

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Identification Number

101907M007

SSID

9676774282

Eligible (OI)

Student

ELI

Last

ROY

First

Y

MI

Date of Birth:

19-OCT-2007

Section A: Meeting Information

Pertinent Dates

Type of Meeting

Date of Initial IEP Team Meeting 20-SEP-2010

Date of Present Meeting 20-MAY-2022

Annual Review to be conducted by 30-MAR-2023

Next Three Year Review will be conducted by 13-APR-2024

Three Year Review or Evaluation was conducted on 13-APR-2021

Transition to Kindergarten to be conducted by

Initial

Amendment of IEP dated

30-MAR-2022

Annual Review

Early Start Transition

Three Year Review

Expulsion Analysis

Other

Individual Transition Plan

Location of Meeting Grant High School Via Zoom

District Name Los Angeles Unified School Dist

Section B: Student Information

Date of Birth 19-OCT-2007

Age 14

Grade 9

Gender Male Female

Limited English Proficient Student Yes No

Ethnic Code White

Location of the Psych Folder SUPPORT UNIT NOR

Student has no Psych Folder

Location of the Cum Folder GRANT SH

Student has no Cum Folder

Home Language Hebrew

Student Language Hebrew

Alternate Mode of Communication

Home Address of Student 4740 KESTER AVE APT 5

City SHERMAN OAKS CA ZIP Code 91403

Home Telephone (818) 968-9383 Daytime Telephone

Emergency Telephone

School of Attendance Grant Sh Location Code 8683

School of Residence Van Nuys Sh Location Code 8893

Name of Parent/Guardian Telephone

Address

City CA ZIP Code

Surogate Parent Telephone

Attends CURRENT SCHOOL as a result of one of the following Special Education Placement

Is the student living in a Family Foster Home (FFH)? No Yes

FFH#

Is FFH Provider related to student? No Yes

Relationship

Licensed Children's Institution No Yes

LCI Name

LCI#

Out of the home placement made by Regional Center Superior Court

Department of Mental Health Department of Children's Services

Other

Child's family living within LAUSD's boundaries? No Yes

If the student is 18 years old or older or is an emancipated minor, does he/she have educational decision-making rights? No Yes

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Last First MI

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

Goal for: (example - Reading)		Achieved		If No, explain the reason the goal/objective was not achieved
		Yes	No	
1	<input type="text" value="Sensorimotor"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="Just started school, needs more time."/>
Category	<input type="text" value="Gross Motor"/> ▼			
	Objective 1 met	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="Just started school, needs more time."/>
	Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="Just started school, needs more time."/>
2	<input type="text" value="Behavioral Support"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="Just started school. Needs more time."/>
Category	<input type="text" value="Activities of Daily Living"/> ▼			
	Objective 1 met	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="Just started school. Needs more time."/>
	Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="Just started school. Needs more time."/>
3	<input type="text" value="School Access"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="Needs more time to work on goal"/>
Category	<input type="text" value="Physical Accessibility"/> ▼			
	Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
4	<input type="text" value="LAS-Communication"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
Category	<input type="text" value="Communication"/> ▼			
	Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
5	<input type="text" value="Functional Reading"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="Just started school. Needs more time."/>
Category	<input type="text" value="Reading"/> ▼			
	Objective 1 met	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="Just started school. Needs more time."/>
	Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="Just started school. Needs more time."/>
6	<input type="text" value="Functional Writing"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="Just started school. Needs more time."/>
Category	<input type="text" value="Writing"/> ▼			
	Objective 1 met	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="Just started school. Needs more time."/>
	Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="Just started school. Needs more time."/>
7	<input type="text" value="Functional Math"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="Just started school. Needs more time."/>
Category	<input type="text" value="Math"/> ▼			
	Objective 1 met	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="Just started school. Needs more time."/>
	Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="Just started school. Needs more time."/>
8	<input type="text" value="ELD"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="Just started school. Needs more time."/>
Category	<input type="text" value="English Language Development"/> ▼			
	Objective 1 met	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="Just started school. Needs more time."/>
	Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="Just started school. Needs more time."/>
9	<input type="text" value="ADAPTED PE"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="GOAL INAPPROPRIATE FOR CONDITION"/>
Category	<input type="text" value="Object Control Skills"/> ▼			
	Objective 1 met	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="GOAL INAPPROPRIATE FOR CONDITION"/>
	Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="GOAL INAPPROPRIATE FOR CONDITION"/>
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"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Last: ELI, First: ROY, MI: Y, Date of Birth: 19-OCT-2007, Meeting Date: 20-MAY-2022

Section E: Present Level of Performance

Performance Area: ADAPTED PHYSICAL EDUCATION

Category: Physical Fitness

Assessment/Monitoring Process Used: APEAS II, FITNESSGRAM, INFORMAL AND OBSERVATION

State/District Assessment Results: N/A

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

ROY IS A VERY ENTHUSIASTIC YOUNG MAN WHO ENJOYS PE CLASS. HE IS DIAGNOSED WITH CEREBRAL PALSY, DEVELOPMENTAL DELAYS AND ASTHMA. HE IS LIMITED BY HIS CONDITION TO A MANUEL WHEELCAHIR AND REQUIRES ADULT ASSISTANCE AT ALL TIMES IN CLASS FOR MOBILITY AND INTERACTIONS. STRENGTHS: HE HAS GOOD TRACKING SKILLS, CAN SQUEEZE AND HOLD OBJECTS WITH ASSISTANCE, CAN USE HIS ARMS TO BAT A BALL AWAY OR TRAP ONE AGAINST HIS CHEST AND WHEELCHAIR. HE PARTICIPATES IN ALL ACTIVITIES WILLINGLY AND IS CURRENTLY WORKING ON 'BOXING' WITH THE OTHER STUDENTS IN CLASS. CHALLENGES: LIMITED BY CONDITION, LIMITED USE OF UPPER EXTREMITIES, EYE-HAND COORDINATION AND INTERACTIONS WITH PEERS IN A PLAY/GAME SETTING. NO LOWER BODY MOVEMENT, LIMITED IMPLEMENTATION OR EXECUTION OF CONCEPTS, FORECE-OF EXECUTION, SEQUENCING, MULTI-STEP ACTIVITIES, SPEED-OF-THE-GAME ACTIVITIES. ALL OF THESE ARE DIRECTLY RELATED TO HIS CONDITIONS. ACC/MOD: ADAPTED EQUIPMENT, ADAPTED ACTIVITIES, INFORMATION CHUNKING AND SUPERVISION, IMPACT: ROY'S CONDITION OF 'OI' COMBINED WITH THE LIMITATION THAT ARE CAUSED BY THE CONDITION MAKES IFDIFFICULT FOR HIM TO BE SUCCESSFUL IN A GPE PROGRAM WITH HIS PEERS. THE APE PROGRAM IS THE MOST APPROPRIATE SETTING FOR HIM. PREPARED BY: F. FISHER

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]

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student ELI ROY Y Date of Birth 19-OCT-2007 Meeting Date 20-MAY-2022
Last First MI

Section E: Present Level of Performance

Performance Area: Functional Reading

Category: Reading

Assessment/Monitoring Process Used: Teacher Observation/ Informal Assessment/ Benchmarks and Unique Checkpoints

State/District Assessment Results:

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

STRENGTHS: Roy can read sight words. He prefers reading as opposed to math. He uses his device to access School's Online platform (Schoology) and the Unique curriculum. He signs in using a QR code to help ease the fatigue on signing in. This way he can focus more on academics. He loves to participate in whole group and small group readings/ discussions. He can states the problem/conflict in the text, and can supply an appropriate title to a story. He understands the main idea of short stories read to him. Roy is able to answer comprehension questions via eye gaze, when given three picture and word choices regarding a story being read to the group. Roy was able to select the correct sight word from unique when given a choice out of three words without picture support. Roy is practicing reading proper punctuation and distinguishing between cause and effect in expository texts (unique stories). Roy is very determined to read his curriculum stories for both pleasure and to obtain information. His goal which was to answer 'why' or 'how' questions after reading an appropriate leveled text he was not able to achieve the goal since he just started school in January and has quite a bit of absences.
NEEDS: Although Roy has shown that he can correctly select many sight words when given choices of three, he still needs practice verbally reading the word. It is time consuming and tiresome for Roy to select via eye gaze a large list of words, it is not possible to access Roy this way for too many words. When reading one on one with the the teacher, Roy will verbally read about 80 percent of the text correctly. Roy is able to answer literal questions to a story but could benefit from more practice answering more in depth questions such as 'why' questions or figurative questions.
IMPACT OF DISABILITY: Roy's Orthopedic Impairment impact his ability to read sight words and progress in the general education reading curriculum to such a degree that instruction is based on alternate achievement standards using the alternate curriculum.

Performance Area: Functional Writing

Category: Writing

Assessment/Monitoring Process Used: Teacher Observation/ Informal Assessment/ Benchmarks and Unique Checkpoints

State/District Assessment Results:

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

STRENGTHS: Roy can type and access classroom worksheets in Schoology. He knows how to submit worksheets and use the kami app to type his answers. He can type 3- 5 words without getting fatigued. When using assistive technology, Roy can produce three, 5-7 word sentences using his augmentative dynamic display communication device or tablet with eye gaze input in 3 out of 4 opportunities with sentence frames, vocabulary lists, spelling help, adult prompts and support. Roy can access the keyboard area of his dynamic display augmentative communication device with eye gaze input. Word prediction is a big help when Roy is typing. He prefers to do the work independently and will ask for help with spelling and sentence structure. Roy continues to need adult support for new and requested sentences but can produce routine sentences independently. He was not able to achieve the goal of independently writing sentences since he just started school in January and has quite a bit of absences.
NEEDS: Roy continues to struggle completing sentences with proper syntax. He is practicing identifying nouns verbs and adjectives during instructional time and will benefit from learning these to help him write a complete sentence. Roy sometimes omits proper punctuation and capitalization. He needs more practice in this area.
IMPACT OF DISABILITY: Roy's Orthopedic Impairment impact his ability to write complete sentences and progress in the general education writing curriculum to such a degree that instruction is based on alternate achievement standards using the alternate curriculum.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student

ELI

ROY

Y

Date of Birth

19-OCT-2007

Meeting Date

20-MAY-2022

Last

First

MI

Section E: Present Level of Performance

Performance Area:

English Language Development

Category:

English Language Development

Assessment/Monitoring Process Used:

Teacher Observation/ Informal Assessment/ Benchmarks and Unique Checkpoints

State/District Assessment Results:

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

Strengths: Reading: Roy can read sight words using his AAC device. He participates in reading discussions and answering comprehension questions.
 Writing: Roy can type using his dynamic display augmentative communication device with eye gaze input. Word prediction assists Roy with composing sentences.
 Speaking: Roy can respond to simple questions about a text. He can independently respond to questions about daily activities. Roy is able to communicate his needs and wants.
 Listening: Roy understands stories when being read to. He follows directions.
 His goal which was to independently write a sentence using the vocabulary was not achieved due to recent enrollment thus needs more time.
 NEEDS: Roy finds it difficult to write a complete sentence without adult prompting. Roy could benefit from more practice in developing his academic vocabulary and writing sentences with proper syntax.

Impact of Disability: Roy's Orthopedic Impairment impacts his ability to write complete sentences in ELD and progress in the general education curriculum to such a degree that instruction is based on alternate achievement standards using the alternate curriculum.

Performance Area:

Functional Math

Category:

Math

Assessment/Monitoring Process Used:

Teacher Observation/ Informal Assessment/ Benchmarks and Unique Checkpoints

State/District Assessment Results:

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

Strengths: Roy participates during math discussions. He can use the calculator when solving equations. He seems fatigued when using the calculator. He knows which numbers are more or less. He can read graphs and answer comprehension questions. He seems to enjoy playing online math games that doesn't involve drag and drop. Roy can identify coins. Roy can count coins using touch points on money with adult help. He can skip count by 5s and 10s. Roy is able to find the perimeter and area of objects with adult help. His goal was not achieved due to recent enrollment. He needs more time.

Needs: Roy has been avoiding a lot of the math computer activities and would veer towards reading activities during math time. Roy is able to use solve single digit and double digit problems but struggles when regrouping. Roy also needs more practice calculating money.

IMPACT OF DISABILITY: Roy's Orthopedic Impairment impact his ability to solve simple math problems and progress in the general education math curriculum to such a degree that instruction is based on alternate achievement standards using the alternate curriculum.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

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Student Last: ELI, First: ROY, MI: Y, Date of Birth: 19-OCT-2007, Meeting Date: 20-MAY-2022

Section E: Present Level of Performance

Performance Area: Functional Communication

Category: Communication

Assessment/Monitoring Process Used: Teacher Observation/ Informal Assessment/ Benchmarks and Unique Checkpoints

State/District Assessment Results:

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

Strengths: Roy is able to vocalize word approximations to express himself. He can answer yes or no questions, and multiple choice letters. Roy uses his dynamic display voice output device accessed with eye gaze, word approximations/vocalizations to participate in a conversation. He enjoys having conversations and talk about his activities at home. He enthusiastically expresses his love for sports and traveling. His goal was not achieved since he just recently started school in January.
Needs: Roy needs to use his vocabulary more efficiently as he uses one word such as 'frustrated' to define emotions of anger, sadness, upset, etc. He needs to understand that there are many words to express the level of emotions. He needs to increase vocabulary words so he can effectively communicate. He needs more practice discriminating when it is an appropriate time to interrupt conversations and lectures on his device. He could benefit from more practice responding to questions with complete sentences instead of one word.
IMPACT OF DISABILITY: Roy's Orthopedic Impairment impacts his ability to communicate effectively and progress in the general education curriculum to such a degree that instruction is based on alternate achievement standards using the alternate curriculum.

Performance Area: Vocational Education

Category: Vocational Education

Assessment/Monitoring Process Used: Teacher Observation/ Informal Assessment/ Benchmarks and Unique Checkpoints

State/District Assessment Results:

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

Strengths: Roy knows the classroom rules and follows them. He is very aware of his surroundings. He knows his address and phone number. He complies and perform tasks asked of him. Roy will continue to work with adult support. He will ask questions when he is unsure of task or directions. Roy confidently uses his device and researches topics on the internet. Roy can independently check the weather reports as well as the school online platform. He can email and send messages to teachers. His goal was not achieved since he just recently started school in January.
Needs: Roy needs to practice calculating money. He needs to work on identifying the worth more consistently as well. He needs to read and understand to form inferences.
IMPACT OF DISABILITY: Roy's Orthopedic Impairment impacts his ability to read to gain information and progress in the general education curriculum to such a degree that instruction is based on alternate achievement standards using the alternate curriculum.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student ELI ROY Y Date of Birth 19-OCT-2007 Meeting Date 20-MAY-2022
Last First MI

Section E: Present Level of Performance

Performance Area: Sensorimotor
Category: Sensorimotor
Assessment/Monitoring Process Used: clinical and classroom observations, record review,
State/District Assessment Results: n/a

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

Student's areas of strengths: Roy is utilizing adapted equipment for seating and positioning of his head, neck and trunk. Roy is provided with belts, trunk and head supports for increased postural stability. Roy presents with limited grasp and reaching skills secondary to his medical diagnosis. He currently utilizes a dynamic display voice output device accessed with eye-gaze in order to communicate. Roy has made progress with coordinating his eye movements between the mouse cursor icon and desired icons on the screen, using the software. Roy also demonstrates the ability to navigate through various pages on his dynamic display voice output device screen to open a program, eye tracking calibration, type or a webpage. Using the eye-gaze software, Roy is able to combine about 3-5 words to form a simple sentence with moderate accuracy, when provided with adult verbal guidance. Roy is able to form multiple sentences when provided with increased visual guides and adult prompts on his device. He is able to use word prediction to help with spelling.
Student's areas of need: Secondary to medical diagnosis, Roy presents with ANTR reflex, ataxic and ballistic movement patterns. With adapted seating external supports, Roy is able to maintain adequate trunk alignment and head control to access his dynamic display voice output device accessed with eye-gaze in order to communicate and participate in his curriculum. It is important to note that Roy requires maximal breaks, as he is observed with decreased attention and work output as the allotted time and/or task demand increases. It is recommended to continue to monitor Roy's seating and positioning for continued access to his curriculum and low to high technology devices.
Impact of student's disability on academic and overall performance: Roy's eligibility of Orthopedic Impairment (OI), his diagnosis of cerebral palsy, and his needs in postural control and proximal stability impact his participation in his educational curriculum.
Michelle Eglin OTR/L

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

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Student Last: ELI, First: ROY, MI: Y, Date of Birth: 19-OCT-2007, Meeting Date: 20-MAY-2022

Section E: Present Level of Performance

Performance Area: Communication (LAS)

Category: Communication

Assessment/Monitoring Process Used: Progress towards goal; Observation

State/District Assessment Results:

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

Background: Roy is a 14 year 5 month old 9th grade male student enrolled in the special educational program at Grant High School with an eligibility of OI. He is currently receiving language and speech (LAS) services in the area of Communication to support Roy's language and use of a dynamic device. Strengths: Roy has met his annual goal: 'Roy will use total communication (i.e., his dynamic display voice output device accessed with eyegaze, word approximations/vocalizations) to ask/answer/comment during curricular related activity in 3-5 word grammatically correct utterances in 4/5 opportunities in 3/4 sessions as observed by clinician/classroom teacher with no more than 1 prompt.' In class, Roy has been using his dynamic device to comment and request with minimal prompting. Usually, Roy can independently use his device to produce common phrases. He has been observed to produce the following phrases using his eye-gaze dynamic device: 'I want that one.' 'She is my favorite.' 'It needs salt.' 'It is matter.' Roy takes an active interest in using computer based programs to participate in classroom activities (e.g. Science based experiments and lessons). Roy can navigate the internet to find specific locations (e.g. he discussed a trip he took to Israel) with minimal prompting. Needs: Roy mainly communicates by providing words, phrases, and sentences. He can produce comments and make requests; however, Roy rarely asks questions with his communication partner. In his device, Roy may need to have his vocabulary updated. It is recommended that Roy work on producing at least 4 word phrases, sentences, and questions during speech therapy, class room based activities, and during home use.

Performance Area: Communication (LAS) continued

Category: Communication

Assessment/Monitoring Process Used: Progress towards goal; Observation

State/District Assessment Results:

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

Impact of Disability: Roy's medical diagnosis of Cerebral Palsy with an eligibility of Orthopedic Impairment (OI) and it's associated language deficits, which may impact his expressive/pragmatic language skills and may prevent him from communicating with his peers/adults and accessing the alternate curriculum without support of an Augmentative and Alternative Communication (AAC) device.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student ELI ROY Y Date of Birth 19-OCT-2007 Meeting Date 20-MAY-2022
Last First MI

Section E: Present Level of Performance

Performance Area: School Access
Category: Physical Accessibility
Assessment/Monitoring Process Used: record review, staff interview, PT sessions
State/District Assessment Results: N/A

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

Roy is a 14 year, 5-month old student who currently attends 9th Grade at Ulysses Grant High School in Ms. Madridejos-Roa's class. The following is an update on Eli's progress with school based physical therapy:
Student's areas of strengths related to school based physical therapy: Roy continues to utilized his manual wheelchair (medically provided by California Children Services) as his seating system in the classroom and demonstrated good upright sitting posture with full supports. Roy continues to utilize eye-gaze technology on his communication device to participate in teacher directed classroom activities and for communication. Roy currently has his eye gaze device placed on his table or on his standing mount. Roy outgrew his previous stander and PT is currently working on procuring him a new one. Roy does have access to his Grillo gait trainer (with neck support) but has not been able to utilize it due to his excessive absences. PT and staff are ready to start his standing program in the gait trainer upon his return. Per his pending IEP dated 4/13/2021, Roy, prior to the pandemic 'could move it approximately >300 feet on level surfaces with adult assistance for steering and propulsion when he fatigued... Roy was able to tolerate >30 minutes of walking and standing during adapted physical education, while engaging with peers. LAUSD transported the Grillo gait trainer in April 2020 so Roy could continue to walk and perform his mobility program at home. Father reported Roy has not been utilizing the gait trainer because it is too challenging for Roy's mother to put Roy into the gait trainer on her own during the school day.' Roy was able to tolerate 5 minutes being in the Grillo gait trainer when PT fit him for the gait trainer. Will continue to work on increasing time as part of the walking/standing program. Roy continues to be a client of California Children Services (CCS). They currently monitor his equipment needs for home and community.

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):

Student's areas of need: As a result of his medical diagnosis of Cerebral Palsy with athetoid movements (GMFCS Level V), Roy is dependent for all mobility and self-care activities. He continues to require adult support and the use of adapted equipment to access the physical aspects of the school environment. Roy continues to require school based physical therapy to monitor his adapted equipment; including gait trainer, stander, adapted classroom chair, adapted desk, positioning equipment, head/neck support, and toileting equipment, including a mechanical lift and changing table, as needed and appropriate.
Impact of student's disability on academic and overall performance: Roy's eligibility of OI (Orthopedic Impairment) and medical diagnosis of Cerebral Palsy presenting with athetoid movements, causes him to require constant adult assistance and adapted equipment in order to physically access his educational environment which impacts his involvement and progress in the general education curriculum to such a degree that instruction is based upon alternate achievement standards using the alternate curriculum.
Grace Boll PT, DPT
LAUSD Physical Therapist, Doctor of Physical Therapy

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

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Student Last: ELI, First: ROY, MI: Y

Date of Birth: 19-OCT-2007

Meeting Date: 20-MAY-2022

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: OI Orthopedic Impairment

Not Applicable, Blind or Partially Sighted

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

Code: [Empty boxes]

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 box]

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

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Last: ELI ROY First: MI

Date of Birth: 19-OCT-2007

Meeting Date: 20-MAY-2022

Section G: Annual Goals and Objectives

Performance Area: Behavioral Support Category: Activities of Daily Living Annual Goal #: 6

Roy will communicate his needs 5 /5 times on a daily basis.

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:

Roy will communicate his needs 3 /5 times on a daily basis.

Incremental objective #2 related to the goal:

Roy will communicate his needs 4 /5 times on a daily basis.

Date to be achieved: July 2022 MO/YR

Date to be achieved: November 2022 MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

Table with 5 columns: 4 GOAL MET OR EXCEEDED, 3 SUBSTANTIAL PROGRESS (50-99% of goal met), 2 PARTIAL PROGRESS (1-49% of goal met), 1 NO PROGRESS, and Goal Achievement. Rows include reporting periods, progress marks, and achievement status.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

Roy will answer 'why' or 'how questions after reading an appropriate leveled text in 4 out of 5 consecutive trials with 70 percent accuracy on 1 occasion during the week as measured by teacher-charted 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:

With support and modeling, Roy will answer 'why' or 'how questions after reading an appropriate leveled text in 2 out of 5 consecutive trials with 70 percent accuracy on 1 occasion during the as measured by teacher-charted observations.

Incremental objective #2 related to the goal:

With support, Roy will answer 'why' or 'how questions after reading an appropriate leveled text in 3 out of 4 consecutive trials with 70 percent accuracy on 1 occasion during the week as measured by teacher- charted 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 Date: <input type="text"/>	2nd Reporting Period Date: <input type="text"/>	3rd Reporting Period Date: <input type="text"/>	4th Reporting Period (Secondary Only) Date: <input type="text"/>	Goal Achievement
Progress Mark: <input type="text"/> Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	Progress Mark: <input type="text"/> Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	Progress Mark: <input type="text"/> Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	Progress Mark: <input type="text"/> Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	Objective 1 Met: <input type="radio"/> Yes <input type="radio"/> No Objective 2 Met: <input type="radio"/> Yes <input type="radio"/> No If "No" please explain: <input type="text"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Last: ELI ROY MI First: Y

Date of Birth: 19-OCT-2007

Meeting Date: 20-MAY-2022

Section G: Annual Goals and Objectives

Performance Area: Functional Writing Category: Writing Annual Goal #: 3

Roy will independently write a sentence using the vocabulary from his current monthly thematic unit in one occasion during the month with 70 percent accuracy in 4 out of 5 trials as measured by teacher-charted observations and 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:

With support, Roy will write a sentence using the vocabulary from his current monthly thematic unit in one occasion during the month with 60 percent accuracy in 2 out of 5 trials as measured by teacher-charted observations and student work samples.

Incremental objective #2 related to the goal:

With support, Roy will write a sentence using the vocabulary from his current monthly thematic unit in one occasion during the month with 60 percent accuracy in 3 out of 5 trials as measured by teacher-charted observations and student work samples.

Date to be achieved: July 2022 MO/YR

Date to be achieved: November 2022 MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

With no more than 5 prompts, Roy will use his AAC device to answer or state a complete sentence during the school day with 70 percent accuracy on 4 out of 5 occasions during the week.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

With no more than 10 prompts, Roy will use his AAC device to answer or state a complete sentence during the school day with 60 percent accuracy on 2 out of 5 occasions during the week.

Incremental objective #2 related to the goal:

With no more than 8 prompts, Roy will use his AAC device to answer or state a complete sentence during the school day with 70 percent accuracy on 3 out of 5 occasions during the week.

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"/> Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	Progress Mark: <input type="text"/> Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	Progress Mark: <input type="text"/> Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	Progress Mark: <input type="text"/> Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	Objective 1 Met: <input type="radio"/> Yes <input type="radio"/> No Objective 2 Met: <input type="radio"/> Yes <input type="radio"/> No If "No" please explain: <input type="text"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Last: ELI ROY MI First: Y

Date of Birth: 19-OCT-2007

Meeting Date: 20-MAY-2022

Section G: Annual Goals and Objectives

Performance Area: ELD Category: English Language Dev Annual Goal #: 5

Roy will independently write a sentence using the vocabulary from his current monthly thematic unit in one occasion during the month with 70 percent accuracy in 4 out of 5 trials as measured by teacher-charted observations and 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:

Roy will independently write a sentence using the vocabulary from his current monthly thematic unit in one occasion during the month with 50 percent accuracy in 2 out of 5 trials as measured by teacher-charted observations and student work samples.

Incremental objective #2 related to the goal:

Roy will independently write a sentence using the vocabulary from his current monthly thematic unit in one occasion during the month with 60 percent accuracy in 3 out of 5 trials as measured by teacher-charted observations and student work samples.

Date to be achieved: July 2022 MO/YR

Date to be achieved: November 2022 MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

When asked to count by 2s, 5s, 10s, and 25s, Roy will orally count to 100 with 70% accuracy in 4 out of 5 consecutive trials as measured by teacher-charted 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:

When asked to count by 2s, 5s, 10s, and 25s, Roy will orally count to 100 with support and guidance, with 60% accuracy in 2 out of 3 consecutive trials as measured by teacher-charted observations.

Incremental objective #2 related to the goal:

When asked to count by 2s, 5s, 10s, and 25s, Roy will orally count to 100 with support and guidance, 65% accuracy in 3 out of 4 consecutive trials as measured by teacher-charted 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 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 Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

With no more than 5 prompts, Roy will use his AAC device to answer or state a complete sentence during the school day with 70 percent accuracy on 4 out of 5 occasions during the week.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

With no more than 10 prompts, Roy will use his AAC device to answer or state a complete sentence during the school day with 60 percent accuracy on 2 out of 5 occasions during the week.

Incremental objective #2 related to the goal:

With no more than 8 prompts, Roy will use his AAC device to answer or state a complete sentence during the school day with 70 percent accuracy on 3 out of 5 occasions during the week.

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"/> Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	Progress Mark: <input type="text"/> Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	Progress Mark: <input type="text"/> Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	Progress Mark: <input type="text"/> Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	Objective 1 Met: <input type="radio"/> Yes <input type="radio"/> No Objective 2 Met: <input type="radio"/> Yes <input type="radio"/> No If "No" please explain: <input type="text"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Last: ELI ROY MI First: Y

Date of Birth: 19-OCT-2007

Meeting Date: 20-MAY-2022

Section G: Annual Goals and Objectives

Performance Area: Voc. Ed. Category: Vocational Education Annual Goal #: 9

When given 4 different coins, Roy will identify/state the value/show different combinations of coins with the same value with 70% accuracy in 4 out of 5 consecutive trials as measured by teacher-charted 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:

When given 2 different coins, and with guidance and support, Roy will identify/state the value/show different combinations of coins with the same value with 60% accuracy in 2 out of 3 consecutive trials as measured by teacher-charted observations.

Incremental objective #2 related to the goal:

When given 3 different coins, Roy will identify/state the value/show different combinations of coins with the same value with 65% accuracy in 3 out of 4 consecutive trials as measured by teacher-charted observations.

Date to be achieved: July 2022 MO/YR

Date to be achieved: November 2022 MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

4 GOAL MET OR EXCEEDED

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

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

1 NO PROGRESS

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

In collaboration with the classroom teacher, to demonstrate improved postural control and head stability, Roy will utilize technology device (i.e. paint using technology applications, ask/answer questions, complete in-classroom assignments) for at least 180 seconds, with independence, in 4/5 trails, while seated in his adapted seating system.

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 collaboration with the classroom teacher, to demonstrate improved postural control and head stability, Roy will utilize technology device (i.e. paint using technology applications, ask/answer questions, complete in-classroom assignments) for at least 160 seconds, with independence, in 3/5 trails, while seated in his adapted seating system.

Incremental objective #2 related to the goal:

In collaboration with the classroom teacher, to demonstrate improved postural control and head stability, Roy will utilize technology device (i.e. paint using technology applications, ask/answer questions, complete in-classroom assignments) for at least 180 seconds, with independence, in 3/5 trails, while seated in his adapted seating system.

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"/> Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	Progress Mark: <input type="text"/> Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	Progress Mark: <input type="text"/> Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	Progress Mark: <input type="text"/> Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	Objective 1 Met: <input type="radio"/> Yes <input type="radio"/> No Objective 2 Met: <input type="radio"/> Yes <input type="radio"/> No If "No" please explain: <input type="text"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
 Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

During structured and unstructured activities, Roy will produce at least 4 word phrases, sentences, and questions using a multi-modal approach (e.g. word approximations, dynamic display voice output system accessed via eye-gaze) with moderate prompts and cues with at least 70% accuracy.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

During structured and unstructured activities, Roy will produce at least 4 word phrases, sentences, and questions using a multi-modal approach (e.g. word approximations, dynamic display voice output system accessed via eye-gaze) with moderate prompts and cues with at least 50% accuracy.

Incremental objective #2 related to the goal:

During structured and unstructured activities, Roy will produce at least 4 word phrases, sentences, and questions using a multi-modal approach (e.g. word approximations, dynamic display voice output system accessed via eye-gaze) with moderate prompts and cues with at least 60% accuracy.

Date to be achieved: MO/YR

Date to be achieved: MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
 Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

Roy will participate in a mobility program in which he is upright in an adapted mobility device for at least 15 minutes (during adapted physical education), with head/neck support as needed, with dependent adult assistance for transfers into the equipment and minimal to maximal adult assistance for steering and assistance to maintain forward progression when using the gait trainer, on 4 out of 5 days attended.

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:

Roy will access his restroom environment with adapted toileting equipment (including changing table, mechanical lift, adapted toilet) as needed, with adult assistance, 90% of the time, on days attended

Incremental objective #2 related to the goal:

Roy will maintain an upright position for at least 30 minutes to allow for participation in classroom activities with his communication device with adapted equipment (adapted seating, - currently using wheelchair (medically provided by CCS); adapted desk; stander; head/neck support) as needed, with adult assistance, 90% of the time, on days attended

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"/> Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	Progress Mark: <input type="text"/> Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	Progress Mark: <input type="text"/> Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	Progress Mark: <input type="text"/> Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	Objective 1 Met: <input type="radio"/> Yes <input type="radio"/> No Objective 2 Met: <input type="radio"/> Yes <input type="radio"/> No If "No" please explain: <input type="text"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
 Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

GR: 10; STD: 1.12, 2.1- Will participate in a Mild to Moderate Exercise and activity program monthly; according to bell schedule, including Stretching, Range-of-motion, Balance, Rhythm, and Strength Training. 3/5 @ 75%.

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

Incremental objective #1 related to the goal:

Will participate in a Mild to Moderate Exercise and activity program monthly; according to bell schedule, including Stretching, Range-of-motion, Balance, Rhythm, and Strength Training. 3/5 @ 65%

Incremental objective #2 related to the goal:

Will participate in a Mild to Moderate Exercise and activity program monthly; according to bell schedule, including Stretching, Range-of-motion, Balance, Rhythm, and Strength Training. 3/5 @ 70%

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"/> Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	Progress Mark: <input type="text"/> Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	Progress Mark: <input type="text"/> Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	Progress Mark: <input type="text"/> Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	Objective 1 Met: <input type="radio"/> Yes <input type="radio"/> No Objective 2 Met: <input type="radio"/> Yes <input type="radio"/> No If "No" please explain: <input type="text"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student ELI ROY Y Last First MI

Date of Birth 19-OCT-2007

Meeting Date 20-MAY-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.

Table with 2 columns: Student will participate in Regular State and District Assessments. (Designated Supports and/or Accommodations identified below are applicable) and Alternate ELPAC Subject Writing. Includes Designated Supports and Accommodations lists.

Table with 2 columns: Student will participate in Regular State and District Assessments. (Designated Supports and/or Accommodations identified below are applicable) and Alternate ELPAC Subject Speaking. Includes Designated Supports and Accommodations lists.

Table with 2 columns: Student will participate in Regular State and District Assessments. (Designated Supports and/or Accommodations identified below are applicable) and Alternate ELPAC Subject Listening. Includes Designated Supports and Accommodations lists.

Table with 2 columns: Student will participate in Regular State and District Assessments. (Designated Supports and/or Accommodations identified below are applicable) and Alternate ELPAC Subject Reading. Includes Designated Supports and Accommodations lists.

Table with 2 columns: Student will participate in California Alternate Assessment in English Language Arts and Math in grades 3-8 and 11 and Science in grades 5, 8, and once in high school. and CAA Subject ELA/Math and Science. Includes Designated Supports and Accommodations lists.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Last ELI

First ROY

MI Y

Date of Birth 19-OCT-2007

Meeting Date 20-MAY-2022

Section N: Procedural Safeguards and Follow-up Actions



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



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



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

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

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student Last: ELI, First: ROY, MI: Y

Date of Birth: 19-OCT-2007

Meeting Date: 20-MAY-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 (Email, Student, Phone), Whom (E. Rivas, E. Rivas, Myung), When (16-MAY-2022, 16-MAY-2022, 18-MAY-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 (checked), 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 (checked)

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 20-MAY-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.

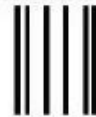
A. Regarding your child's current IEP:	Yes	No	Does Not Apply
1. I am satisfied with the IEP meeting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I feel that the IEP accurately reflects the decisions made at the IEP meeting.	<input type="checkbox"/>	<input type="checkbox"/>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

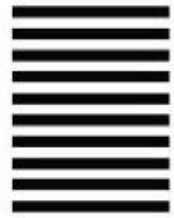


NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

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" value="Ilan Eli (participated by chromebook)"/>	<input type="text"/>
Parent/Guardian	<input type="text" value="Paulette Eli (participated by chromebook)"/>	<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="Theresa Rech"/>	<input type="text" value="Theresa Rech"/>
Special Education Teacher	<input type="text" value="Mariejo Madridejos-Roa"/>	<input type="text" value="Mariejo Madridejos-Roa"/>
General Education Teacher	<input type="text" value="David Guest"/>	<input type="text" value="DMG"/>
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="Monica Ko"/>	<input type="text" value="Monica Ko"/>
Related Service Staff <input type="text" value="OT"/>	<input type="text" value="Michelle Eglin"/>	<input type="text" value="Michelle Eglin"/>
Related Service Staff <input type="text" value="PT"/>	<input type="text" value="Grace Boll"/>	<input type="text" value="Grace Boll"/>
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" value="LAUSD Orthopedic Impairment Services"/>	<input type="text" value="Peggy Miller"/>	<input type="text" value="Peggy Miller"/>
Other <input type="text" value="AT"/>	<input type="text" value="Malika Ferrell"/>	<input type="text" value="Malika Ferrell"/>
Other <input type="text" value="APE"/>	<input type="text" value="Franklin Fisher"/>	<input type="text" value="Franklin Fisher"/>
Other <input type="text" value="Bridge Coordinator"/>	<input type="text" value="Daria Myung"/>	<input type="text" value="Daria Myung"/>

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" value="Theresa Rech"/>	<input type="text" value="Theresa Rech Signature"/>
Administrative Designee	<input type="text"/>	<input type="text"/>
Special Education Teacher	<input type="text" value="Mariejo Madrdejos-Roa"/>	<input type="text" value="Mariejo Madrdejos-Roa"/>
General Education Teacher	<input type="text"/>	<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" value="APE"/>	<input type="text" value="Franklin Fisher"/>	<input type="text" value="Franklin Fisher Signature"/>
Related Service Staff <input type="text"/>	<input type="text"/>	<input type="text"/>
Related Service Staff <input type="text"/>	<input type="text"/>	<input type="text"/>
Interpreter	<input type="text"/>	<input type="text"/>
Sign Language Interpreter	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
 Last First MI

Date of Birth

Meeting Date

LEAST RESTRICTIVE ENVIRONMENT ANALYSIS

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

Student's Current Placement Type:

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

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

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

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 type="radio"/> Yes <input checked="" type="radio"/> No If the answer is YES, then a general education classroom/setting is the appropriate placement. If the answer is NO, go to the question below.
	<input type="radio"/> Yes <input checked="" type="radio"/> No If not currently available, can the required supports, services, accommodations and/or modifications be made available in a general education classroom/setting? If YES, all required supports, services, accommodations and/or modifications must be provided within a reasonable timeline. If the answer is NO, please articulate why in the box below. Then go to Step B.
Student needs smaller setting that can support him with academic, behavioral and social emotional needs.	

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

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.

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.

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.

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 1 - Eligibility, Placements and Supports

Student 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"/>
Eligibility: (from Page 4)		Eligible (OI)	
	Final IEP Reason Final IEP Effective Date:		
Curriculum		<input type="text" value="Alternate Curriculum"/>	
Placement	Type of School	<input type="text" value="District Non-Resident School"/>	
	Name of School	<input type="text" value="GRANT SH"/>	
Instructional Setting	Setting	<input type="text" value="Special Education"/>	
	Program	<input type="text" value="IDM"/>	
	Special Day Minutes/Wk	<input type="text" value="1350"/>	
	Addresses Goals	<input type="text" value="2(Functional Reading),3(Functional Writing),4(Func. Communication),5(ELD),6(Behavioral Support),7(Functional Math),8(Func. Communication),9(Voc. Ed.),10(Sensorimotor),11(Communication (LAS)),1(Physical Access)"/>	
Additional Factors	Low Incident Support	<input type="text" value="Yes (OI-Severe Eligibility)"/>	
	Assistive Technology Support	<input type="text" value="Yes, Regular Session and ESY"/>	
	Transportation	<input type="text" value="Home to School"/>	
	Extended School Year/Intersession	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Parent Counseling and Training (PCT)		<input checked="" type="radio"/> Yes <input type="radio"/> No	
	ESY Transportation	<input type="text" value="Home to School"/>	
Accommodation, Modifications, Supports	Instructional Accommodations	<input type="text" value="Checking for understanding, chunking information, graphic organizers, sentence starters, simplification of instructions. small group instruction, pre-teaching and reteaching, Allow use of line marker of finger to help keep placed when reading. Pages of book less dense. Large Print Font between 14-16, extended time to complete tasks, classroom tablet technology, multi-modality instruction including visual clues, modeling, realia, and use of the alternate curriculum, hands on instruction, visual aides, teacher-made materials & multisensory instruction & additional time to process information and to answer questions."/>	
	Instructional Modifications	<input type="text" value="Alternative curriculum. Use of high tech communication system, pictures, visuals, break tasks into parts,"/>	
	Other Supports, including Non-Academic and Extra-curricular Activities	<input type="text" value="Supervision and support when using his equipment with walker, standing device etc. Full support with feeding, toileting, positioning, transferring, and self help skills."/>	
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	Do the Parent and the District (local educational agency) agree that a reassessment is unnecessary?	<input type="radio"/> Yes <input checked="" type="radio"/> No	

three-year comprehensive reassessment.)	If the Parent does not agree, specify the area(s) to be reassessed.	Reassessment will be determined at the second annual.	
Comments, as appropriate			
Low Incidence Equipment	<p>Dynamic Display Communication Device with eye gaze technology for access with word processing program, customizable on-screen keyboard, with text to speech capabilities and math formatting software to access the curriculum to be used at home and school including RSY and ESY with table, wheelchair and rolling mounts. This device will be used for academic (AT) and communication (LAS).</p> <p>PT: Student may require an adapted classroom chair; adapted desk; positioning equipment; head/neck support; standing device; mobility equipment/gait trainer; adapted toileting equipment - including changing table, lift, adapted toilet, as needed to meet IEP goals</p>		
Assistive Technology Equipment	<p>Dynamic Display Communication Device with eye gaze technology for access with word processing program, customizable on-screen keyboard, with text to speech capabilities and math formatting software to access the curriculum to be used at home and school including RSY and ESY with table, wheelchair and rolling mounts. This device will be used for academic (AT) and communication (LAS).</p>		
Participation in General Education	<p>Electives, lunch, passing periods and all school wide activities</p>		

Document

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student ELI Last

ROY First

Y MI

Date of Birth 19-OCT-2007

Meeting Date 20-MAY-2022

		Effective With This IEP	Future Changes Related To This IEP
Service 1	Start Date:	Effective on Signature Date	
16	End Date:		
Occupational Therapy	Service applies to:	Regular	
	Frequency:	1-5	
This service addresses the following goals:	Interval:	Monthly	
10(Sensorimotor)	Minutes/Interval:	75	
	Minutes/Interval (Pullout from Gen Ed):	0	
	Service Delivery Model:	Direct Service (Collaborative)*	
	Responsible Personnel:	Licensed/Credentialed Provider	
	*		
Service 2	Start Date:	Effective on Signature Date	
35	End Date:		
OI Services	Service applies to:	Regular	
	Frequency:	1-10	
This service addresses the following goals:	Interval:	Yearly	
2(Functional Reading)	Minutes/Interval:	120	
3(Functional Writing)	Minutes/Interval (Pullout from Gen Ed):	0	
4(Func. Communication)	Service Delivery Model:	Indirect Service (Consultative) {n/a for RSP}*	
	Responsible Personnel:	Licensed/Credentialed Provider	

	*		

Service 3	Start Date:	Effective on Signature Date	
10	End Date:		
Language/Speech	Service applies to:	Regular	
	Frequency:	0-100	
This service addresses the following goals:	Interval:	Yearly	
11(Communication (LAS))	Minutes/Interval:	1800	
	Minutes/Interval (Pullout from Gen Ed):	0	
	Service Delivery Model:	Direct Service (Collaborative)*	
	Area:	School-Based	
	Responsible Personnel:	Licensed/Credentialed Provider	

*

Service 4	Start Date:	Effective on Signature Date	
10	End Date:		
Language/Speech	Service applies to:	ESY	
	Frequency:	1-10	
This service addresses the following goals:	Interval:	Yearly	
11(Communication (LAS))	Minutes/Interval:	120	
	Minutes/Interval (Pullout from Gen Ed):	0	
	Service Delivery Model:	Direct Service (Collaborative)*	
	Area:	School-Based	
	Responsible Personnel:	Licensed/Credentialed Provider	

*

Service 5	Start Date:	Effective on Signature Date		
13	End Date:			
Physical Therapy	Service applies to:	Regular		
	Frequency:	10-20		
This service addresses the following goals:	Interval:	Yearly		
1(Physical Access)	Minutes/Interval:	600		
	Minutes/Interval (Pullout from Gen Ed):	0		
	Service Delivery Model:	Direct Service (Collaborative)*		
	Responsible Personnel:	Licensed/Credentialed Provider		
		Special Education Teacher		
		Other Provider(s)		
	*			

Service 6	Start Date:	Effective on Signature Date	
09S	End Date:		
Adapted PE - Roster Carrying	Service applies to:	Regular	
	Frequency:	10	
This service addresses the following goals:	Interval:	Monthly	
12(ADAPTED PE)	Minutes/Interval:	0800	
	Minutes/Interval (Pullout from Gen Ed):	0	
	Service Delivery Model:	Direct Service (Collaborative)*	
	Responsible Personnel:	Licensed/Credentialed Provider	
		District Assigned Qualified Provider	
		General Education Teacher	

	*		
Service 7	Start Date:	Effective on Signature Date	
16	End Date:		
Occupational Therapy	Service applies to:	ESY	
	Frequency:	1-5	
This service addresses the following goals:	Interval:	Yearly	
3(Functional Writing)	Minutes/Interval:	60	
10(Sensorimotor)	Minutes/Interval (Pullout from Gen Ed):	0	
	Service Delivery Model:	Direct Service (Collaborative)*	
	Responsible Personnel:	Licensed/Credentialed Provider	
	*		
Service 8	Start Date:	Effective on Signature Date	
32	End Date:		
Behavior Intervention Implementation (BII)	Service applies to:	ESY	
	Frequency:	1-5	
This service addresses the following goals:	Interval:	Weekly	
6(Behavioral Support)	Minutes/Interval:	1350	
	Minutes/Interval (Pullout from Gen Ed):	0	
	Service Delivery Model:	Collaborative Behavioral Services*	
	Responsible Personnel:	District Assigned Qualified Provider	

	District Assigned Qualified Provider
	Special Education Teacher
	*

Service 11	Start Date:	Effective on Signature Date
13	End Date:	
Physical Therapy	Service applies to:	ESY
	Frequency:	1-5
This service addresses the following goals:	Interval:	Yearly
1(Physical Access)	Minutes/Interval:	60
	Minutes/Interval (Pullout from Gen Ed):	0
	Service Delivery Model:	Direct Service (By a Single Provider)*
	Responsible Personnel:	Licensed/Credentialed Provider
		Special Education Teacher
		Other Provider(s)
	*	

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	72	

Part 4 - Additional Discussion (This section is optional)

--

Opening statements read. PLP's and goals reviewed. The team asked for parent feedback in all areas.

ADAPTED PE: Remains eligible for service and service has changed to a NON-GOAL DRIVEN SPECIALLY DESIGNED SERVICE DELIVERY MODEL. FIT-No. In accordance with California State mandated PE minutes, students at a secondary school site are required to complete 400 minutes per 10 school days. Will receive one period of APE based on the school site bell schedule, which may be different than the California state mandated PE minutes. Student attendance will be captured in MiSiS/Schoolology.

The parents' two main concerns for Eli were to have more time out of the chair and questions about the BII support. The team discussed that Roy had outgrown his stander, and a new one is ordered and the school is awaiting arrival. The PT will continue to provide services as indicated in the IEP

The team discussed that Roy has BII with him daily at all times. The school assigns someone to support him when the regular BII is absent, takes a break, or leaves for the day. The team discussed introducing the parents to the team member who comes in when the regular BII is unavailable.

Amendment IEP 5/20/22: To add APE services.

ADAPTED PE: Remains eligible for service and service is unchanged. ESY-Yes, FIT-No. In accordance with California State mandated PE minutes, students at a secondary school site are required to complete 400 minutes per 10 school days. Will receive one period of APE based on the school site bell schedule, which may be different than the California state mandated PE minutes. Student attendance will be captured in MiSiS/Schoolology.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student ELI ROY Y
Last First MI

Date of Birth 19-OCT-2007 Meeting Date 20-MAY-2022

FAPE Summary Grid

Program:		IDM	Setting:		Special Education				
Eligibility:		Eligible (OI)		Curriculum:		Alternate Curriculum			
Transportation:		Home to School		Low Incident Support:		Yes (OI-Severe Eligibility)			
Date District Received									
Parent Signature:									
Service Code	Service Desc	Start Date	Service Applies To	Interval	Frequency	Area	Total Minutes	Addresses Goal(s)	No Consent
09	Adapted PE	Effective on Signature Date	ESY	Yearly	4	~	0180	ADAPTED PE	--
09S	Adapted PE - Roster Carrying	Effective on Signature Date	Regular	Monthly	10	~	0800	ADAPTED PE	--
32	Behavior Intervention Implementation (BII)	Effective on Signature Date	ESY	Weekly	1-5	~	1350	Behavioral Support	--
32	Behavior Intervention Implementation (BII)	Effective on Signature Date	Regular	Weekly	1-5	~	2085	Behavioral Support	--
10	Language/Speech	Effective on Signature Date	Regular	Yearly	0-100	School-Based	1800	Communication (LAS)	--
10	Language/Speech	Effective on Signature Date	ESY	Yearly	1-10	School-Based	120	Communication (LAS)	--
35	OI Services	Effective on Signature Date	Regular	Yearly	1-10	~	120	Functional Reading, Functional Writing, Func. Communication	--
16	Occupational Therapy	Effective on Signature Date	ESY	Yearly	1-5	~	60	Functional Writing, Sensorimotor	--
16	Occupational Therapy	Effective on Signature Date	Regular	Monthly	1-5	~	75	Sensorimotor	--
13	Physical Therapy	Effective on Signature Date	Regular	Yearly	10-20	~	600	Physical Access	--
13	Physical Therapy	Effective on Signature Date	ESY	Yearly	1-5	~	60	Physical Access	--

Alternative Remote/Distance Learning Services During Emergency Conditions

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

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

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

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 **ELI** **ROY** **Y** **MI** **Date of Birth** 19-OCT-2007 **Meeting Date** 20-MAY-2022

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

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)
6 daily medium 20-30
 Reported by Teacher & Staff and/or observed by teacher

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 Peer conflict Over stimulation
 Unstructured time Internal physical/emotional state Room conditions Specific room arrangement
 Events from previous environments Lack of freedom, choice, desirable activities, friends
 Under stimulation
 Other Describe: restroom

Observation Analysis

6 What supports the student using the problem behavior? (What is missing in the environment/curriculum or what is in the environment/curriculum that needs changing?)
Present in the environment: Classroom seating arrangement Noise levels Interactions (adult and/or peers)
Missing in the environment: Peer status gained for misbehavior Inappropriate materials (age-appropriate) Conflict resolution skills
 Transition skills Schedule Effective communication with parent
 Re-teaching Task structuring Communications system
 Social skills instruction Consequences not clear to student
 Choices
 Other (Missing/Present): cannot use the restroom independently

REMOVE STUDENT'S NEED TO USE THE PROBLEM BEHAVIOR

Intervention

7 What environmental changes, structure and supports are needed to remove the student's need to use this behavior? (Changes in Time/Space/Materials/Interactions to remove the likelihood of behavior)
Time Changes: 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 student is physically unable to use the restroom
Who will establish? teacher/staff Who will monitor? teacher/staff Frequency daily

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 **ELI** **ROY** **Y** **Date of Birth** 19-OCT-2007 **Meeting Date** 20-MAY-2022
Last First MI

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:

Observation Analysis 9

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?)

10

What teaching Strategies/Necessary Curriculum/Materials are needed?

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

Who will establish? Who will monitor? Frequency:

Intervention 11

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

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

Other ideas:

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

By whom? Frequency

EFFECTIVE REACTION

PART III

REACTIVE STRATEGIES

12

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

Personnel?

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 ELI ROY Y
Last First MI

Date of Birth 19-OCT-2007

Meeting Date 20-MAY-2022

OUTCOMES

PART IV

BEHAVIORAL GOALS

13 Behavioral Goal: Goal #: 6

Roy will communicate his needs 5 /5 times on a daily basis.

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?

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
- Daily reports
- Weekly reports
- Other _____
- Email
- Daily charting
- Written notes
- Behavioral logs

Between? teacher and parents Frequency? as needed

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

(ITP, pg. 1 of 3)

Student Last: ELI ROY Y MI

Date of Birth: 19-OCT-2007

Meeting Date: 20-MAY-2022

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 checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> First ITP	<input type="text"/>
Employment Activity	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> First ITP	<input type="text"/>
Independent Living Skills Activity (as needed)	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="text"/>

Section 1: Education/Training

Assessment (at least one assessment must be completed in this area).	Date	Assessment Name and Results: Indicate interests/abilities and area(s) of need (if applicable)
<input type="text" value="Transition Surveys, Checklists, or Informal Questionnaires"/> If other? <input type="text"/>	<input type="text" value="30-MAR-2022"/>	Unique Vocational: Roy stated that he likes a job that is inside and quiet.
<input type="text"/> If other? <input type="text"/>	<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
<input type="text" value="recite personal data including complete name, home address and phone number"/> If other? <input type="text"/>	<input type="text" value="29-MAR-2023"/>	<input type="text" value="Student"/> <input type="text" value="Special Education Teacher"/> <input type="text" value="Parent/Guardian/Family"/> <input type="text"/> <input type="text"/> <input type="text"/>

Student
 Last First MI

Date of Birth

Meeting Date

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="Transition Surveys, Checklists, or Informal Questionnaires"/> <input type="button" value="v"/> If other? <input type="text"/>	<input type="text" value="30-MAR-2022"/>	Unique Vocational: He stated that he likes a job with no lifting and same work.
<input type="text"/> <input type="button" value="v"/> If other? <input type="text"/>	<input type="text"/>	

Employment Postsecondary Goal	If other?
Upon completion of high school, the student will:	
<input type="text" value="participate in a work/activity program"/> <input type="button" value="v"/>	<input type="text"/>

Employment Activity to Support Goal	Timeline	Person/Agency Responsible
<input type="text" value="participate in a structured vocational training experience to explore interests and to develop work-related skills/abilities (i.e. on-task behavior, completion of a sequence of tasks, etc)"/>	<input type="text" value="29-MAR-2023"/>	<input type="text" value="Student"/> <input type="button" value="v"/> <input type="text" value="Special Education Teacher"/> <input type="button" value="v"/> <input type="text" value="Parent/Guardian/Family"/> <input type="button" value="v"/> <input type="text"/> <input type="button" value="v"/> <input type="text"/> <input type="button" value="v"/> <input type="text"/> <input type="button" value="v"/>
If other? <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" value="Transition Surveys, Checklists, or Informal Questionnaires"/> <input type="button" value="v"/> If other? <input type="text"/>	<input type="text" value="30-MAR-2022"/>	Unique Vocational: Roy stated that he can get to work on time and follow a schedule.
<input type="text"/> <input type="button" value="v"/> If other? <input type="text"/>	<input type="text"/>	

Independent Living Postsecondary Goal	If other?
Upon completion of high school, the student will:	
<input type="text" value="live with family/relatives"/> <input type="button" value="v"/>	<input type="text"/>

Independent Living Activity to Support Goal	Timeline	Person/Agency Responsible
<input type="text" value="keep and maintain personal planner/calendar for scheduling appointments/events"/>	<input type="text" value="29-MAR-2023"/>	<input type="text" value="Student"/> <input type="button" value="v"/> <input type="text" value="Special Education Teacher"/> <input type="button" value="v"/> <input type="text" value="Parent/Guardian/Family"/> <input type="button" value="v"/> <input type="text"/> <input type="button" value="v"/> <input type="text"/> <input type="button" value="v"/> <input type="text"/> <input type="button" value="v"/>
If other? <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:

Upon completion of high school, Roy should consider Career and Transition Center. Roy participates in school and class activities to progress and approach toward completing his future transition goals.

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 |