

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Identification Number 200156X628 SSID 1211261758

Eligible (DE)

Student COHEN ARI MI Last First MI

Date of Birth: 21-AUG-2017

Section A: Meeting Information

Table with 2 columns: Pertinent Dates, Type of Meeting. Includes fields for meeting dates and review types.

Location of Meeting: Garden Grove AECP District Name: Los Angeles Unified School Dis

Section B: Student Information

Form containing student details: Date of Birth, Gender, Location of the Psych Folder, Home Address, School of Attendance, etc.

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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

Table with 4 columns: Goal for (example - Reading), Achieved (Yes/No), and If No, explain the reason the goal/objective was not achieved. Rows include goals for Articulation, Expressive Language, and Language Development.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student

COHEN

ARI

Date of Birth

21-AUG-2017

Meeting Date

07-APR-2022

Last

First

MI

Section E: Present Level of Performance

Performance Area:

Health and Development

Category:

Health

Assessment/Monitoring Process Used:

Review of Health Records and Health Questionnaire

State/District Assessment Results:

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

This health report is based on a review of health records and Health Questionnaire for School Enrollment completed by parent. Ari has no history of any major illness or significant chronic health condition. There is no report of any hospitalization, surgery, major injury, or significant changes in his health status within the past 2-3 years. He is not on any prescription medication, and he has no known allergies. Ari is reportedly up to date with the state's immunization requirements.

Strength: Ari does not need any assistance with ambulation and feeding. He is toilet trained but may need some assistance with wiping. He has no dietary restrictions and does not need any specialized procedure or medical treatment during the school day. Parent has no concerns regarding his vision or his hearing.

Areas of Need: None related to health.

Impact of Disability: Ari's health does not impact his participation, performance, and access to his educational program.

Accommodation/Modifications: None related to health.

Report submitted by Chinyelu Ojukwu, RN, MPH School Nurse Early Childhood Special Education 2/15/2022.

Performance Area:

Category:

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

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Section E: Present Level of Performance

Performance Area: Articulation/Phonological Processes

Category: Articulation/Phonological Processes

Assessment/Monitoring Process Used: Classroom observations, informal measures, teacher input

State/District Assessment Results:

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

Background: This is a Language and Speech (LAS) Transition to Kindergarten IEP for Ari, a 4-year-7-month-old student enrolled in an Afterschool Early Childhood Program (AECF) at Garden Grove Elementary School. The AECF program is a language-rich program that meets twice per week afterschool for 90-minute class lessons, with a parent participation component. Ari attends the AECF program consistently with his mother and participates maximally in all unstructured and structured classroom activities. He has a current educational eligibility of Deferred Eligibility (DE), and has made excellent progress with his articulation and expressive language skills. Of note, Ari's native language is Hebrew; he is a simultaneous learner of English and Hebrew.

Areas of Strength: Across settings, contexts, and listeners, Ari is 80%-100% intelligible in his spontaneous speech production. He met his annual goal to produce s-blends/consonant clusters in words such as 'spider', 'slide', 'spoon' in conversation. His phonemic inventory includes the use of early and later developing sounds.

Areas of Need: None.

Impact of Disability: None.

A. Ornelas, MS, CCC-SLP
Speech Language Pathologist

Performance Area:

Category:

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

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Section E: Present Level of Performance

Performance Area: Language- Expressive
Category: Language - Expressive
Assessment/Monitoring Process Used: Clinical Observations, Teacher Report, Informal Measures
State/District Assessment Results:

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

Background: This is a Language and Speech (LAS) Transition to Kindergarten IEP for Ari, a 4-year-7-month-old student enrolled in an Afterschool Early Childhood Program (AECF) at Garden Grove Elementary School. The AECF program is a language-rich program that meets twice per week afterschool for 90-minute class lessons, with a parent participation component. Ari attends the AECF program consistently with his mother and participates maximally in all unstructured and structured classroom activities. He has a current educational eligibility of Deferred Eligibility (DE), and has made excellent progress with his articulation and expressive language skills. Of note, Ari's native language is Hebrew; he is a simultaneous learner of English and Hebrew.
Areas of Strength: In his classroom setting, Ari uses complete utterances of 3-5+ words to make requests, respond to questions, make comments, and ask questions/seek information from his peers and teacher. Some examples of his spontaneous language use in his classroom, includes: 'I want to drink water' 'I want to try,' and my mom too,' and 'a dog and a puppy' to respond to a simple What question. During circle time, Ari raises his hand independently to volunteer responses appropriately. He demonstrates the ability to follow multistep directions and responds to What, Who, and Where in his classroom setting. He is a leader in his classroom, Ari makes comments during circle time and responds to questions.
Areas of Need: Minimal to no need has been observed in the classroom setting. Ari has been observed to sometimes needs reminders to ask for objects from his peers instead of grabbing. Parent continues to have concerns with expressive language skills, as Ari doesn't always use his words to communicate when he is upset, in his home setting.
Impact of Disability: Ari's difficulties with his expressive language ability may impact his ability to participate successfully during oral language activities in a general education classroom.
Adriana Ornelas, MS, CCC-SLP
Speech Language Pathologist

Performance Area:
Category:
Assessment/Monitoring Process Used:
State/District Assessment Results:

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

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Student COHEN ARI MI Date of Birth 21-AUG-2017 Meeting Date 07-APR-2022

Section E: Present Level of Performance

Performance Area: Language Development
Category: Language Development
Assessment/Monitoring Process Used: Observation
State/District Assessment Results: DRDP

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

Strengths: Ari enjoys participating in all areas of the classroom. He is able to communicate his likes and dislikes in complete sentences and is able to hold a conversation with an adult and his peers. He comes and joins a table and says, 'I want to play with the airplane'. While playing he is able to ask for help when he needs it. He said, 'The plane is broke for mommy and daddy. We need to fix it'. When it is time to move on to the next activity he cleans up his area independently and finds a place in the next area e.g. (circle time, outside play, time for talking). During a read aloud, he is able to answer basic questions about the story and he listens to the story with interest.
Needs: Ari does not show a need in the area of language development.
Impact of Disability: Ari's eligibility of DE does not impact his language development and his ability to access the general education curriculum.

Performance Area:
Category:
Assessment/Monitoring Process Used:
State/District Assessment Results:

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

[Empty text box for current performance/assessment summary]

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Section F: Eligibility

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

Health, Language and Speech

For Initial IEP, interventions attempted prior to determining eligibility:

Eligible as a student with the disability of:

Code: DE Deferred Eligibility (Preschool Only)

Not Applicable, Blind or Partially Sighted

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

Code:

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):

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

Final IEP Reason: Final IEP Effective Date:

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

- 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 #:

In his classroom setting, Ari will use 4-5+ word utterances during oral language activities to describe information in 8/10 opportunities, independently, as measured by his classroom teacher.

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:

In his classroom setting, Ari will use 3-5+ word utterances during oral language activities to describe information in 6/10 opportunities, given moderate to minimal prompts, as measured by his classroom teacher.

Incremental objective #2 related to the goal:

In his classroom setting, Ari will use 3-5+ word utterances during oral language activities to describe information in 7/10 opportunities, given minimal prompts, as measured by his classroom teacher..

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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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.

DRDP-A - (Adaptations identified below are applicable)

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Student	<input type="text" value="COHEN"/>	<input type="text" value="ARI"/>	<input type="text" value=""/>	Date of Birth	<input type="text" value="21-AUG-2017"/>	Meeting Date	<input type="text" value="07-APR-2022"/>
	Last	First	MI				

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.

Los Angeles Unified School District

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Date of Birth 21-AUG-2017

Meeting Date 07-APR-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: Phone, ECSE, 30-MAR-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)

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)

Date 7-APR-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.

Handwriting lines for providing feedback.

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" value="Moran Bachar"/>	<input type="text"/>
Parent/Guardian	<input type="text" value="Eran Cohen (Via phone)"/>	<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="Valerie Brekke"/>	<input type="text" value="Valerie Brekke"/>
Special Education Teacher	<input type="text" value="Adriana Vinarsky"/>	<input type="text" value="Adriana Vinarsky"/>
General Education Teacher	<input type="text" value="Pamela Caspino"/>	<input type="text" value="Pamela Caspino"/>
School Psychologist	<input type="text"/>	<input type="text"/>
School Nurse	<input type="text"/>	<input type="text"/>
Related Service Staff <input type="text" value="LAS"/>	<input type="text" value="Adriana Ornelas, MS, CCC-SLP"/>	<input type="text" value="Adriana Ornelas"/>
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)

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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 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: 40px;"></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: 40px;"></div>		

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

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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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Diminished access to the full range of the curriculum Missed general education instruction taught by highly qualified staff Rate at which student may earn credits for graduation Lack of opportunity for social interaction Lack of opportunities for age-appropriate peer role models Amount of socialization opportunities with typical peers Limited access to peers in student's home community Lack of exposure to appropriate behavioral models from peers Other: <input type="text"/>

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="15-AUG-2022"/>
Eligibility: (from Page 4)		Eligible (DE)	
	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="Preschooler Non-LAUSD/Not Headstart"/>	<input type="text" value="District Resident School"/>
	Name of School	<input type="text" value="SP ED INF/PRE (1989)"/>	<input type="text" value="TARZANA EL"/>
		<input type="text" value="GARDEN GROVE EL"/>	<input type="text"/>
Instructional Setting	Setting	<input type="text" value="General Education"/>	<input type="text" value="General Education"/>
	Program	<input type="text" value="AECp"/>	<input type="text" value="GE"/>
	Special Day Minutes/Wk	<input type="text"/>	<input type="text"/>
	Addresses Goals	<input type="text" value="1(Language- Expressive)"/>	<input type="text" value="1(Language- Expressive)"/>
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 checked="" type="radio"/> Yes <input type="radio"/> No	
	ESY Transportation	<input type="text"/>	
Accommodation, Modifications, Supports	Instructional Accommodations	<p>Use motivating materials, picture support, visual, gestural and concrete cues as needed. Match tasks/assignments to interests and ability levels. Provide ample opportunity and encouragement to use verbal expressions.</p> <p>Model, match and expand sounds/phrases/sentences, additional time to respond, cues to add length, detail and complexity, visuals, repetition and rephrasing, check for comprehension.</p> <p>As needed, provide frequent direct/indirect cues, models, and explanations (repeated instructions) on how to self-monitor and produce age-appropriate language and sound production independently.</p>	<p>Use motivating materials, picture support, visual, gestural and concrete cues as needed. Match tasks/assignments to interests and ability levels. Provide ample opportunity and encouragement to use verbal expressions.</p> <p>Model, match and expand sounds/phrases/sentences, additional time to respond, cues to add length, detail and complexity, visuals, repetition and rephrasing, check for comprehension.</p> <p>As needed, provide frequent direct/indirect cues, models, and explanations (repeated instructions) on how to self-monitor and produce age-appropriate language and sound production independently.</p>
	Instructional Modifications	<input type="text"/>	<input type="text"/>
	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	Do the Parent and the District (local educational agency) agree that a	<input type="radio"/> Yes <input checked="" type="radio"/> No	

and document the decision to conduct or not conduct a three-year comprehensive reassessment.)	reassessment is unnecessary?	
	If the Parent does not agree, specify the area(s) to be reassessed.	general ability, academic performance, language, motor, social-emotional, and self-help/adaptive development
Comments, as appropriate		
Low Incidence Equipment		
Assistive Technology Equipment		
Participation in General Education		

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

		Effective With This IEP	Future Changes Related To This IEP
Service 1	Start Date:	Effective with Future Changes	22-AUG-2022
10	End Date:		06-APR-2023
Language/Speech	Service applies to:		Regular
	Frequency:		1-5
This service addresses the following goals:	Interval:		Monthly
<input type="text" value="1(Language- Expressive)"/>	Minutes/Interval:		30
	Minutes/Interval (Pullout from Gen Ed):		0
	Service Delivery Model:		Indirect Service (Consultative) {n/a for RSP}**
	Area:	School-Based	
	Responsible Personnel:		Licensed/Credentialed Provider
			General Education 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)

At this Transition-to-Kindergarten IEP, FAPE for the remainder of the 2021-2022 and 2022-2023 school years was discussed.

Parents discussed that at home Ari may have difficulty following directions. Strategies were discussed. AECP staff has no concerns with Ari's direction-following or transitions at school.

For the remainder of the 2021 to 2022 school year, based upon Ari's current needs, the IEP team recommends the AECP. (After School Early Childhood Program).

For the 2022-2023 school year, LAS (Language and Speech) service will be offered as an interim support without the benefit of formal assessment due to the required COVID-19 school facility closures. Interim support was offered based on goal progress and other information available to the IEP team (for example, parent report, provider observations, and the Classroom Team Assessment Report (CTAR)).

Comprehensive assessments in all suspected areas of need will be completed within 90 days after student's first day of attendance in an LAUSD school for 2022/2023 school year.

Provision of all supports and services recommended for the 2022-2023 school year are incumbent upon enrollment in an LAUSD school.o

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

FAPE Summary Grid

Program:	AECP	Setting:	General Education						
Eligibility:	Eligible (DE)	Curriculum:	General Education						
Transportation:	None	Low Incident Support:	None						
Date District Received Parent Signature:									
Service Code	Service Desc	Start Date	Service Applies To	Interval	Frequency	Area	Total Minutes	Addresses Goal(s)	No Consent
10	Language/Speech	Effective with Future Changes 22-Aug-2022	Regular	Monthly	1-5	School-Based	30	Language-Expressive	--

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 checked="" type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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.