- Acting, playing or feeling as if a stressful event is happening right now.
- Feeling very emotionally upset when reminded of a stressful event.
- Trying not to remember, talk about or have feelings about a stressful event.
- Negative changes in how he thinks about self, others and the world after a stressful event.
- Having very negative emotional states.
- Losing interest in activities he enjoyed before a stressful event. Including not playing as much.
- Being irritable. Or having angry outbursts without a good reason and taking it out on other people or things.
- Being overly alert or on guard.
- Trouble falling or staying asleep.

**Faces:** Emiliano was given two pages of various faces that reflect various emotions. He was asked to mark any of the faces that he feels are reflective of his current mood.

Re: Chavez

marked the following faces: Hungry, Confident and Grief. Additionally, provided concrete context to the Confident face "I feel cool," and to the Grief face, "I don't like school."



Re: Chavez

Received for the undersigned's review was a single-page letter from Children's Hospital Los Angeles, a single-page notice from Golden State Pediatrics, a 10 page Individual Program Plan from Regional Center, a single-page form from East Valley SELPA, 11 pages of text messages, and four photographs. All information was reviewed and incorporated in the undersigned's opinions. The relevant reports are reviewed below.

Children's Hospital Los Angeles – Medical Letter for Chavez, May 16, 2024

This letter is signed by Dana O'Rourke, M.D., and provided the following information:

Chavez is under my care in the Neurology Clinic at Children's Hospital Los Angeles. He has several medical diagnoses including intellectual disability and epilepsy. As you may be aware, stress, both mental and physical, can significantly decrease a person's seizure threshold, increasing the likelihood of experiencing seizures.

I am writing to you today to express my serious concern regarding the well-being of my patient, [redacted] has reported bullying from his peers, which can impact his health and safety. Bullying can be a significant source of stress, and I am concerned that the ongoing incidents are putting [redacted] at a heightened risk for seizures. Furthermore, the reports of physical assault by bullies raise additional concerns. Head injuries can be a trigger for seizures, and any physical altercation could potentially lead to a serious medical episode.

It is my medical professional recommendation that your school administration take immediate action to address these bullying incidents. A safe and supportive learning environment is crucial for all students, but particularly for those with pre-existing medical conditions like epilepsy.

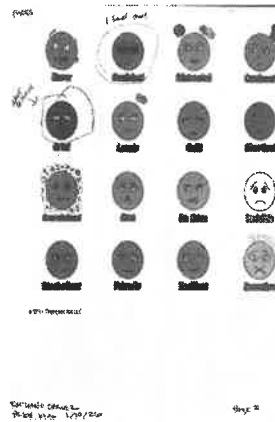
Regional Center-My Individual Program Plan (IPP), February 12, 2025

This document outlines developmental goals for Emiliano specifically communication, socialization, participation in community activities, education and learning, personal hygiene and self-grooming, nutrition, physical movement, family support system, and emotional growth. Page 3, outlines [redacted] mother's complaints about the patient being bullied at school, specifically within the past academic year. She noted that the last IEP meeting was in February of 2025. She also notes that [redacted] is experiencing difficulty maintaining academic tasks and progress. [redacted] is physically hit and pushed by other children. Per Ms. Benitez, the school psychologist has given Emiliano a diagnosis of Autism.

East Valley SELPA – Signature and Parent Consent, November 19, 2025

This brief document indicates that [redacted] mother, Ms. Benitez consented to the IEP with the exception of "safety plan due to bullying; failed hearing test."

Re: Chavez



Screen for Child Anxiety Related Disorders (SCARED) Parent Version- is a 41-item rating scale completed by a caregiver to assess symptoms of anxiety in children and adolescents. It evaluates anxiety symptoms over the past three months across five domains: Panic/Somatic symptoms, Generalized Anxiety, Separation Anxiety, social anxiety and school avoidance. Scores 25-30 suggests the presence of a clinically significant anxiety disorder. Scores higher than 30 is more specific indicator of an anxiety disorder.

Ms. Benitez's score of 33 is above the threshold and indicative of an anxiety disorder. Her endorsed responses also suggest anxiety that causes significant school avoidance such as

- My child gets headaches when he is at school.
- My child gets stomach aches at school.
- My child worries about going to school.
- My child is scared to go to school.

REVIEW OF RECORDS (28 Pages)

RECEIVED CITY OF RIALTO 2025 MAR 26 PM 4:06 CITY CLERK

Re: Chavez

Golden State Pediatrics – Release Details, November 19, 2025

This brief document indicates that [redacted] was released from school until November 24, 2025. The following rationale was provided:

Mother reports that patient is being bullied at school. This will have adverse effects on his physical & mental health. Please provide him with a safe place for his education.

DISCUSSION

Chavez is 7-year-old, right-handed, Hispanic, male child who was referred for a psychodiagnostics consultation status post physical assault incidents that occurred between January of 2024 to the most recent on November 18, 2025. As a result of the physical assault, the patient has complained of both psychological (fear and sadness) and physical/orthopedic residuals (headaches, stomach aches and hand pain). This evaluator is a Licensed Clinical Psychologist; therefore, the discussion of the patient's physical/orthopedic complaints will be deferred to the appropriate specialists. The focus of this discussion will be on the psychological issues described herein.

Based on the comprehensive assessment conducted, there is evidence to suggest that [redacted] is experiencing symptoms consistent with Posttraumatic Stress Disorder (PTSD). PTSD is a clinical condition that occurs after a traumatic event, such as an accident, assault, or natural disaster (American Psychiatric Association, 2013). This disorder is characterized by symptoms from various clusters: reexperiencing (flashbacks or nightmares), avoidance (avoidance of situations, places and behaviors), negative alterations in cognition (socially withdrawn or increased frequency of negative emotional states) and alterations in arousal (problems with concentration, irritability, hypervigilance or sleep). [redacted] symptoms of feeling scared, crying, increased irritability, talking back, and not wanting to go to school are common symptom presentation of how trauma is presented in young children. The combination of clinical interview and the parent reporting on the psychiatric screens in combination with the timing of the symptom onset, suggests that the patient has developed PTSD as a result of this traumatic physical assault.

At this time, the patient has not received any psychotherapy treatment for his emotional trauma issues. He may benefit from some additional improvement in his mood if he were given adequate age-appropriate psychotherapy treatment such as play therapy. Empirically validated treatments for PTSD include a combination of trauma informed based therapy, cognitive behavioral interventions, psychoeducation and psychiatric medications. However, specific treatment recommendations will be deferred to appropriate treating specialists.

In summary, [redacted] has suffered a psychological injury as a direct result of the physical assault and bullying he has been exposed to since January of 2024. The physical injuries coupled with the emotional repercussions, disrupted his sense of stability, security and well-being in the academic school setting. The distressing impact

Re: Chavez

of his injuries have emerged as a direct result of the emotional symptoms he has endured.

**DSM-5-TR / ICD-10 DIAGNOSTIC IMPRESSION**

F43.1 Posttraumatic Stress Disorder  
Intellectual Disability (per History)

Rule out:

F84.0 Autism Spectrum Disorder

**TREATMENT RECOMMENDATIONS**

- Individual psychotherapy (e.g. play therapy) is recommended to help with psychiatric symptoms. This treatment should be provided on an in-person basis and involve caregivers to assist the patient in meeting through treatment goals.
- The patient benefits from academic supports to provide a safe learning environment that eliminates physical attacks and aggression toward the patient. IEP goals should include a detailed safety plan of action to support a healthy and safe learning environment for the patient.
- The patient may benefit from a formal psychological evaluation for Autism to determine if his developmental issues are exclusively the result of Intellectual Disability or in combination with Autism. The patient may benefit from additional resources and services if he does in fact have a Autism and a formal evaluation has been completed. This evaluation may be completed through regional center by a qualified licensed clinical psychologist or psychiatrist.
- This evaluator recommends a follow up with a neurologist for the patient's complaints of headaches.

Re: Chavez

All of the opinions in this report are true to a reasonable medical probability. Should you require any further information, please do not hesitate to contact this office. Dated this 16<sup>th</sup> day of February 2026 in Los Angeles County, California.

Very truly yours,

Mildred Ortiz, Psy.D.  
Clinical Psychologist PSY28287  
Psychological Assessment Center, PC

Re: Emiliano Chavez

**APPENDIX: Test Results**

MOOD	Raw	Range	Interpretation	Notes
CATS	18	15 or Above-Clinical Threshold	Probable PTSD	CATS Manual
SCARED	33	25-30 clinically significant anxiety disorder. Above 30-specific anxiety disorder	Above the threshold for specific anxiety disorder	SCARED Manual

**Exhibit F: Psychotherapy referral**

# Referrals

Name: Chavez

Date of Birth:

Diagnosis: F43.1

Language: English

Provider: Mildred Ortiz, Psy.D. PSY2827

Date of Referral: 02/02/2026

Specialty	Reason	
Individual Psychotherapy	Brief course of psychotherapy	X
Group Psychotherapy	Group therapy to target specific topics using psychoeducation and peer support: <ul style="list-style-type: none"> <li>Cognitive Remediation</li> <li>Pain Management</li> <li>Sleep Hygiene</li> <li>PTSD</li> </ul>	
Psychiatry	Evaluation for medication	
Concussion Screening	Brief screening to assess if concussion is present; best if conducted within 6 months of injury	
Neuropsychological Evaluation	Comprehensive evaluation to assess cognitive, emotional, and behavioral functioning to inform diagnosis and treatment planning. Best if conducted after 6 months of injury	
Neurology	Evaluation and treatment recommendations	
Brain Imaging	Neuroimaging is recommended: <ul style="list-style-type: none"> <li>DTI MRI</li> <li>MRI</li> <li>CT</li> </ul>	
Orthopedist	Evaluation and treatment recommendations	

Specialty	Reason	
Pain Management	Consultation and possible treatment for pain	
Chiropractic Care	Chiropractic care to alleviate discomfort, enhance physical movement, and prevent recurrence of pain symptoms	
Physical Therapy	Referral to evaluate appropriateness for physical therapy to improve physical functioning, strength, flexibility, and improve pain	
Neuro-optometrist	Referral to evaluate visual and oculomotor system	
Photobiomodulation	Red light therapy/photobiomodulation is recommended for post-traumatic pain	
Exosomes	Referral for therapeutic exosomes to reduce neuroinflammation, promote neural regeneration and enhance blood vessel growth	
Other	<p>Px benefits from in-office play therapy that will support his emotional needs and expression. Process trauma and learn interventions to improve communication</p> <p>Px benefits from Individual Education Plan (IEP) that outlines social-emotional needs, and safety measures to eliminate aggressive acts from other children</p>	X

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