

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Identification Number 060508M116 SSID 2200313711

Eligible (SLD)

Student SHVARTZ NEHORAY N  
Last First MI

Date of Birth: 05-JUN-2008

Section A: Meeting Information

Pertinent Dates	Type of Meeting
Date of Initial IEP Team Meeting: 06-FEB-2020	<input type="radio"/> Initial <input type="radio"/> Amendment of IEP dated <input checked="" type="radio"/> Annual Review <input type="radio"/> Early Start Transition <input type="radio"/> Three Year Review <input type="radio"/> Expulsion Analysis <input type="radio"/> Other <input type="radio"/> Individual Transition Plan
Date of Present Meeting: 13-JAN-2022	
Annual Review to be conducted by: 13-JAN-2023	
Next Three Year Review will be conducted by: 05-FEB-2023	
Three Year Review or Evaluation was conducted on: 06-FEB-2020	
Transition to Kindergarten to be conducted by:	

Location of Meeting: District Name: Los Angeles Unified School Dis

Section B: Student Information

Date of Birth: 05-JUN-2008 Age: 13 Grade: 8  
 Gender:  Male  Female Limited English Proficient Student:  Yes  No Ethnic Code: White  
 Location of the Psych Folder: SUPPORT UNIT NOF Student has no Psych Folder:   
 Location of the Cum Folder: HALE CA Student has no Cum Folder:   
 Home Language: Hebrew Student Language: Hebrew Alternate Mode of Communication:  
 Home Address of Student: 5228 TOPANGA CANYON BLVD  
 City: WOODLAND HILL CA ZIP Code: 91364  
 Home Telephone: (818) 213-5472 Daytime Telephone:  
 School of Attendance: Hale Ca Location Code: 8169  
 School of Residence: Woodland Hills Acad Location Code: 8344  
 Name of Parent/Guardian: Telephone:  
 Address: City: CA ZIP Code:  
 Surogate Parent: Telephone:  
 Attends CURRENT SCHOOL as a result of one of the following: Open Enrollment Program  
 Is the student living in a Family Foster Home (FFH)?  No  Yes FFH#:  
 Is FFH Provider related to student?  No  Yes Relationship:  
 Licensed Children's Institution:  No  Yes LCI Name:  
 LCI#:  
 Out of the home placement made by:  Regional Center  Department of Mental Health  Department of Children's Services  
 Superior Court  Other:  
 Child's family living within LAUSD's boundaries?  No  Yes  
 If the student is 18 years old or older or is an emancipated minor, does he/she have educational decision-making rights?  No  Yes

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Date of Birth

Section C: Language Acquisition

Language Classification:  Start Date:

Withdrawal by Parent Request:  Yes  No Reclassification Date:

ELPAC Performance Level and Performance Descriptor:  Test Date:

Alternate ELPAC Performance Level and Performance Descriptor:  Test Date:

Section D: Goal Achievement from Current IEP

		Achieved		
Goal for: (example - Reading)		Yes	No	If No, explain the reason the goal/objective was not achieved
1	<input type="text" value="Reading Compehension"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="does not produce work"/>
Category	<input type="text" value="Reading"/>			
	Objective 1 met	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="does not produce work"/>
	Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="does not produce work"/>
2	<input type="text" value="Language"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="does not engage in class discussions"/>
Category	<input type="text" value="Language"/>			
	Objective 1 met	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="does not engage in class discussions"/>
	Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="does not engage in class discussions"/>
3	<input type="text" value="Writing"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="does not produce work"/>
Category	<input type="text" value="Writing"/>			
	Objective 1 met	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="does not produce work"/>
	Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="does not produce work"/>
4	<input type="text" value="Math"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="does not produce work"/>
Category	<input type="text" value="Math"/>			
	Objective 1 met	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="does not produce work"/>
	Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="does not produce work"/>
5	<input type="text" value="Vocational Education"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="does not produce work"/>
Category	<input type="text" value="Vocational Education"/>			
	Objective 1 met	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="does not produce work"/>
	Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="does not produce work"/>
6	<input type="text" value="Behavioral Support"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="does not seek assistance"/>
Category	<input type="text" value="Behavior Intervention"/>			
	Objective 1 met	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="does not seek assistance"/>
	Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="does not seek assistance"/>
7	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Category	<input type="text"/>			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
8	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Category	<input type="text"/>			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
9	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Category	<input type="text"/>			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
10	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Category	<input type="text"/>			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

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## Section E: Present Level of Performance

Performance Area:

Vocational Education

Category:

Vocational Education

Assessment/Monitoring Process  
Used:

Teacher comments/grades

State/District Assessment Results:

Current Performance/Assessment Summary (include student strengths, student needs and impact of disability on student performance):

Fall 20 week report card:

Math F U S

PE C U U

Science F U U

ELD D S S

English F U S

History F U S

Homeroom N U U

STRENGTHS:

Due to zero work production, teachers are unable to assess Nehoray's true strengths.

NEEDS:

Teachers reported Nehoray does not bring needed supplies to class. He requests to use the bathroom daily each class period. He talks over classmates answering questions or when the teacher is giving directions. He has stated many times that he only comes to school 'to be with his friends.' The times Nehoray comes to class, he is tardy, the other times he is wandering the campus with friends. When guided to begin assignments, Nehoray explains he does not have to do any work because he is going to work for his father's business. Nehoray does not begin, complete, or submit assignments. He also shows no interest in participating in class.

IMPACT OF DISABILITY:

Nehoray's Specific Learning Disability impairs his grade-level work habits, which impacts his progress and participation in the General Education program.

Performance Area:

Behavior Intervention

Category:

Behavior Intervention

Assessment/Monitoring Process  
Used:

Teacher Comments/grades

State/District Assessment Results:

Current Performance/Assessment Summary (include student strengths, student needs and impact of disability on student performance):

STRENGTHS:

Nehoray greets teachers upon entering class and solicits positive interactions with the adult staff. When engaged in a topic, not usually academic related, he will ask questions.

NEEDS:

Nehoray struggles to maintain focus during class (talking out, inability to sit still, difficulty controlling impulses) and constantly interacts with other people and/or objects during class time. Nehoray avoids tasks he fears are too difficult. When disengaged, Nehoray needs moderate adult prompting to independently ask clarifying questions and for help/assistance.

IMPACT OF DISABILITY:

Nehoray's Specific Learning Disability impairs his ability to focus and engage in class, which impacts his involvement and progress in the general education curriculum.



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Section E: Present Level of Performance

Performance Area: Math

Category: Math

Assessment/Monitoring Process Used: Teacher comments/grades

State/District Assessment Results:

Current Performance/Assessment Summary (include student strengths, student needs and impact of disability on student performance):

Strengths:  
Due to zero work production, teachers are unable to assess Nehoray's true strengths at this time.

Needs:  
Due to zero work production, teachers are unable to assess Nehoray's true needs at this time.

Impact of Disability:  
Nehoray's eligibility of Specific Learning Disability (SLD) impacts his involvement and progress in the general education curriculum.

Performance Area: Reading

Category: Reading

Assessment/Monitoring Process Used: Teacher Comments/grades

State/District Assessment Results:

Current Performance/Assessment Summary (include student strengths, student needs and impact of disability on student performance):

Strengths:  
Due to zero work production, teachers are unable to assess Nehoray's true strengths at this time. Previous teachers reported when provided with visuals in tandem with grade level text, Nehoray was more accurate in his recall of what he had read about.

Needs:  
Due to zero work production, teachers are unable to assess Nehoray's true needs at this time. Previous teachers reported Nehoray struggles to maintain focus, greatly decreasing his ability to attend during small/whole group discussions. His foundational gaps (English & Hebrew) make it difficult for him to effectively express himself in reference to grade level curriculum.

Impact of Disability:  
Nehoray's eligibility of Specific Learning Disability (SLD) impairs his grade level reading comprehension, which impacts his involvement and progress in the general education curriculum.



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## Section E: Present Level of Performance

Performance Area:

Writing

Category:

Writing

Assessment/Monitoring Process  
Used:

Teacher comments/grades

State/District Assessment Results:

Current Performance/Assessment Summary (include student strengths, student needs and impact of disability on student performance):

## Strengths:

Due to zero work production, teachers are unable to assess Nehoray's true strengths at this time. Previous teachers reported with significant adult support and prompting, Nehoray is able to write a proficient simple sentence and spells words phonetically.

## Needs:

Due to zero work production, teachers are unable to assess Nehoray's true needs at this time. Previous teacher's reported relevant weaknesses: varied sentences (compound/complex), proficient paragraphs, uses grade level capitalization/grammar/vocabulary/spelling.'

## Impact of Disability:

Nehoray's eligibility of Specific Learning Disability impacts his involvement and progress and participation in the general education curriculum.

Performance Area:

Language

Category:

Language

Assessment/Monitoring Process  
Used:

Teacher Comments/grades

State/District Assessment Results:

Current Performance/Assessment Summary (include student strengths, student needs and impact of disability on student performance):

## Strengths:

Due to zero work production teachers are unable to assess Nehoray's true strengths reading, writing, and listening at this time. Previous teachers reported when called upon, Nehoray will answer some detailed questions from the text with adult prompting and support in whole/small group discussions.

## Needs:

Due to minimal participation and zero written work production teachers are unable to assess Nehoray's true needs in reading, writing and listening at this time. Previous teacher's reported Nehoray struggles to maintain focus, greatly decreasing his ability to attend during small/whole group discussions. His foundational gaps (English & Hebrew) make it difficult for him to effectively expressing himself in class curriculum, in each of these areas. Nehoray would greatly benefit from the use of a dictionary/thesaurus to increase his informal and formal vocabulary. His teachers have reported that Nehoray's needs with English Language Development are related to his Specific Learning Disability, and will continue to be monitored by school staff.

## Impact of Disability:

Nehoray's eligibility of Specific Learning Disability (auditory memory, comprehension, attention, hyperactivity, impulsivity) significantly impairs his English Language acquisition, which impacts his involvement and progress and participation in the general education curriculum.





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Section F: Eligibility

If applicable, areas discussed related to disability or suspected disability:

[Empty text box for disability discussion]

For Initial IEP, interventions attempted prior to determining eligibility:

[Empty text box for interventions]

Eligible as a student with the disability of:

Code: SLD Specific Learning Disability

Not Applicable, Blind or Partially Sighted

Additional Low Incidence Eligibility (only for VI, DBL, DEA, HOH, or severe OI):

Code: [Empty]

Not Applicable, Blind or Partially Sighted

Does not meet eligibility criteria for Special Education Services (Initial IEP).

or

No Longer Eligible for Special Education Services (Review IEP).

No Longer Eligible (Effective Date): [Empty]

This is a Final IEP, the student remains eligible for Special Education Services until the Effective Date below.

Final IEP Reason: [Empty] Final IEP Effective Date: [Empty]

The IEP Team has considered and agrees that the educational needs of the student are not primarily due to:

- Checkmarks for Social Maladjustment, Lack of instruction in math, Temporary Physical Disability, Limited English Proficiency, Lack of instruction in reading, Environmental, Cultural or Economic Factors



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**Section G: Annual Goals and Objectives**

Performance Area:  Category:  Annual Goal #:

When Nehoray needs clarification /assistance with a task, he will raise his hand and wait to be acknowledged within a class period with 1 prompt in 3 to 5 opportunities as measured by staff observation in 85% accuracy.

Progress on annual goals to be reported to parents by completing the "IEP Report of Progress and Achievement from Current IEP" form(s) which will be provided at either Progress Report or Report Card periods.

**Methods of Evaluation**

- State Assessments
- Observation
- Other
- Norm Referenced
- Portfolio
- Criterion Referenced
- Work Samples
- Curriculum Based
- Informal

**Incremental objective #1 related to the goal:**

When Nehoray needs clarification /assistance with a task, he will raise his hand and wait to be acknowledged within a class period with 2 prompts in 3 to 5 opportunities as measured by staff observation in 75% accuracy.

**Incremental objective #2 related to the goal:**

When Nehoray needs clarification /assistance with a task, he will raise his hand and wait to be acknowledged within a class period with 2 prompts in 3 to 5 opportunities as measured by staff observation in 80% accuracy.

Date to be achieved:   MO/YR

Date to be achieved:   MO/YR

**IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP**

**EXPLANATION OF MARKS**

*4 GOAL MET OR EXCEEDED*

*3 SUBSTANTIAL PROGRESS (50-99% of goal met)*

*2 PARTIAL PROGRESS (1-49% of goal met)*

*1 NO PROGRESS*

1st Reporting Period Date: <input type="text"/>	2nd Reporting Period Date: <input type="text"/>	3rd Reporting Period Date: <input type="text"/>	4th Reporting Period (Secondary Only) Date: <input type="text"/>	Goal Achievement
Progress Mark: <input type="text"/>	Progress Mark: <input type="text"/>	Progress Mark: <input type="text"/>	Progress Mark: <input type="text"/>	Objective 1 Met: <input type="radio"/> Yes <input type="radio"/> No
Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Objective 2 Met: <input type="radio"/> Yes <input type="radio"/> No
If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please explain: <input type="text"/>



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Section G: Annual Goals and Objectives

Performance Area: Vocational Education Category: Vocational Education Annual Goal #: 2

Nehoray will need to turn in class work and home-work assignments on time, in 6/6 classes with 85% accuracy, as evidenced by no U's in Work Habits at each marking period.

Progress on annual goals to be reported to parents by completing the "IEP Report of Progress and Achievement from Current IEP" form(s) which will be provided at either Progress Report or Report Card periods.

Methods of Evaluation

- State Assessments
- Observation
- Other
- Norm Referenced
- Portfolio
- grades
- Criterion Referenced
- Work Samples
- Curriculum Based
- Informal

Incremental objective #1 related to the goal:

Nehoray will need to turn in class work and home-work assignments on time, in 4/6 classes with 85% accuracy, as evidenced by no U's in Work Habits at each marking period.

Incremental objective #2 related to the goal:

Nehoray will need to turn in class work and home-work assignments on time, in 5/6 classes with 85% accuracy, as evidenced by no U's in Work Habits at each marking period.

Date to be achieved: May 2022 MO/YR

Date to be achieved: Septembe 2022 MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

4 GOAL MET OR EXCEEDED      3 SUBSTANTIAL PROGRESS (50-99% of goal met)      2 PARTIAL PROGRESS (1-49% of goal met)      1 NO PROGRESS

1st Reporting Period Date: <input type="text"/>	2nd Reporting Period Date: <input type="text"/>	3rd Reporting Period Date: <input type="text"/>	4th Reporting Period (Secondary Only) Date: <input type="text"/>	Goal Achievement
Progress Mark: <input type="text"/>	Progress Mark: <input type="text"/>	Progress Mark: <input type="text"/>	Progress Mark: <input type="text"/>	Objective 1 Met: <input type="radio"/> Yes <input type="radio"/> No
Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Objective 2 Met: <input type="radio"/> Yes <input type="radio"/> No
If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please explain: <input type="text"/>



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Section G: Annual Goals and Objectives

Performance Area: Language Category: Language Annual Goal #: 3

When engaged in collaborative discussions, Nehoray will recognize new information expressed by peers and adult and, when warranted, modify their own views with teacher modeling as measured by teacher observation in 3 out of 4 trials with 70% accuracy.

Progress on annual goals to be reported to parents by completing the "IEP Report of Progress and Achievement from Current IEP" form(s) which will be provided at either Progress Report or Report Card periods.

Methods of Evaluation

- State Assessments
- Observation
- Other
- Norm Referenced
- Portfolio
- Criterion Referenced
- Work Samples
- Curriculum Based
- Informal

Incremental objective #1 related to the goal:

When engaged in collaborative discussions, Nehoray will recognize new information expressed by peers and adult and, when warranted, modify their own views with teacher modeling as measured by teacher observation in 2 out of 4 trials with 75% accuracy.

Incremental objective #2 related to the goal:

When engaged in collaborative discussions, Nehoray will recognize new information expressed by peers and adult and, when warranted, modify their own views with teacher modeling as measured by teacher observation in 3 out of 4 trials with 70% accuracy.

Date to be achieved: May 2022 MO/YR

Date to be achieved: Septembe 2022 MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

4 GOAL MET OR EXCEEDED      3 SUBSTANTIAL PROGRESS (50-99% of goal met)      2 PARTIAL PROGRESS (1-49% of goal met)      1 NO PROGRESS

1st Reporting Period Date:	2nd Reporting Period Date:	3rd Reporting Period Date:	4th Reporting Period (Secondary Only) Date:	Goal Achievement
Progress Mark:	Progress Mark:	Progress Mark:	Progress Mark:	Objective 1 Met: <input type="radio"/> Yes <input type="radio"/> No
Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Objective 2 Met: <input type="radio"/> Yes <input type="radio"/> No
If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other	If "No" please explain:





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Section G: Annual Goals and Objectives

Performance Area: Reading Category: Reading Annual Goal #: 4

Nehoray will determine or clarify the meaning of unknown and multiple-meaning words and phrases by using context clues to determine the meaning of a word or phrase and using common, grade-appropriate Greek or Latin affixes and roots as clues to the meaning of a word independently as measured by teacher's observations in 3 out of 5 trials with 75% accuracy.

Progress on annual goals to be reported to parents by completing the "IEP Report of Progress and Achievement from Current IEP" form(s) which will be provided at either Progress Report or Report Card periods.

Methods of Evaluation

- State Assessments
- Observation
- Other
- Norm Referenced
- Portfolio
- Criterion Referenced
- Work Samples
- Curriculum Based
- Informal

Incremental objective #1 related to the goal:

Nehoray will determine or clarify the meaning of unknown and multiple-meaning words and phrases by using context clues to determine the meaning of a word or phrase and using common, grade-appropriate Greek or Latin affixes and roots as clues to the meaning of a word independently as measured by teacher's observations in 3 out of 5 trials with 65% accuracy.

Incremental objective #2 related to the goal:

Nehoray will determine or clarify the meaning of unknown and multiple-meaning words and phrases by using context clues to determine the meaning of a word or phrase and using common, grade-appropriate Greek or Latin affixes and roots as clues to the meaning of a word independently as measured by teacher's observations in 3 out of 5 trials with 70% accuracy.

Date to be achieved: May 2022 MO/YR

Date to be achieved: September 2022 MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

4 GOAL MET OR EXCEEDED      3 SUBSTANTIAL PROGRESS (50-99% of goal met)      2 PARTIAL PROGRESS (1-49% of goal met)      1 NO PROGRESS

1st Reporting Period Date: <input type="text"/>	2nd Reporting Period Date: <input type="text"/>	3rd Reporting Period Date: <input type="text"/>	4th Reporting Period (Secondary Only) Date: <input type="text"/>	Goal Achievement
Progress Mark: <input type="text"/>  Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No  If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	Progress Mark: <input type="text"/>  Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No  If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	Progress Mark: <input type="text"/>  Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No  If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	Progress Mark: <input type="text"/>  Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No  If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	Objective 1 Met: <input type="radio"/> Yes <input type="radio"/> No  Objective 2 Met: <input type="radio"/> Yes <input type="radio"/> No  If "No" please explain: <input type="text"/>



INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student SHVARTZ NEHORAY N  
Last First MI

Date of Birth 05-JUN-2008

Meeting Date 13-JAN-2022

Section G: Annual Goals and Objectives

Performance Area: Written Language Category: Writing Annual Goal #: 5

With some guidance and support from peers and adults, Nehoray will develop and strengthen writing as needed by planning, revising, editing, rewriting, or trying a new approach, focusing on how well audience and purpose have been addressed independently as measured by teacher's observations in 3 out of 5 trials with 75% accuracy.

Progress on annual goals to be reported to parents by completing the "IEP Report of Progress and Achievement from Current IEP" form(s) which will be provided at either Progress Report or Report Card periods.

Methods of Evaluation

- State Assessments
- Observation
- Other
- Norm Referenced
- Portfolio
- Criterion Referenced
- Work Samples
- Curriculum Based
- Informal

Incremental objective #1 related to the goal:

With some guidance and support from peers and adults, Nehoray will develop and strengthen writing as needed by planning, revising, editing, rewriting, or trying a new approach, focusing on how well audience and purpose have been addressed independently as measured by teacher's observations in 3 out of 5 trials with 65% accuracy.

Incremental objective #2 related to the goal:

With some guidance and support from peers and adults, Nehoray will develop and strengthen writing as needed by planning, revising, editing, rewriting, or trying a new approach, focusing on how well audience and purpose have been addressed independently as measured by teacher's observations in 3 out of 5 trials with 70% accuracy.

Date to be achieved: May 2022 MO/YR

Date to be achieved: Septembe 2022 MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

4 GOAL MET OR EXCEEDED      3 SUBSTANTIAL PROGRESS (50-99% of goal met)      2 PARTIAL PROGRESS (1-49% of goal met)      1 NO PROGRESS

1st Reporting Period	2nd Reporting Period	3rd Reporting Period	4th Reporting Period (Secondary Only)	Goal Achievement
Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	
Progress Mark: <input type="text"/>	Progress Mark: <input type="text"/>	Progress Mark: <input type="text"/>	Progress Mark: <input type="text"/>	Objective 1 Met: <input type="radio"/> Yes <input type="radio"/> No
Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Objective 2 Met: <input type="radio"/> Yes <input type="radio"/> No
If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please explain: <input type="text"/>



INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student SHVARTZ NEHORAY N  
Last First MI

Date of Birth 05-JUN-2008

Meeting Date 13-JAN-2022

Section G: Annual Goals and Objectives

Performance Area: Math Category: Math Annual Goal #: 6

Nehoray will solve real-world and mathematical problems involving the four operations with rational numbers on class work and homework as measured by teacher-made tests in 4 out of 5 trials with 70% accuracy.

Progress on annual goals to be reported to parents by completing the "IEP Report of Progress and Achievement from Current IEP" form(s) which will be provided at either Progress Report or Report Card periods.

Methods of Evaluation

- State Assessments
- Observation
- Other
- Norm Referenced
- Portfolio
- Criterion Referenced
- Work Samples
- Curriculum Based
- Informal

Incremental objective #1 related to the goal:

Nehoray will solve real-world and mathematical problems involving the four operations with rational numbers on class work and homework as measured by teacher-made tests in 4 out of 5 trials with 70% accuracy.

Incremental objective #2 related to the goal:

Nehoray will solve real-world and mathematical problems involving the four operations with rational numbers on class work and homework as measured by teacher-made tests in 4 out of 5 trials with 70% accuracy.

Date to be achieved: May 2022 MO/YR

Date to be achieved: Septembe 2023 MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

4 GOAL MET OR EXCEEDED      3 SUBSTANTIAL PROGRESS (50-99% of goal met)      2 PARTIAL PROGRESS (1-49% of goal met)      1 NO PROGRESS

1st Reporting Period	2nd Reporting Period	3rd Reporting Period	4th Reporting Period (Secondary Only)	Goal Achievement
Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	
Progress Mark: <input type="text"/>	Progress Mark: <input type="text"/>	Progress Mark: <input type="text"/>	Progress Mark: <input type="text"/>	Objective 1 Met: <input type="radio"/> Yes <input type="radio"/> No
Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Objective 2 Met: <input type="radio"/> Yes <input type="radio"/> No
If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please explain: <input type="text"/>



**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

**Los Angeles Unified School District**

Student SHVARTZ NEHORAY N  
 Last First MI

Date of Birth 05-JUN-2008

Meeting Date 13-JAN-2022

**Section K: Participation in State and District-wide Assessments**

Assessments administered will conform to those assessments determined for each grade by the California Department of Education and/or the Los Angeles Unified School District.

<p><b>Student will participate in Regular State and District Assessments.</b>  <i>(Designated Supports and/or Accommodations identified below are applicable)</i></p>	<p><b>CAASPP Subject</b>                  ELA and Math</p>
<p>Designated Supports:</p> <ul style="list-style-type: none"> <li>- Simplified or paraphrased test directions (non-embedded designated support)</li> <li>- Text-to-speech software enabled (for math items and ELA items except for reading passages)</li> </ul> <p>Accommodations:</p> <ul style="list-style-type: none"> <li>- Multiplication table for single digits 1-9 (paper-based; not allowed for Grade 3; non-embedded accommodation)</li> <li>- Text-to-Speech software enabled for ELA reading passages (embedded accommodation).</li> </ul>	
<p><b>Student will participate in Regular State and District Assessments.</b>  <i>(Designated Supports and/or Accommodations identified below are applicable)</i></p>	<p><b>ELPAC Subject</b>                  Writing</p>
<p><b>Student will participate in Regular State and District Assessments.</b>  <i>(Designated Supports and/or Accommodations identified below are applicable)</i></p>	<p><b>ELPAC Subject</b>                  Speaking</p>
<p><b>Student will participate in Regular State and District Assessments.</b>  <i>(Designated Supports and/or Accommodations identified below are applicable)</i></p>	<p><b>ELPAC Subject</b>                  Listening</p>
<p><b>Student will participate in Regular State and District Assessments.</b>  <i>(Designated Supports and/or Accommodations identified below are applicable)</i></p>	<p><b>ELPAC Subject</b>                  Reading</p>





INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student SHVARTZ  
Last

NEHORAY  
First

N  
MI

Date of Birth 05-JUN-2008

Meeting Date 13-JAN-2022

Section N: Procedural Safeguards and Follow-up Actions



A Parent's Guide to Special Education Services including Procedural Rights & Safeguards was provided to the parent in his/her primary language.



The IEP Team Meeting Introductory Statements were read aloud at the beginning of the IEP Team meeting.



The parent/guardian was informed of his/her right to a written translation of the IEP.

Is the parent/guardian requesting informal translation?  Yes  No Select Preferred Language:

Is the parent/guardian requesting official translation?  Yes  No Select Preferred Language:

Specify the Individual Pages to be translated:

Special Requests:

For students who are 17 years old, the student and parent(s)/guardian(s) have been informed that the educational decision-making rights will transfer to the student at 18 years of age, unless the court has determined otherwise.

**Recoupment Consideration**

- The IEP team has reviewed and discussed student's progress/achievement and considered factors that may have impacted student's learning during the school facility closures as a result of the COVID-19 national pandemic. The IEP team has determined:
  - Student has made expected progress toward IEP goals and/or progress is in alignment with expectations of progress/goal achievement. No recoupment supports/accommodations/services, etc. are recommended.
  - Student experienced learning loss as a result of the school facility closures caused by the COVID-19 global pandemic and recoupment supports/accommodations/services, etc. are necessary. Additionally, the IEP team discussed recoupment to address past learning loss. Recoupment is not part of the Student's stay put program. Recoupment offer details are included in FAPE Part 2, Part 4 of the IEP (including completion of a service grid, as necessary).
- Recoupment consideration was documented on IEP dated
- Preschool Only Consideration (Transition IEP)
- 30-Day IEP Consideration (Out-of-District)
- Student attends private school within district boundaries and resides outside of district boundaries (Eligibility Determination Only)

THIS SPACE DELIBERATELY LEFT BLANK.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student SHVARTZ NEHORAY N Last First MI

Date of Birth 05-JUN-2008

Meeting Date 13-JAN-2022

Section Q: Parent Participation and Consent

Parent Participation

- Parent/Student (18-21) has participated in the IEP meeting.
Parent/Student (18-21) indicated before the meeting that they would not be able to attend.
Parent/Student (18-21) was notified 3 times of the meeting time and place.
Parent/Student (18-21) did not respond to any of the meeting notifications and the meeting was held without the Parent/Student (18-21) present.
Parent/Student (18-21) did not attend and gave permission to proceed without them if they did not attend.

Parent Notification

Table with 3 columns: Method, Whom, When. Rows include Phone, Email, Other with corresponding names and dates.

I (PARENT) acknowledge that the IEP meeting was rescheduled to this date at my request. (Parent initials here ONLY if the PARENT requested that the IEP meeting be rescheduled.)

Parent/Student (18-21) Agreement to Components of the Proposed IEP

A Parent/Student (18-21) may agree to all or some of the components of a proposed IEP. The District will implement those portions of the IEP to which the parent/student (18-21) agrees so as to not delay providing instruction and services.

- Parent/Student (18-21) AGREES to all components of the IEP.
Parent/Student (18-21) AGREES to all components of the proposed IEP WITH THE SPECIFIC EXCEPTION(S) stated below:
Assessment Specify
Eligibility Specify
Instructional Setting Specify
Services Specify

- The Parent/Student (18-21) DOES NOT AGREE with any of the components of the proposed IEP.

A Parent/Student (18-21) is not required to initiate any form of dispute resolution as to components of the proposed IEP to which the parent does not agree. If a parent/student (18-21) does wish to initiate a form of dispute resolution as to the components of the proposed IEP, the parent can find information on dispute resolution processes in the District's publication, A Parent's Guide to Special Education Services (Including Procedural Rights and Safeguards).

Parent Concerns and Comments

Signature(s)

Signature(s)

Date 19-JAN-2022

- Parent Guardian Student age 18-21 years age 18-21 years Surrogate Parent Emancipated Minor Foster Parent

Did the school district facilitate parent involvement as a means of improving services and results for your child? Yes No No Response

I certify that I have received a copy of the Parent Input Survey regarding the IEP process. I understand that my completion of the form is voluntary and can be done at anytime after the IEP meeting

Signature(s)

Signature(s)

Date 13-JAN-2022

## PARENT INPUT SURVEY

Would you please take a moment to complete the survey below.  
The information you provide will help us improve the Individualized Education Program (IEP) process. Thank you in advance for your time and interest.

**ALL INFORMATION IS CONFIDENTIAL**

**DIRECTIONS:** After each statement, please place an X on the line that describes your experience with your child's IEP.

A. Regarding your child's current IEP:	Yes	No	Does Not Apply
1. I am satisfied with the IEP meeting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I feel that the IEP accurately reflects the decisions made at the IEP meeting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I received notice of the IEP meeting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I received "The IEP and You" handbook with the notice of the IEP meeting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. During the IEP process I received "A Parent's Guide to Special Education Services (Including Procedural Rights and Safeguards)" explaining my rights as a parent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The IEP meeting was held in an appropriate setting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I feel I was treated as an equal and important part of the IEP team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The participants at the IEP meeting were prepared and informed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Placements for my child, including the general education setting, were discussed and decided upon.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Related services were discussed and decided upon, if relevant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. If my child is 14 years old or older, an Individualized Transition Plan (ITP) was developed with my child's and my concerns in mind.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. At the end of the IEP meeting the decisions were summarized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. If I needed an oral interpretation of the IEP team meeting an interpreter was provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. The interpretation of the IEP team meeting enabled me to participate and make an informed decision regarding my child's IEP during the IEP meeting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. The interpreter stayed for the duration of the IEP team meeting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. If the interpreter left the IEP meeting before it was over, another staff member served as the interpreter and the interpretation was adequate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I am aware that, if I am dissatisfied with the adequacy of the oral interpretation at the IEP team meeting, I can file a complaint with the Educational Equity Compliance Office at (213) 241-7682.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. If I needed a written translation of the IEP, translation services were offered.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I am aware that, if I do not receive a copy of the translated IEP, I can contact the site administrator or call the Division of Special Education at (213) 241-6701.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If any of the answers to items 13-16 or 18-19 was No, please discuss your concern(s) with the site administrator or call the Division of Special Education at (213) 241-6701.

<b>B. Regarding your child's previous IEP (if relevant):</b>			
20. I am satisfied that my child received the services described on the previous IEP. (If your answer to this question is "No", please write concerns below.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Comments			

Is there anything more you would like to ask us or tell us?  
Please write below or call the Parent Resource Network at 1-800-933-8133.

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Please fold along dotted lines with the address showing. Seal and mail. Postage is pre-paid.  
Again, Thank you!

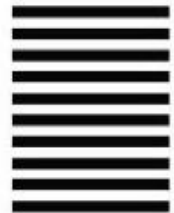


NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO. 33798 LOS ANGELES CA 90051

POSTAGE WILL BE PAID BY ADDRESSEE

ATTN PARENT RESOURCE NETWORK  
LOS ANGELES UNIFIED SCHOOL DISTRICT  
PO BOX 613307  
LOS ANGELES CA 90099-4093



**PARENT INPUT SURVEY**  
**English**

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Reconvened Meeting Date

Student SHVARTZ  
Last

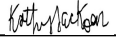


NEHORAY  
First

N  
MI

Date of Birth 05-JUN-2008

Meeting Date 13-JAN-2022

Section R: Names and Signatures (Signatures on File)

Team Member	Print Name	Signature
Parent/Guardian	Liraz Shvartz- participated by zoom	<input type="text"/>
Parent/Guardian	Lir Shvartz	<input type="text"/>
Student Age 18 - 21 years	<input type="text"/>	<input type="text"/>
Student Under Age 18 years	<input type="text"/>	<input type="text"/>
Surrogate Parent	<input type="text"/>	<input type="text"/>
Foster Parent	<input type="text"/>	<input type="text"/>
Family Foster Home Provider	<input type="text"/>	<input type="text"/>
Administrator	<input type="text"/>	<input type="text"/>
Administrative Designee	Kathy Jackson	
Special Education Teacher	Lisa Barnes	
General Education Teacher	Jan Johnson	
School Psychologist	<input type="text"/>	<input type="text"/>
School Nurse	<input type="text"/>	<input type="text"/>
Related Service Staff <input type="text"/>	<input type="text"/>	<input type="text"/>
Related Service Staff <input type="text"/>	<input type="text"/>	<input type="text"/>
Related Service Staff <input type="text"/>	<input type="text"/>	<input type="text"/>
Interpreter	<input type="text"/>	<input type="text"/>
Sign Language Interpreter	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>



INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student     
 Last First MI

Date of Birth

Meeting Date

LEAST RESTRICTIVE ENVIRONMENT ANALYSIS

To Be Completed By the IEP Team at the IEP Team Meeting

Student's Current Placement Type:

<input type="radio"/> General Education Class/General Education Site	<input checked="" type="radio"/> Special Day Program/General Education Site
<input type="radio"/> Special Day Program/Special Education Center	<input type="radio"/> Nonpublic School
<input type="radio"/> Home/Hospital or Residential Care Facility	

**DIRECTIONS:** Complete the information below as part of the IEP team discussion regarding placement from the beginning at Step A until the team reaches the Step that indicates YES. After reaching the Step that indicates YES, it is also required to complete Step F.

The Individuals with Disabilities Education Act (IDEA) requires that students with disabilities be educated in the least restrictive environment. Placement in a more restrictive setting should only occur if the nature or severity of the student's disability is such that placement in a less restrictive setting with the use of supplementary aids and services cannot be achieved satisfactorily. The lack of current availability of a student's required supports, services, accommodations and modifications is not the sole justification for placement in a more restrictive setting, unless there is a compelling reason why they cannot be provided. In selecting the LRE, consideration is given to any potential harmful effect on the child or on the quality of services that he or she needs.

<b>Step A.</b>	Can the supports, services, accommodations and/or modifications in the student's IEP be made available in a general education classroom/setting?	
	<input type="radio"/> Yes <input checked="" type="radio"/> No	If the answer is YES, then a general education classroom/setting is the appropriate placement. If the answer is NO, go to the question below.
	<input type="radio"/> Yes <input checked="" type="radio"/> No	If not currently available, can the required supports, services, accommodations and/or modifications be made available in a general education classroom/setting? If YES, all required supports, services, accommodations and/or modifications must be provided within a reasonable timeline. If the answer is NO, please articulate why in the box below. Then go to Step B.
<input type="text" value="Nehoray needs a small learning environment to access the curriculum."/>		

<b>Step B.</b>	Can the supports, services, accommodations and/or modifications in the student's IEP be made available on a general education site in a special day program?	
	<input checked="" type="radio"/> Yes <input type="radio"/> No	If the answer is YES, then a special day program on a general education site is the appropriate placement. If the answer is NO, go to the question below.
	<input type="radio"/> Yes <input type="radio"/> No	If not currently available, can the required supports, services, accommodations and/or modifications be made available in a special day program on a general education site? If YES, all required supports, services, accommodations and/or modifications must be provided within a reasonable timeline. If the answer is NO, please articulate why in the box below. Then go to Step C.
<input type="text"/>		



**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

**Student** SHVARTZ  
Last

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**Date of Birth** 05-JUN-2008

**Meeting Date** 13-JAN-2022

**ANNUAL LEAST RESTRICTIVE ENVIRONMENT ANALYSIS (Continued)**

To Be Completed By the IEP Team at the IEP Team Meeting

<b>Step C.</b>	Can the supports, services, accommodations and/or modifications in the student's IEP be made available in a special school setting?	
	<input type="radio"/> Yes <input type="radio"/> No	If the answer is YES, then a special school setting is the appropriate placement. If the answer is NO, go to the question below.
	<input type="radio"/> Yes <input type="radio"/> No	If not currently available, can the required supports, services, accommodations and/or modifications be made available in a special school setting? If YES, all required supports, services, accommodations and/or modifications must be provided within a reasonable timeline. If the answer is NO, please articulate why in the box below. Then go to Step D.

<b>Step D.</b>	Can the supports, services, accommodations and/or modifications in the student's IEP be made available in a home/hospital setting?	
	<input type="radio"/> Yes <input type="radio"/> No	If the answer is YES, then a home/hospital setting is the appropriate placement. If the answer is NO, go to the question below.
	<input type="radio"/> Yes <input type="radio"/> No	If not currently available, can the required supports, services, accommodations and/or modifications be made available in a home/hospital setting? If YES, all required supports, services, accommodations and/or modifications must be provided within a reasonable timeline. If the answer is NO, please articulate why in the box below. Then go to Step E.

<b>Step E.</b>	Can the supports, services, accommodations and/or modifications in the student's IEP be made available in a residential care facility?	
	<input type="radio"/> Yes <input type="radio"/> No	If not currently available, articulate in the IEP what supports, accommodations and/or modifications are required for the student in this setting.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student SHVARTZ

NEHORAY

N

Date of Birth

05-JUN-2008

Meeting Date

13-JAN-2022

Last

First

MI

ANNUAL LEAST RESTRICTIVE ENVIRONMENT ANALYSIS (Continued)

To Be Completed By the IEP Team at the IEP Team Meeting

<b>Step F.</b>	The student's needs as reflected in the contents of this IEP, and the placement being considered by the IEP team, outweigh any potential harmful effects at this time, including (check all that apply):	
	<input type="checkbox"/>	Diminished access to the full range of the curriculum
	<input type="checkbox"/>	Missed general education instruction taught by highly qualified staff
	<input type="checkbox"/>	Rate at which student may earn credits for graduation
	<input type="checkbox"/>	Lack of opportunity for social interaction
	<input checked="" type="checkbox"/>	Lack of opportunities for age-appropriate peer role models
	<input type="checkbox"/>	Amount of socialization opportunities with typical peers
	<input type="checkbox"/>	Limited access to peers in student's home community
	<input checked="" type="checkbox"/>	Lack of exposure to appropriate behavioral models from peers
	<input type="checkbox"/>	Other: <input type="text"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 1 - Eligibility, Placements and Supports

Student SHVARTZ NEHORAY N  
 Last First MI

Date of Birth 05-JUN-2008 Meeting Date 13-JAN-2022

		Effective With this IEP	Future Changes Related to this IEP
	As of Date:	19-JAN-2022	08-AUG-2022
Eligibility: (from Page 4)		<b>Eligible (SLD)</b>	
	Final IEP Reason Final IEP Effective Date:		
Curriculum		General Education	General Education
Placement	Type of School	District Non-Resident School	District Resident School
	Name of School	HALE CA	TAFT CHS
Instructional Setting	Setting	Special Education	Special Education
	Program	SLD	SLD
	Special Day Minutes/Wk	494	1080
	Addresses Goals	1(Behavioral Support),2(Vocational Education),3(Language),4(Reading),5(Written Language ),6(Math)	1(Behavioral Support),2(Vocational Education),3(Language),4(Reading),5(Written Language ),6(Math)
Additional Factors	Low Incident Support	None	None
	Assistive Technology Support	No	No
	Transportation	None	None
	Extended School Year/Intersession	<input type="radio"/> Yes <input checked="" type="radio"/> No	
	Parent Counseling and Training (PCT)	<input type="radio"/> Yes <input checked="" type="radio"/> No	
	ESY Transportation		
Accommodation, Modifications, Supports	Instructional Accommodations	Preferential seating near the teacher, sentence starters/writing prompts/frames for writing assignments and organization, teacher prompting/repetition and simplification of directions, adequate thinking/processing time to answer oral questions, check for understanding, encouragement to begin/continue/complete a task independently, praise, consistent use of binder reminder/agenda/online grading for assignments & on-going communication with parents, extra time on tests and assignments (up to 100%), tasks broken down into smaller parts, use of visuals whenever available, allow student to accompany written response with a drawing to reflect understanding per teacher discretion, encouragement to slow down when attempting tasks, praise for independently asking questions/for assistance, use of a multiplication chart and/or calculator per teacher discretion, audio books and/or second set of books for home as available.	Preferential seating near the teacher, sentence starters/writing prompts/frames for writing assignments and organization, teacher prompting/repetition and simplification of directions, adequate thinking/processing time to answer oral questions, check for understanding, encouragement to begin/continue/complete a task independently, praise, consistent use of binder reminder/agenda/online grading for assignments & on-going communication with parents, extra time on tests and assignments (up to 100%), tasks broken down into smaller parts, use of visuals whenever available, allow student to accompany written response with a drawing to reflect understanding per teacher discretion, encouragement to slow down when attempting tasks, praise for independently asking questions/for assistance, use of a multiplication chart and/or calculator per teacher discretion, audio books and/or second set of books for home as available.
	Instructional Modifications		
	Other Supports, including Non-Academic and Extra-curricular Activities		
Preparation for Three			

**Year Review IEP (At the second Annual Review IEP Meeting, the team must discuss and document the decision to conduct or not conduct a three-year comprehensive reassessment.)**

**Do the Parent and the District (local educational agency) agree that a reassessment is unnecessary?**

Yes  No

**If the Parent does not agree, specify the area(s) to be reassessed.**

Student needs to be re-assessed to identify present levels of performance- especially academic levels.

**Comments, as appropriate**

**Low Incidence Equipment**

**Assistive Technology Equipment**

**Participation in General Education**

PE, Elective, English and Science-

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student     
 Last First MI

Date of Birth  Meeting Date

		<b>Effective With This IEP</b>	<b>Future Changes Related To This IEP</b>
--	--	--------------------------------	---

**Notes:**

Parents of students who are Medi-Cal eligible authorize LAUSD to submit claims for reimbursement by Medi-Cal funded services unless parent(s) signs a Parent Medi-Cal Non-Authorization to Bill form. Please see Parent's Guide to Special Education Services (including Procedural Rights and Safeguards).

**Part 3 - Percentage of Time Outside of General Education**

	Effective With this IEP	Future Changes Related to this IEP
<b>% of Time per Week outside of General Education</b>	<input type="text" value="26"/>	

**Part 4 - Additional Discussion (This section is optional)**

PCT workshops are currently being held virtually from 8:30 to 10:30 am and the informational packet is available online via the LAUSD Parent Portal. One can register for this online platform at <https://parentportalapp.lausd.net/parentaccess/>. Please call (818) 654-5053 with questions. Team had a long discussion regarding Nehoray's attitude towards learning, his resistance to doing any work (gen ed, special ed, or ELD program) and his negative perception of the SDP. Parent indicated that although his skills are not at level with grade level standards, she is more concerned about providing him a change of environment in order to help motivate him or at least be with his gen-ed peers. His ELD teacher, who has worked with him for the past three years, and his current English teacher, have tried numerous techniques, strategies, interventions, ect.. to help him with his reading and writing and to produce work. Parent shared in the frustration and indicated that the teachers have been working with him, however feels that Nehoray's mindset is not going to change if he continues in the same program. Team discussed various possibilities and determined that placing him in two general education class (English/Science) for the spring semester would be a positive start. ELD elective was also discussed as a place where Nehoray can get support with his English class. Team will meet back in the Spring Semester to discuss his transition to high school.

At this time, the offer of FAPE for 9th grade is Taft HS in 4 special day classes. However, this might change depending on how he does in the general ed classes in the 8th grade.

Recoupment was discussed and parent felt that student lost learning due to school closure and distance learning. After school tutoring is being offered Monday, Wednesday and Thursdays to address his learning loss.



INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

(SLD, pg. 1 of 1)

Student SHVARTZ NEHORAY N
Last First MI

Date of Birth 05-JUN-2008

Meeting Date 13-JAN-2022

SPECIFIC LEARNING DISABILITIES CERTIFICATION

Use this form at Initial, Three Year Reviews and comprehensive assessments for students eligible as having a Specific Learning Disability, including but not limited to students with characteristics of dyslexia. This form is not required at Annual Review meetings. It is the consensus of the IEP Team that the student meets the eligibility criteria for Specific Learning Disability based upon the information which follows. This form serves as the written report of the IEP Team consensus.

1. Are there educationally relevant medical conditions which should be considered by the IEP Team? Yes No

If Yes, describe

Empty text box for describing medical conditions.

2. During the observation of the student in the general education setting, was behavior noted that relates to the student's general academic functioning? Yes No

If Yes, describe

Empty text box for describing behavior noted in general education setting.

3. A severe discrepancy exists in one or more of the following academic areas: (Check all that apply)

- Listening Comprehension, Basic Reading Skills, Oral Expression, Reading Comprehension, Written Expression, Math Calculation, Math Reasoning, Reading Fluency

4. The discrepancy is the result of a disorder in one or more of the following psychological processes: (Check all that apply)

- Attention, Visual Processing, Auditory Processing, Sensory Motor Skills, Cognitive abilities including association, conceptualization and expression, Phonological Processing

5. The Team agrees that the discrepancy is not primarily the result of:

- Limited school experience, Poor school attendance, Environmental, economic or cultural disadvantage, Social maladjustment, Intellectually Disabled, Visual, hearing or motor impairment, Unfamiliarity with the English language





**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student SHVARTZ NEHORAY N  
 Last First MI

Date of Birth 05-JUN-2008 Meeting Date 13-JAN-2022

**FAPE Summary Grid**

<b>Program:</b>	SLD	<b>Setting:</b>	Special Education						
<b>Eligibility:</b>	Eligible (SLD)	<b>Curriculum:</b>	General Education						
<b>Transportation:</b>	None	<b>Low Incident Support:</b>	None						
<b>Date District Received Parent Signature:</b>	19-Jan-2022								
Service Code	Service Desc	Start Date	Service Applies To	Interval	Frequency	Area	Total Minutes	Addresses Goal(s)	No Consent

**Alternative Remote/Distance Learning Services During Emergency Conditions**

If instruction or services, or both, cannot be provided to the pupil either at the school or in person for more than 10 school days due to emergency conditions caused by fire, flood, impassable roads, epidemic, earthquake, imminent major safety hazard as determined by local law enforcement, a transportation services strike by nonschool entity, or other official order issued to meet a state of emergency or war, the IEP will be provided by one or more of the means stated below, to the greatest extent possible in light of the emergency circumstances and District policy.

**Means of Delivery, to greatest extent possible ("x" all that could apply for student, depending on emergency circumstances):**

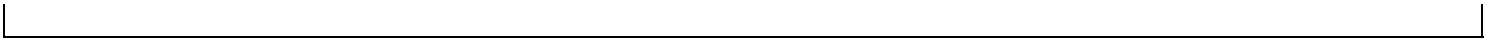
	Teacher-posted lessons, asynchronous (online or other media)	Virtual class meetings, synchronous	Personalized learning tools (virtual or paper packets, as available)	Scheduled teacher appointments (virtual or in-person, as available)	Scheduled email check-ins (parent or student)	Virtual office hours (drop-in; parent or student)
Specialized Academic Instruction and Related Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transition Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Supplementary Aids and Services (provided in general education classes and other general ed environments)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

As soon as practicable following the determination that instruction or services, or both, cannot be provided either at the school or in person for more than 10 days due to a qualifying state of emergency, the parent will be notified as to the specific means by which the student's IEP will be provided, in light of the emergency circumstances present at that time. The IEP will be provided by alternative means as necessitated during the period of emergency conditions, only.

Comments above do not constitute a change to the District's offer of FAPE or IEP. Because the nature of any future emergency cannot be known in advance, the specific means by which the IEP shall be provided in a future emergency will be determined at the time, in light of the circumstances.

**For IEP Team Information**

By clicking this box the IEP team has reviewed the FAPE Summary Page to ensure that it reflects the IEP Team decisions.



# INDIVIDUALIZED EDUCATION PROGRAM Behavior Intervention Plan

For Behavior Interfering with Student's Learning or the Learning of His/Her Peers

Los Angeles Unified School District

(Behavior Intervention Plan, pg. 1 of 3)

Student     Date of Birth  Meeting Date

**1** The behavior impeding learning is:  Describe what it looks like:

**2** It impedes learning because: lack of work production  disrupts other students  requires instruction to stop   
 instructional time is lost  negative interaction with peers   
 other

**3** The need for a Behavior Intervention Plan:  early stage intervention  moderate  serious  extreme

**4** Frequency or intensity or duration of behavior: Frequency (x)  Period  Intensity  Duration (min)   
 Reported by  and/or  observed by

## PREVENTION PART 1 ENVIRONMENTAL FACTORS AND NECESSARY CHANGES

**5** What are the predictors for the behavior? (Situations in which the behavior is likely to occur: people, time, place, subject, etc).

<input type="checkbox"/> Disruption in routines	<input checked="" type="checkbox"/> Work level higher than student's ability	<input checked="" type="checkbox"/> Verbal directives	<input type="checkbox"/> Lack of predictability
<input type="checkbox"/> Time of day	<input checked="" type="checkbox"/> Internal physical/emotional state	<input type="checkbox"/> Peer conflict	<input type="checkbox"/> Over stimulation
<input type="checkbox"/> Unstructured time	<input type="checkbox"/> Lack of freedom, choice, desirable activities, friends	<input type="checkbox"/> Room conditions	<input type="checkbox"/> Specific room arrangement
<input type="checkbox"/> Events from previous environments	<input type="checkbox"/> Under stimulation		

Other Describe:

### Observation Analysis **6**

What supports the student using the problem behavior? (What is missing in the environment/curriculum or what is in the environment/curriculum that needs changing?)

Present in the environment:	<input type="checkbox"/> Classroom seating arrangement	<input type="checkbox"/> Noise levels	<input type="checkbox"/> Interactions (adult and/or peers)
Missing in the environment:	<input type="checkbox"/> Peer status gained for misbehavior	<input type="checkbox"/> Inappropriate materials (age-appropriate, size, etc.)	<input type="checkbox"/> Conflict resolution skills
	<input type="checkbox"/> Transition skills	<input checked="" type="checkbox"/> Task structuring	<input type="checkbox"/> Effective communication with parent
	<input checked="" type="checkbox"/> Re-teaching	<input type="checkbox"/> Consequences not clear to student	<input type="checkbox"/> Communications system
	<input type="checkbox"/> Social skills instruction		
	<input type="checkbox"/> Choices		

Other (Missing/Present):

## REMOVE STUDENT'S NEED TO USE THE PROBLEM BEHAVIOR

### Intervention **7**

What environmental changes, structure and supports are needed to remove the student's need to use this behavior? (Changes in Time/Space/Materials/Interactions to remove the likelihood of behavior)

Time Changes:	<input checked="" type="checkbox"/> Give more time on tasks	<input checked="" type="checkbox"/> Allow completion in parts	<input type="checkbox"/> Teach a closure system
Space Changes:	<input type="checkbox"/> Signal transition	<input checked="" type="checkbox"/> Provide a break	<input type="checkbox"/> Give less time on tasks
Material Changes:	<input type="checkbox"/> Preferred seating	<input type="checkbox"/> Different work areas	<input type="checkbox"/> Study carrels
Interaction:	<input type="checkbox"/> Personal space	<input checked="" type="checkbox"/> Hands-on learning	<input checked="" type="checkbox"/> Tasks organized
	<input checked="" type="checkbox"/> Accommodated work	<input type="checkbox"/> Notebook organizer	<input type="checkbox"/> Enlarged print size books
	<input checked="" type="checkbox"/> High interest materials	<input checked="" type="checkbox"/> Cue the student	<input type="checkbox"/> Model
	<input type="checkbox"/> Use specific supportive words	<input checked="" type="checkbox"/> Praise successes	<input checked="" type="checkbox"/> Peer Models
	<input checked="" type="checkbox"/> Verbally praise student	<input checked="" type="checkbox"/> Use calm, de-escalating language	
	<input type="checkbox"/> Use specific support communications		

Other

Who will establish?  Who will monitor?  Frequency



# INDIVIDUALIZED EDUCATION PROGRAM Behavior Intervention Plan

For Behavior Interfering with Student's Learning or the Learning of His/Her Peers

Los Angeles Unified School District

(Behavior Intervention Plan, pg. 2 of 3)

Student SHVARTZ NEHORAY N  
Last First MI

Date of Birth 05-JUN-2008 Meeting Date 13-JAN-2022

## ALTERNATIVE PART II FUNCTIONAL FACTORS AND NEW BEHAVIORS TO TEACH AND SUPPORT

8

Team believes the behavior occurs because: (Function of behavior in terms of getting, protest or avoiding something)

- To Get:  Sensory input  Attention (peer)  Attention (staff)
- To Avoid:  Tangible (desired item)  Tangible (desired activity)
- Sensory input  Attention (peer)  Attention (staff)
- Task (too difficult)  Task (too easy)  Task (too long)

Describe: disrupt class to avoid work and gain attention

Observation 9  
Analysis

What team believes the student should do INSTEAD of the problem behavior? (How should the student escape/protest/avoid or get his/her need met in an acceptable way?)

When Nehoray perceives the task is too difficult, he will quietly raise his hand.

10

What teaching Strategies/Necessary Curriculum/Materials are needed?

- Better communication skills  Anger management  Communication system  Self-management systems
- Following schedules & routines  Learning new social skills  Learning how to negotiate  Learning structured choice
- Learning new scripts  Learning notebook organization  Learning to use conflict resolution  Learning to request breaks
- Other

Who will establish? staff Who will monitor? staff Frequency: as needed

Intervention 11

What are reinforcement procedures to use for establishing, maintaining, and generalizing the replacement behavior(s)?

- Physical:  High-fives  Smiles  Handshake
- Verbal:  Pat on the back  Recognition of student's ...  Peer recognition
- Contingent Access:  Use specific praises  Listen to music
- Time on the computer  Free time
- Preferred activity Describe:  Other emails
- Tangibles  Positive phone calls or notes to home  Certificate sent home  Seating Location
- Tokens and Points:  Tokens  Points
- Privileges:  Exempt assignment  Extra test points

Other ideas:

Selection of reinforcer based on: student interests  
 reinforcer for using replacement behavior  reinforcer for general increase in positive behaviors

By whom? staff Frequency: as needed

## EFFECTIVE REACTION PART III REACTIVE STRATEGIES

12

What strategies will be employed if the problem behavior occurs again. (1. Prompt student to switch to the replacement behavior, 2. Describe how staff should handle the problem behavior if it occurs again, 3. Positive discussion with student after behavior ends, 4. Any necessary further classroom or school consequences)

1. Prompt Nehoray to switch to replacement behavior. 2. Describe how staff should handle problem if it occurs again. 3. Positive discussion with Nehoray after behavior ends. 4. Any necessary further classroom or school consequences/

Personnel?

staff

INDIVIDUALIZED EDUCATION PROGRAM  
Behavior Intervention Plan

For Behavior Interfering with Student's Learning or the Learning of His/Her Peers

Los Angeles Unified School District

(Behavior Intervention Plan, pg. 3 of 3)

Student SHVARTZ NEHORAY N  
Last First MI

Date of Birth 05-JUN-2008

Meeting Date 13-JAN-2022

OUTCOMES

PART IV

BEHAVIORAL GOALS

13 Behavioral Goal: Goal #: 1

When Nehoray needs clarification /assistance with a task, he wil raise his hand and wait to be acknowledged within a class period with 1 prompt in 3 to 5 opportunities as measured by staff observation in 85% accuracy.

- The above behavioral goal is to:  Increase use of replacement behavior and may also include:  
 Reduce frequency of problem behavior  Develop new general skills that remove student's need to use the problem behavior

Observation and Analysis Conclusion

Are curriculum accommodations or modifications also necessary? Where described?  
FAPE 1

Yes  No

Are environmental supports/changes necessary?

Yes  No

Is reinforcement of replacement behavior alone enough? (no new teaching is necessary)?

Yes  No

Are both teaching of new replacement behavior AND reinforcement needed?

Yes  No

This BIP to be coordinated with other agency's service plans? Agency?

Yes  No

Person responsible for contact between agencies.  
staff

COMMUNICATION

PART V

COMMUNICATION PROVISIONS

14 Manner and content of communication:

- Phone calls  Email  Written notes  
 Daily reports  Daily charting  Behavioral logs  
 Weekly reports  
 Other

Between? staff and parent Frequency? as needed



INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

(ITP, pg. 1 of 3)

Student      
 Last First MI

Date of Birth

Meeting Date

INDIVIDUAL TRANSITION PLAN (ITP)

- Student was invited to IEP meeting:  Yes
- Student received mentoring:<sup>info</sup>  Yes  No
- Student referred and placed in an outside agency:<sup>info</sup>  Yes  No
- If yes, name of agency:
- Student participated in Work Experience Education:<sup>info</sup>  Yes  No
- Student received college awareness preparation:<sup>info</sup>  Yes  No
- Student received career awareness:<sup>info</sup>  Yes  No

Achievement of Transition Activities from Current ITP (not if first ITP)

Area	Completed			If no, indicate reason
Education/Training Activity	<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> First ITP	<input type="text"/>
Employment Activity	<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> First ITP	<input type="text"/>
Independent Living Skills Activity (as needed)	<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> N/A	<input type="text"/>

Section 1: Education/Training

Assessment (at least one assessment must be completed in this area).	Date	Assessment Name and Results: Indicate interests/abilities and area(s) of need (if applicable)
<input type="text" value="Transition Surveys, Checklists, or Informal Questionnaires"/> If other? <input type="text"/>	<input type="text" value="13-JAN-2022"/>	Nehoray plans to attend high school.
<input type="text"/> If other? <input type="text"/>	<input type="text"/>	

Education/Training Postsecondary Goal

Upon completion of high school, the student will:  If other?

Education/Training Activity to Support Goal	Timeline	Person/Agency Responsible
develop a list of high school courses needed for college entrance and develop a schedule for completing them in the remaining years of high school	<input type="text" value="13-JAN-2023"/>	<input type="text" value="Student"/> <input type="text" value="Parent/Guardian/Family"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
If other? <input type="text"/>		



Student SHVARTZ NEHORAY N MI  
 Last First MI

Date of Birth 05-JUN-2008

Meeting Date 13-JAN-2022

INDIVIDUAL TRANSITION PLAN (ITP)

Section 2: Employment

Assessment (at least one assessment must be completed in this area).	Date	Assessment Name and Results: Indicate interests/abilities and area(s) of need (if applicable)
Transition Surveys, Checklists, or Informal Questionnaires ▼ If other?	13-JAN-2022	Nehoray plans to be an electrician.
▼ If other?		

**Employment Postsecondary Goal** If other?

Upon completion of high school, the student will:

be competitively employed ▼

Employment Activity to Support Goal	Timeline	Person/Agency Responsible
develop a career plan and identify career goals	13-JAN-2023	Student ▼ Parent/Guardian/Family ▼ ▼ ▼ ▼ ▼ ▼
If other?		

Section 3: Independent Living (as needed)

Assessment (at least one assessment must be completed in this area).	Date	Assessment Name and Results: Indicate interests/abilities and area(s) of need (if applicable)
▼ If other?		
▼ If other?		

**Independent Living Postsecondary Goal** If other?

Upon completion of high school, the student will:

▼

Independent Living Activity to Support Goal	Timeline	Person/Agency Responsible
If other?		▼ ▼ ▼ ▼ ▼ ▼



Student SHVARTZ  
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INDIVIDUAL TRANSITION PLAN (IEP)

**Course of study: A multi-year description of student's coursework from current year to anticipated exit year, in order to enable the student to meet their postsecondary goal.**

A course of study (or IGP) was reviewed with parent and student in relation to:

- Courses completed:  Yes  No  
 Courses currently enrolled in:  Yes  No  
 Courses still needed:  Yes  No

IGP or course of study was provided to the parent or student over age 18 as required:  Yes

Student is working towards:  Certificate of Completion  Diploma

Additional courses/activities discussed that may support post secondary goals (e.g. SLC participation, electives or instruction related to postsecondary goals, community experiences, participation in other school clubs or organizations, etc.) NOTE: these are suggestions and contingent to availability:

High School Discussion.

**Future Agency Involvement:**

Are there agencies currently or prospectively providing or paying for transition services?  Yes  No

Do you give permission to the District to invite these agencies to the next IEP in which transition services will be reviewed?  Yes  No

- Agency Name:
- Agency Name:
- Agency Name:

- |  |   |
|--|---|
| 1. Does the student's IEP include appropriate measurable postsecondary goals that cover education/training, employment and, as needed, independent living? <i>info</i>   | 1. <input checked="" type="checkbox"/> Yes                        |
| 2. Are the postsecondary goals updated annually? <i>info</i>   | 2. <input checked="" type="checkbox"/> Yes                        |
| 3. Is there evidence that the measurable postsecondary goals were based on age appropriate transition assessment? <i>info</i>  | 3. <input checked="" type="checkbox"/> Yes                        |
| 4. Are there transition services that will reasonably enable the student to meet their postsecondary goals? <i>info</i>  | 4. <input checked="" type="checkbox"/> Yes                        |
| 5. Do the transition services include a course of study that is a multi-year description of coursework from the student's current year to anticipated exit year and that is designed to help the student achieve the identified postsecondary goals? <i>info</i> | 5. <input checked="" type="checkbox"/> Yes                        |
| 6. Is (are) there annual IEP goal(s) related to the student's transition services needs? <i>info</i>   | 6. <input checked="" type="checkbox"/> Yes                        |
| 7. Is there evidence that the student was invited to the IEP team meeting where transition services were discussed? <i>info</i>  | 7. <input checked="" type="checkbox"/> Yes                        |
| 8. If appropriate, is there evidence that a representative of any participating agency was invited to the IEP team meeting with the prior consent of the parent or student who has reached the age of majority? <i>info</i>                                      | 8. <input type="radio"/> Yes <input checked="" type="radio"/> N/A |