

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Identification Number 102907M044 SSID 2556932872

Eligible (SLD)

Student ANCONINA NADAV MI
Last First MI

Date of Birth: 29-OCT-2007

Section A: Meeting Information

Pertinent Dates	Type of Meeting
Date of Initial IEP Team Meeting: 11-JAN-2018	<input type="radio"/> Initial <input checked="" type="radio"/> Annual Review <input type="radio"/> Three Year Review <input type="radio"/> Other <input type="radio"/> Amendment of IEP dated <input type="radio"/> Early Start Transition <input type="radio"/> Expulsion Analysis <input type="radio"/> Individual Transition Plan
Date of Present Meeting: 24-FEB-2022	
Annual Review to be conducted by: 24-FEB-2023	
Next Three Year Review will be conducted by: 19-NOV-2023	
Three Year Review or Evaluation was conducted on: 19-NOV-2020	
Transition to Kindergarten to be conducted by:	

Location of Meeting: Walter Reed/ Zoom Virtual	District Name: Los Angeles Unified School Dis
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Section B: Student Information

Date of Birth: 29-OCT-2007	Age: 14	Grade: 8
Gender: <input checked="" type="radio"/> Male <input type="radio"/> Female	Limited English Proficient Student: <input type="radio"/> Yes <input checked="" type="radio"/> No	Ethnic Code: White
Location of the Psych Folder: REED MS	Student has no Psych Folder: <input type="checkbox"/>	
Location of the Cum Folder: REED MS	Student has no Cum Folder: <input type="checkbox"/>	
Home Language: Hebrew	Student Language: Hebrew	Alternate Mode of Communication:
Home Address of Student: 11818 RIVERSIDE DR APT 113		
City: VALLEY VLG CA	ZIP Code: 91607	
Home Telephone: (818) 378-9410	Daytime Telephone:	Emergency Telephone:
School of Attendance: Reed Ms	Location Code: 8355	
School of Residence: Reed Ms	Location Code: 8355	
Name of Parent/Guardian:	Telephone:	
Address:		
City:	CA ZIP Code:	
Surogate Parent:	Telephone:	
Attends CURRENT SCHOOL as a result of one of the following:	Attends School of Residence: <input type="checkbox"/>	
Is the student living in a Family Foster Home (FFH)? <input checked="" type="radio"/> No <input type="radio"/> Yes	FFH#:	
Is FFH Provider related to student? <input type="radio"/> No <input type="radio"/> Yes	Relationship:	
Licensed Children's Institution: <input type="radio"/> No <input type="radio"/> Yes	LCI Name:	
	LCI#:	
Out of the home placement made by: <input type="radio"/> Regional Center <input type="radio"/> Superior Court	<input type="radio"/> Department of Mental Health <input type="radio"/> Department of Children's Services	
Child's family living within LAUSD's boundaries? <input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> Other:	
If the student is 18 years old or older or is an emancipated minor, does he/she have educational decision-making rights?	<input type="radio"/> No <input type="radio"/> Yes	

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Los Angeles Unified School District

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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		If No, explain the reason the goal/objective was not achieved
Goal for: (example - Reading)		Yes	No	
1	<input type="text" value="Reading"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="Transition IEP"/>
Category	<input type="text" value="Reading"/> ▼			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
2	<input type="text" value="Writing"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="Transition IEP"/>
Category	<input type="text" value="Writing"/> ▼			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
3	<input type="text" value="Math"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="Transition IEP"/>
Category	<input type="text" value="Math"/> ▼			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
4	<input type="text" value="Vocational Education"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="Transition IEP"/>
Category	<input type="text" value="Vocational Education"/> ▼			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
5	<input type="text" value="Behavioral Support"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="Transition IEP"/>
Category	<input type="text" value="Behavior Intervention"/> ▼			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
6	<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"/>
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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Student ANCONINA
LastNADAV
First

MI

Date of Birth 29-OCT-2007

Meeting Date 24-FEB-2022

Section E: Present Level of Performance

Performance Area: Reading

Category: Reading

Assessment/Monitoring Process Used: Teacher Reports, Observations

State/District Assessment Results:

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

Strengths:

Per Nadav's English teacher, he can summarize a grade level text that has been read in class. In addition, Nadav can use context clues to determine the meaning of unknown words. He can describe a character from a story using an existing list of character traits.

Areas of Need:

Per Nadav's English teacher, he struggles to infer in grade level text or cite evidence from a text to support a conclusion.

Impact of Disability: Nadav's Specific Learning Disability (SLD) eligibility and challenges in Reading affects his ability to infer and cite evidence from a text which impacts his involvement and progress in the General Education Program.

Performance Area: Writing

Category: Writing

Assessment/Monitoring Process Used: Teacher Reports, Observations

State/District Assessment Results:

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

Strengths:

Nadav is able to use a teacher provided graphic organizer to plan and structure ideas. Based on student work samples in Nadav's Learning Center class, when given a prompt, Nadav is able to construct sentences to express his thoughts and ideas. In addition, he is able to write about personal experiences and can write a summary about a short text read in class.

Areas of Need:

Per Nadav's English teacher, his writing responses are usually only a few sentences long and struggles to elaborate and write about a topic in depth. In addition, Nadav continues to make errors with spelling and punctuation, often forgetting to end sentences with proper punctuation and spelling words phonetically.

Impact of Disability: Nadav's Specific Learning Disability (SLD) eligibility and challenges in Writing make it difficult for him to develop complex writing skills which impacts his involvement and progress in the general education program.

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First
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Section E: Present Level of Performance

Performance Area: Math

Category: Math

Assessment/Monitoring Process Used: Teacher reports, Observation

State/District Assessment Results:

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

Strengths:

Based on teacher observations and student work samples, Nadav is able to add, subtract, multiply and divide integers. In addition, Nadav is able to find the missing length of right triangles using the Pythagorean Theorem. Nadav is currently working on Integer Exponents and how to write numbers in Scientific Notation and in Standard Form. Per Nadav's science teacher, he can apply topics to his everyday life and use academic language like gravity, friction, and normal force.

Areas of Need:

Based on student work samples, Nadav makes computational errors in his work and can become over-confident with answers. He needs to practice checking over answers for mistakes before turning in assignments.

Impact of Disability: Nadav's Specific Learning Disability (SLD) eligibility and challenges in math impacts his involvement and progress in the general education program.

Performance Area: Vocational Education

Category: Vocational Education

Assessment/Monitoring Process Used: Teacher Reports, Observation

State/District Assessment Results:

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

Strengths:

Nadav is currently an 8th grade student at Walter Reed Middle School. He has been observed greeting the teacher and other adults appropriately when he walks into his Learning Center classroom. Per Nadav's English teacher, he arrives to class on time and is generally prepared with his supplies. Nadav has shown some progress in his math class, raising his grade up from a D to a C. In addition, his English teacher reports that she has seen a considerable change in Nadav's effort on his assignments and his ability to focus and not partake in distracting behavior.

Areas of Need:

Although Nadav is making some progress, he continues to need reminders and prompts to stay on task and or to follow directions. In addition, he needs to check his work before submitting assignments to assure that he has completed the assignment correctly.

Impact of Disability: Nadav's Specific Learning Disability (SLD) eligibility and deficits in the area of executive functioning impact his involvement and progress in the general education program.

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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 #:

Nadav will cite the textual evidence that most strongly supports an analysis of what the text says explicitly as well as inferences drawn from the text, independently, with 75% accuracy in 4 out of 5 trials as measured by teacher observations.

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:

Nadav will cite the textual evidence that most strongly supports an analysis of what the text says explicitly as well as inferences drawn from the text, with adult support, with 75% accuracy in 4 out of 5 trials as measured by teacher observations.

Incremental objective #2 related to the goal:

Nadav will cite the textual evidence that most strongly supports an analysis of what the text says explicitly as well as inferences drawn from the text, with minimal adult support, with 75% accuracy in 4 out of 5 trials as measured by teacher observations.

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	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"/>

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Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

When given a task, Nadav will start task promptly, remain on task with a maximum of 2 reminders, and continue working until task is complete, with 90% accuracy across all settings.

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 given a task, Nadav will start task promptly, remain on task with a maximum of 2 reminders, and continue working until task is complete, with 90% accuracy across all settings.

Incremental objective #2 related to the goal:

When given a task, Nadav will start task promptly, remain on task with a maximum of 2 reminders, and continue working until task is complete, with 90% accuracy across all settings.

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: Category: Annual Goal #:

Nadav will develop one or more paragraphs with relevant, well-chosen facts, definitions, concrete details, quotations, or other information and examples, independently, with 75% accuracy in 4 out of 5 trials as measured by student work samples.

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:

Nadav will develop one or more paragraphs with relevant, well-chosen facts, definitions, concrete details, quotations, or other information and examples, With adult support, with 65% accuracy in 4 out of 5 trials as measured by student work samples.

Incremental objective #2 related to the goal:

Nadav will develop one or more paragraphs with relevant, well-chosen facts, definitions, concrete details, quotations, or other information and examples, with minimal adult support, with 70% accuracy in 4 out of 5 trials as measured by student work samples.

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: Category: Annual Goal #:

Nadav will give examples of linear equations in one variable with one solution, infinitely many solutions, or no solutions, independently, with 80% accuracy in 4 out of 5 trials as measured by student work samples.

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:

Nadav will give examples of linear equations in one variable with one solution, infinitely many solutions, or no solutions, independently, with 60% accuracy in 4 out of 5 trials as measured by student work samples.

Incremental objective #2 related to the goal:

Nadav will give examples of linear equations in one variable with one solution, infinitely many solutions, or no solutions, independently, with 70% accuracy in 4 out of 5 trials as measured by student work samples.

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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Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

Nadav will compose one or more paragraphs including a topic sentence, supporting sentences, and a concluding sentence with correct spelling, capitalization, and punctuation, with minimal adult support, with 75% accuracy in 4 out of 5 trials as measured by student work samples.

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:

Nadav will compose one or more paragraphs including a topic sentence, supporting sentences, and a concluding sentence with correct spelling, capitalization, and punctuation, with adult support, with 65% accuracy in 4 out of 5 trials as measured by student work samples.

Incremental objective #2 related to the goal:

Nadav will compose one or more paragraphs including a topic sentence, supporting sentences, and a concluding sentence with correct spelling, capitalization, and punctuation, with minimal adult support, with 70% accuracy in 4 out of 5 trials as measured by student work samples.

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"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student ANCONINA
Last

NADAV
First

MI

Date of Birth 29-OCT-2007

Meeting Date 24-FEB-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>Student will participate in Regular State and District Assessments. <i>(Designated Supports and/or Accommodations identified below are applicable)</i></p>	<p>CAASPP Subject ELA and Math</p>
--	---

Designated Supports:

- Read aloud by an adult in Spanish (for math items only)
- Test in a separate/smaller setting
- Simplified or paraphrased test directions (non-embedded designated support)
- Text-to-speech software enabled (for math items and ELA items except for reading passages)

Accommodations:

- Read aloud in English by an adult (non-embedded accommodation) for ELA reading passages.
- Text-to-Speech software enabled for ELA reading passages (embedded accommodation).

<p>Student will participate in Regular State and District Assessments. <i>(Designated Supports and/or Accommodations identified below are applicable)</i></p>	<p>CAST Subject Science</p>
--	--

Designated Supports:

- Simplified Test Directions (non-embedded support)
- Text-to-Speech (embedded support)

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student ANCONINA
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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 ANCONINA NADAV MI Last First MI

Date of Birth 29-OCT-2007

Meeting Date 24-FEB-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. Row 1: Student, CINDY LEWIS, 15-FEB-2022

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

- 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 24-FEB-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.

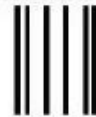
A. Regarding your child's current IEP:	Yes	No	Does Not Apply
1. I am satisfied with the IEP meeting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I feel that the IEP accurately reflects the decisions made at the IEP meeting.	<input type="checkbox"/>	<input type="checkbox"/>	<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. Regarding your child's previous IEP (if relevant):			
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.

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
 Last First MI

Date of Birth

Meeting Date

Section R: Names and Signatures (Signatures on File)

Team Member	Print Name	Signature
Parent/Guardian	<input type="text"/>	<input type="text"/>
Parent/Guardian	<input type="text"/>	<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	<input type="text" value="Diane Hernandez/ Via Zoom"/>	<input type="text"/>
Special Education Teacher	<input type="text" value="Alejandro Ayala"/>	<input type="text" value="r"/>
General Education Teacher	<input type="text" value="Ruqayyah Totten/ Via zoom"/>	<input type="text"/>
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 ANCONINA
Last

NADAV
First

MI

Date of Birth 29-OCT-2007

Meeting Date 24-FEB-2022

LEAST RESTRICTIVE ENVIRONMENT ANALYSIS

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

Student's Current Placement Type:

<input checked="" type="radio"/> General Education Class/General Education Site	<input 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.

Step A.	Can the supports, services, accommodations and/or modifications in the student's IEP be made available in a general education classroom/setting?	
	<input checked="" type="radio"/> Yes <input 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 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.
<div style="border: 1px solid black; height: 80px;"></div>		

Step 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 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.
<div style="border: 1px solid black; height: 80px;"></div>		

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
Last

First

MI

Date of Birth

Meeting Date

ANNUAL LEAST RESTRICTIVE ENVIRONMENT ANALYSIS (Continued)

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

Step C.	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.
<div style="border: 1px solid black; height: 80px;"></div>		

Step D.	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.
<div style="border: 1px solid black; height: 80px;"></div>		

Step E.	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.
<div style="border: 1px solid black; height: 80px;"></div>		

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
Last

First

MI

Date of
Birth

Meeting
Date

ANNUAL LEAST RESTRICTIVE ENVIRONMENT ANALYSIS (Continued)

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

Step F.	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 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 type="checkbox"/>	Lack of exposure to appropriate behavioral models from peers
	<input checked="" type="checkbox"/>	Other: <input type="text" value="None"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 1 - Eligibility, Placements and Supports

Student
 Last First MI

Date of Birth Meeting Date

		Effective With this IEP	Future Changes Related to this IEP
	As of Date:	<input type="text"/>	<input type="text" value="01-JUL-2022"/>
Eligibility: (from Page 4)		Eligible (SLD)	
	Final IEP Reason Final IEP Effective Date:		
Curriculum		<input type="text" value="General Education"/>	<input type="text" value="General Education"/>
Placement	Type of School	<input type="text" value="District Resident School"/>	<input type="text" value="District Resident School"/>
	Name of School	<input type="text" value="REED MS"/>	<input type="text" value="NO HOLLYWD SH"/>
Instructional Setting	Setting	<input type="text" value="General Education"/>	<input type="text" value="General Education"/>
	Program	<input type="text" value="GE"/>	<input type="text" value="GE"/>
	Special Day Minutes/Wk	<input type="text"/>	<input type="text"/>
	Addresses Goals	<input type="text" value="1(Reading),2(Writing),3(Math),4(Writing),5(Behavioral Support)"/>	<input type="text" value="1(Reading),2(Writing),3(Math),4(Writing),5(Behavioral Support)"/>
Additional Factors	Low Incident Support	<input type="text" value="None"/>	<input type="text" value="None"/>
	Assistive Technology Support	<input type="text" value="No"/>	<input type="text" value="No"/>
	Transportation	<input type="text" value="None"/>	<input type="text" value="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	<input type="text"/>	
Accommodation, Modifications, Supports	Instructional Accommodations	<input type="text"/>	<input type="text"/>
	Instructional Modifications	<input type="text" value="1. Frequent break opportunities (if he is having trouble focusing)
2. Task broken down in smaller chunks
3. Shortened assignments
4. Preferential seating
5. Note taking assistance
6. Tests read aloud
7. Check agenda book for accuracy
8. Audio books (where applicable)"/>	<input type="text" value="1. Frequent break opportunities (if he is having trouble focusing)
2. Task broken down in smaller chunks
3. Shortened assignments
4. Preferential seating
5. Note taking assistance
6. Tests read aloud
7. Check agenda book for accuracy
8. Audio books (where applicable)"/>
	Other Supports, including Non-Academic and Extra-curricular Activities	<input type="text"/>	<input type="text"/>
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?	<input type="radio"/> Yes <input type="radio"/> No	
	If the Parent does not agree, specify the area(s) to be reassessed.	<input type="text"/>	<input type="text"/>

Comments, as appropriate

Low Incidence Equipment	
Assistive Technology Equipment	
Participation in General Education	Nadav will be enrolled in all general education classes. v

	Responsible Personnel:	General Education Teacher	General Education Teacher
		Resource Specialist Teacher	Resource Specialist Teacher
*			

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
% of Time per Week outside of General Education	<input type="text" value="0"/>	

Part 4 - Additional Discussion (This section is optional)

This is a annual/transition IEP for Nadav Anconina. Mother did not participate in meeting but gave permission to proceed without her. The Parent's Guide to Special Education Services, the Least Restrictive Environment Brochure, and the Parent Survey were explained and are available on the LAUSD website. The introductory statement was read. Present levels of performance and goals were reviewed. The team discussed placement and services for the student. Refer to FAPE 1 for details.

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.

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 **ANCONINA** **NADAV** **Date of Birth** 29-OCT-2007 **Meeting Date** 24-FEB-2022

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).
 Disruption in routines Work level higher than student's ability Verbal directives Lack of predictability
 Time of day Internal physical/emotional state Peer conflict Over stimulation
 Unstructured time Lack of freedom, choice, desirable activities, friends Room conditions Specific room arrangement
 Events from previous environments Under stimulation
 Other Describe:

Observation Analysis

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

REMOVE STUDENT'S NEED TO USE THE PROBLEM BEHAVIOR

Intervention

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: Give more time on tasks Allow completion in parts Teach a closure system
Space Changes: Signal transition Provide a break Give less time on tasks
Material Changes: Preferred seating Different work areas Study carrels
Interaction: Personal space Hands-on learning Tasks organized
 Accommodated work Notebook organizer Enlarged print size books
 High interest materials Cue the student Model
 Use specific supportive words Praise successes Peer Models
 Verbally praise student Use calm, de-escalating language
 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 ANCONINA NADAV MI
Last First MI

Date of Birth 29-OCT-2007

Meeting Date 24-FEB-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: Tasks maybe 'boring' and 'Dumb' to student

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?)

Nadav should ask for permission to work on the assignment with a peer.
Instead of avoiding to do the task altogether, Nadav will complete the task in parts and check that the section he completed was done correctly, take a break, then continue working when the break is over.

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What teaching Strategies/Necessary Curriculum/Materials are needed?

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

Who will establish? Teacher/Paraprofessional
Who will monitor? Teacher/Paraprofessional
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: Use specific praises Recognition of student's ... Peer recognition
- Contingent Access: Time on the computer Free time Listen to music
- Tangibles Preferred activity Describe: Other
- Notes to home 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: activity of high interest for student
 reinforcer for using replacement behavior reinforcer for general increase in positive behaviors
By whom? Teacher
Frequency: as needed

EFFECTIVE REACTION PART III REACTIVE STRATEGIES

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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.The student will be prompted to focus/stay on task. 2.Staff should remind student of choices and ask which he will choose.

Personnel?
Teacher/Paraprofessional

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 ANCONINA NADAV MI
Last First MI

Date of Birth 29-OCT-2007

Meeting Date 24-FEB-2022

OUTCOMES

PART IV

BEHAVIORAL GOALS

13 Behavioral Goal: Goal #: 5

When given a task, Nadav will start task promptly, remain on task with a maximum of 2 reminders, and continue working until task is complete, with 90% accuracy across all settings.

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 pg 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.

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? Teacher/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:^{info} Yes No
- Student referred and placed in an outside agency:^{info} Yes No
- If yes, name of agency:
- Student participated in Work Experience Education:^{info} Yes No
- Student received college awareness preparation:^{info} Yes No
- Student received career awareness:^{info} 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="Web-Based Interest Inventory"/> <input type="text" value="▼"/> If other? <input type="text"/>	<input type="text" value="07-OCT-2021"/>	RIASEC Inventory - Nadav scored high in the areas of Realistic, Social, and Enterprising. These areas show a preference for working at mechanical jobs, working with other people, and persuading or performing.
<input type="text" value=""/> <input type="text" value="▼"/> 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 If other? <input type="text"/>	<input type="text" value="03-OCT-2022"/>	<input type="text" value="Counselor"/> <input type="text" value="▼"/> <input type="text" value="Transition Teacher"/> <input type="text" value="▼"/> <input type="text" value="Other School Staff"/> <input type="text" value="▼"/> <input type="text"/> <input type="text" value="▼"/> <input type="text"/> <input type="text" value="▼"/> <input type="text"/> <input type="text" value="▼"/>

Student ANCONINA

NADAV

MI

Date of Birth

29-OCT-2007

Meeting Date

24-FEB-2022

Last

First

MI

Birth

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)
<input type="text" value="Web-Based Interest Inventory"/> If other?	<input type="text" value="07-OCT-2021"/>	Based on the RIASEC survey results, career fields of interest for Nadav would be Mechanic, Engineering, Advertising, Public relations, Real Estate, Marketing, and Banking
<input type="text"/> If other?	<input type="text"/>	

Employment Postsecondary Goal If other?

Upon completion of high school, the student will:

Employment Activity to Support Goal	Timeline	Person/Agency Responsible
<input type="text" value="identify skills needed in various occupations of interest"/> If other?	<input type="text" value="03-OCT-2022"/>	<input type="text" value="Counselor"/> <input type="text" value="Transition Teacher"/> <input type="text" value="Other School Staff"/> <input type="text"/> <input type="text"/> <input type="text"/>

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)
<input type="text"/> If other?	<input type="text"/>	
<input type="text"/> If other?	<input type="text"/>	

Independent Living Postsecondary Goal If other?

Upon completion of high school, the student will:

Independent Living Activity to Support Goal	Timeline	Person/Agency Responsible
<input type="text"/> If other?	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>



Student
Last

First

MI

Date of Birth

Meeting Date

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:

Nadav is enrolled in a course study that will prepare him to graduate with a diploma and attend a community or four year college, vocational school, or enter the workforce directly after completion of High School if he should choose to do so. Courses taken will include the required LAUSD A-G requirements. See IGP for more information.

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 |