

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Identification Number

122209M055

SSID

1649092768

**Eligible (OHI)**

Student

ZAFRANI

ELIYAH

Date of Birth:

22-DEC-2009

Last

First

MI

Section A: Meeting Information

Pertinent Dates

Type of Meeting

Date of Initial IEP Team Meeting

14-MAY-2018

Date of Present Meeting

17-AUG-2022

Annual Review to be conducted by

18-NOV-2022

Next Three Year Review will be conducted by

20-OCT-2024

Three Year Review or Evaluation was conducted on

21-OCT-2021

Transition to Kindergarten to be conducted by

Initial

Amendment of IEP dated

18-NOV-2021

Annual Review

Early Start Transition

Three Year Review

Expulsion Analysis

Other

Individual Transition Plan

Location of Meeting

PORTOLA CM

District Name

Los Angeles Unified School Dist

Section B: Student Information

Date of Birth

22-DEC-2009

Age

12

Grade

7

Gender

Male  Female

Ethnic Code

White

Location of the Psych Folder

SUPPORT UNIT NOR

Student has no Psych Folder

Location of the Cum Folder

PORTOLA CM

Student has no Cum Folder

Home Language

English

Student Language

English

Alternate Mode of Communication

Home Address of Student

5224 ZELZAH AVE UNIT 201

City

ENCINO

CA

ZIP Code

91316

Home Telephone

(818) 445-0090

Daytime Telephone

Emergency Telephone

School of Attendance

Portola Cm

Location Code

8107

School of Residence

Portola Cm

Location Code

8107

Name of Parent/Guardian

Telephone

Address

City

CA

ZIP Code

Surogate Parent

Telephone

Attends **CURRENT SCHOOL** as a result of one of the following

Attends School of Residence

Is the student living in a Family Foster Home (FFH)?

No  Yes

FFH#

Is FFH Provider related to student?

No  Yes

Relationship

Licensed Children's Institution

No  Yes

LCI Name

LCI#

Out of the home placement made by

Regional Center

Department of Mental Health

Department of Children's Services

Superior Court

Other

Child's family living within LAUSD's boundaries?

No  Yes

If the student is 18 years old or older or is an emancipated minor, does he/she have educational decision-making rights?

No  Yes

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student

Date of Birth

Last First MI

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="READING"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Category	<input type="text" value="Reading"/> ▼			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
2	<input type="text" value="WRITING"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Category	<input type="text" value="Writing"/> ▼			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
3	<input type="text" value="MATH"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Category	<input type="text" value="Math"/> ▼			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
4	<input type="text" value="Behavioral Support"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Category	<input type="text" value="Behavior Intervention"/> ▼			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
5	<input type="text" value="Vocational"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Category	<input type="text" value="Vocational Education"/> ▼			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
6	<input type="text" value="Counseling/ERICs"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Category	<input type="text" value="Social Emotional"/> ▼			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
7	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Category	<input type="text"/> ▼			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
8	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Category	<input type="text"/> ▼			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
9	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Category	<input type="text"/> ▼			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
10	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Category	<input type="text"/> ▼			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student ZAFRANI ELIYAH MI

Last First MI

Date of Birth 22-DEC-2009

Meeting Date 17-AUG-2022

Section E: Present Level of Performance

Performance Area: Mathematics

Category: Math

Assessment/Monitoring Process Used: Teacher reports, grade reports,

State/District Assessment Results:

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

Strengths: Eliyah is able to use simple operations to solve computation problems as well as simple (Multiplication, Subtraction, Addition, Division) word problems. Eliyah is able to use estimation to solve problems.

Needs: Eliyah struggles to solve math problems that involve large multiple digit numbers or decimal numbers. Eliyah struggles and is non-compliant in doing class work and/or completing his homework in the area of mathematics. Due to the lack of completed work it is difficult to assess specific mathematical needs. Based on Eliyah's Woodcock Johnson Scores he lacks the foundational mathematics skills.

Impact of Disability: Eliyah's eligibility of Other Health Impairment impairs his ability to fluently add, subtract, multiply and divide multi-digit numbers, which impacts his participation and progress in the general education curriculum in the area of Math.

\*\* Refer to Re-evaluation 10/2021 for WWJ Data \*\*

Performance Area: Vocational Education

Category: Vocational Education

Assessment/Monitoring Process Used: teacher reports, grade reports, schoology

State/District Assessment Results:

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

Strengths: Eliyah enjoys being with his peers and initiates conversations with his peers and adults. He likes to participate in discussions where the topics are of interest and knows how to take turns and listen to the opinions of others.

Needs: Eliyah struggles with completing assignments. His performance varies on a day to day basis based on his state of emotional well being or when the task is too difficult for him. Eliyah's low grades are due to missing classwork and homework in all of his core classes. Currently at the 15

Needs: Eliyah struggles with completing assignments. His performance varies on a day to day basis based on his state of emotional well being or when the task is too difficult for him. Eliyah's low grades are due to missing classwork and homework in all of his core classes. Currently at the 15 week Fall progress report he is earning the following grades:

- Math: F
English: F
Science: F
History: F
PE:C
Elective: D

These low grades are due to lack of work turned in and/or produced during class. He has been enrolled in the Learning Center for the past 5 weeks and he has not taken advantage of the additional support. The Learning Center has not made a difference. His grades will not improve until Eliyha is motivated to do so.

Impact of Disability: Eliyah's eligibility of Other Health Impairment impedes his ability to initiate and complete his work, which impacts his participation and progress in the general education curriculum.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student ZAFRANI ELIYAH  
Last First MI

Date of Birth 22-DEC-2009

Meeting Date 17-AUG-2022

Section E: Present Level of Performance

Performance Area: Reading

Category: Reading

Assessment/Monitoring Process Used: Teacher reports, grade reports

State/District Assessment Results:

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

Strengths: Although Elijah's WWJ scores (administered 10/2021) in the area of reading are average, he's completed very few assignments in English. He does complete the Daily Language (warm up). He continues to not turn in any work and earned a F in English as the 15 week progress report. It is difficult to identify any strengths in the area of reading at this time other than the data from the WWJ which was administered in October 2021.

Needs: Based on the Woodcock Johnson IV Assessment recently was administered , Elijah needs more practice analyzing details on how a key event is introduced in a text. Elijah has is not motivated to engage in learning in English class.

Impact of Disability: Elijah's eligibility of Other Health Impairment impairs his ability to analyze and comprehend informational text, including identifying key events which impacts his participation and progress in the general education curriculum in the area of reading.

Performance Area: Writing

Category: Writing

Assessment/Monitoring Process Used: Teacher Reports, grade reports

State/District Assessment Results:

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

Strengths: Elijah's handwriting is legible and will often demonstrate a knowledge of sentence structure, punctuation and capitalization. Elijah does punctuate sentences correctly showing a growing knowledge of proper placement for quotation marks, periods and commas. This is based on class work samples. He does complete the Daily Language (warm up) however it is not consistent.

Needs: When assigned a writing assignment, Elijah continues to lose focus when trying to develop a main idea for multi-paragraph writing assignments. When provided with a writing prompt the requires Elijah to provide explanation or supporting evidence, he will benefit from reminders and graphic organizers. Elijah requires graphic organizers to assist in creating a comprehensive organized written response.

Impact of Disability: Elijah's eligibility of Other Health Impairment impairs his ability to provide a claim with supporting evidence, which impacts his participation and progress in the general education curriculum, in the area of writing.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Last ZAFRANI

First ELIYAH

MI

Date of Birth 22-DEC-2009

Meeting Date 17-AUG-2022

Section E: Present Level of Performance

Performance Area: Behavior

Category: Behavior Intervention

Assessment/Monitoring Process Used: teacher reports, observations

State/District Assessment Results:

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

Strengths: If a task is preferred Eliyah will show enthusiasm and will take part in group work or work independently. Eliyah is able to work in small groups and one-on-one. Eliyah will become focused on academic assessment when he is working one on one with an adult.
Needs: Eliyah does not assume responsibility for poor choices in and out of the classroom often. Eliyah struggles to make appropriate decisions when interacting with staff and peers. Eliyah does not begin or initiate task and rarely stays with tasks until they are completed, unless they are preferred. Eliyah has not shown an ability to work independently or participate in large group instruction with any consistency. When given a task, Eliyah struggles with initiating to read directions and explanations and/or ask for help if he deems the task is difficult.
Impact of Disability: Eliyah's eligibility of Other Health Impairment impedes his ability to initiate and complete assignments/tasks that are non preferred, which impacts his participation and progress in the general education curriculum.

Performance Area:

Category:

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student   
Last  
First  
MIDate of Birth Meeting Date 

## Section E: Present Level of Performance

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):

Strengths: Since the start of this school year, during testing, counseling, and observations Elijah demonstrated that he can act politely, be responsible, attentive, and respect those that he feels respect him. His teachers stated that he can be 'sweet' and at times can work hard to improve. Teachers noted that Elijah responds well to praise. Mother reported that Elijah has good relationships with his siblings. Elijah reports that he has many friends that he sees in and out of school and with whom he has been friends since elementary school. He stated that he loves cooking and would like to become a chef. In testing Elijah easily engaged in reciprocal conversation with examiner and provided honest responses on behavior rating scales reporting some strengths and areas of need.  
(continuing ...)

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):

Areas of Need: However, Elijah's teachers have also reported him becoming argumentative and talking back to his teachers. When not getting his way, Elijah may go into a shut-down mode, may put his head down and refuse to work. When he feels wronged, at times he may respond to others in a way that would hurt the feelings of others. Review of records indicates that Elijah presents with history of hyperactivity/impulsivity. Following his initial IEP that was held in May of 2018 Elijah has been receiving special education services under the eligibility of Autism. Results of autism rating scales that were completed by mother, 5th grade teacher and 6th grade teacher suggest that Elijah presents with behaviors that are typical for children on the autism spectrum. However, although all raters reported elevated Total scores, there was a noticeable difference in reported T-Scores (Parent T-Score 63; 5th grade Teacher T-Score 73, and 6th Grade Teacher T-Score 99). There was also noticeable difference in how all the above responders assessed Elijah's Social/Communication, Unusual Behaviors, and Self-regulations areas. Results of ADHD rating scales that were completed by mother and teachers suggest that Elijah is likely to present with ADHD. Furthermore, results of depression rating inventory completed by Elijah suggest that he might present with an elevated number of depressive symptoms.

Impact of the Disability: Elijah's Other Health Impairment (OHI) due to ADHD characteristics appears to affect his ability to display socially-appropriate behaviors on a consistent basis.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student ZAFRANI  
Last

ELIYAH  
First

MI  
MI

Date of Birth 22-DEC-2009

Meeting Date 17-AUG-2022

Section E: Present Level of Performance

Performance Area: Health

Category: Health

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

DUE TO THE PANDEMIC, ASSESSMENT ARE BEING CONDUCTED REMOTELY OR IN PERSON.THE PROVISION OF IN PERSON HEALTH ASSESSMENT IS SUBJECT TO EXISTING PUBLIC HEALTH AND SAFETY CONDITIONS.HEALTH INFORMATION IS GATHERED FROM A REVIEW OF HEALTH RECORD AND CONFERENCE WITH PARENT.VISION AND HEARING INFORMATION ARE THE MOST CURRENT DOCUMENT IN THE HEALTH RECORD.

HEALTH SUMMARY: INFORMATION PROVIDED BY HIS MOTHER.SHE REPORTS NO SIGNIFICANT HEALTH PROBLEM.AND TAKES NO ROUTINE MEDICATION ON A DAILY BASIS.PARENT AREA OF CONCERN IS ACADEMIC.

STUDENT NEEDS: HEALTH IS NOT AN AREA OF NEED.

STUDENT STRENGTH: HE PASSED VISION TEST WITHOUT CORRECTION ON 10/5/21 AND PASSED HEARING TEST ON 4/19/18.NO HISTORY OF SERIOUS ILLNESS,INJURY OR HOSPITALIZATION IN THE LAST 3 YEARS. 10/5/21: Height is 5 feet 1 inches, weight 164 pounds

IMPACT OF DISABILITY: STUDENT HEALTH DOES NOT IMPACT HIS PARTICIPATION,PERFORMANCE AND ACCESS IN HIS EDUCATIONAL PROGRAM.

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):

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student ZAFRANI ELIYAH MI

Date of Birth 22-DEC-2009

Meeting Date 17-AUG-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: OHI Other Health Impairment

Not Applicable, Blind or Partially Sighted

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

Code: [Empty text box]

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 text box]

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

Final IEP Reason: [Empty text box] Final IEP Effective Date: [Empty text 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 First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area:  Category:  Annual Goal #:

With no more than verbal 2 prompts and visual supports, Eliyah will analyze in detail how a key event is introduced in an informational text through examples or anecdotes as measured by classwork in 4 opportunities with 80% accuracy.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

With moderate prompts (no more than 4) and visual supports, Eliyah will analyze in detail how a key event is introduced in an informational text through examples or anecdotes as measured by work samples in 3 opportunities with 60% accuracy.

Incremental objective #2 related to the goal:

With moderate prompts (no more than 4) and visual supports, Eliyah will analyze in detail how a key event is introduced in an informational text through examples or anecdotes as measured by work samples in 3 opportunities with 70% 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	2nd Reporting Period	3rd Reporting Period	4th Reporting Period (Secondary Only)	Goal Achievement
Date: <input type="text" value="17-DEC-2021"/>	Date: <input type="text" value="10-JUN-2022"/>	Date: <input type="text"/>	Date: <input type="text"/>	
Progress Mark: <input type="text" value="2"/> Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input checked="" type="radio"/> No If "No" please comment: <input checked="" 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" value="2"/> Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input checked="" type="radio"/> No If "No" please comment: <input checked="" 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 #:

When given a non-preferred task, Eliyah will independently ask for help if task is difficult, then complete the teacher determined increment of the task in 3 opportunities with 80% accuracy as measured by observation, work samples and grade reports.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

When given a non preferred task, Eliyah will appropriately ask for clarification as needed (with maximum prompting to ask for assistance), then complete a teacher determined increment of the task in 3 trials with 60% accuracy.

Incremental objective #2 related to the goal:

When given a non preferred task, Eliyah will appropriately ask for clarification as needed (with moderate prompting to ask for assistance), then complete a teacher determined increment of the task in 3 trials with 70% 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" value="17-DEC-2021"/>	2nd Reporting Period Date: <input type="text" value="10-JUN-2022"/>	3rd Reporting Period Date: <input type="text"/>	4th Reporting Period (Secondary Only) Date: <input type="text"/>	Goal Achievement
Progress Mark: <input type="text" value="2"/>	Progress Mark: <input type="text" value="2"/>	Progress Mark: <input type="text"/>	Progress Mark: <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"/>
Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input checked="" type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input checked="" 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	
If "No" please comment: <input checked="" 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 checked="" 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"/>	

Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student ZAFRANI ELIYAH MI Last First MI

Date of Birth 22-DEC-2009

Meeting Date 17-AUG-2022

Section G: Annual Goals and Objectives

Performance Area: Writing Category: Writing Annual Goal #: 2

With visual supports and minimal prompting (visual supports) Eliyah will write 3 or more paragraphs that state claim(s) in support of an argument, with clear reasons and relevant evidence to demonstrate an understanding of the topic or text, as measured by writing samples in 4 trials with 80% 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:

Eliyah will write 1 or more paragraphs (with visual supports) that state claim(s) in support of an argument, with clear reasons and relevant evidence to demonstrate an understanding of the topic or text, as measured by writing samples in 3 trials with 60% accuracy.

Incremental objective #2 related to the goal:

Eliyah will write 1 or more paragraphs (with visual supports) that state claim(s) in support of an argument, with clear reasons and relevant evidence to demonstrate an understanding of the topic or text, as measured by writing samples in 3 trials with 70% accuracy.

Date to be achieved: March 2022 MO/YR

Date to be achieved: August 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

Table with 5 columns: 1st Reporting Period, 2nd Reporting Period, 3rd Reporting Period, 4th Reporting Period (Secondary Only), Goal Achievement. Includes progress marks, sufficiency questions, and reasons for 'No'.

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 the use of visual models, Eliyah will fluently add, subtract, multiply, and divide multi-digit decimals using the standard algorithm for each operation, as measured by work samples in 4 trials with 80% accuracy.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

With the use of visual models, Eliyah will fluently add and subtract multi-digit decimals using the standard algorithm for each operation, as measured by work samples in 4 trials with 60% accuracy.

Incremental objective #2 related to the goal:

With the use of visual models, Eliyah will fluently add and subtract multi-digit decimals using the standard algorithm for each operation, as measured by work samples in 4 trials with 70% 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" value="17-DEC-2021"/>	2nd Reporting Period Date: <input type="text" value="10-JUN-2022"/>	3rd Reporting Period Date: <input type="text"/>	4th Reporting Period (Secondary Only) Date: <input type="text"/>	Goal Achievement
Progress Mark: <input type="text" value="2"/> Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input checked="" type="radio"/> No If "No" please comment: <input checked="" 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" value="2"/> Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input checked="" type="radio"/> No If "No" please comment: <input checked="" 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 #:

With minimal teacher prompts, when given an academic task (preferred or non-preferred), Eliyah will request prompting and/or clarification from teacher (I.e. by chunking the assignment into smaller parts), then return to the task for completion, in 4 opportunities, as measured by teacher observation and completed 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 maximum teacher prompts when given an academic task (preferred or non-preferred), Eliyah will request prompting and/or clarification from teacher (I.e. by chunking the assignment into smaller parts), then return to the task for completion, in 3 opportunities, as measured by Teacher observation and completed work samples.

Incremental objective #2 related to the goal:

With moderate teacher prompts when given an academic task (preferred or non-preferred), Eliyah will request prompting and/or clarification from teacher (I.e. by chunking the assignment into smaller parts), then return to the task for completion, in 3 opportunities, as measured by Teacher observation and completed work samples.

Date to be achieved:   MO/YR

Date to be achieved:   MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

4 GOAL MET OR EXCEEDED

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

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

1 NO PROGRESS

1st Reporting Period Date: <input type="text" value="17-DEC-2021"/>	2nd Reporting Period Date: <input type="text" value="10-JUN-2022"/>	3rd Reporting Period Date: <input type="text"/>	4th Reporting Period (Secondary Only) Date: <input type="text"/>	Goal Achievement
Progress Mark: <input type="text" value="2"/> Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input checked="" type="radio"/> No If "No" please comment: <input checked="" 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" value="2"/> Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input checked="" type="radio"/> No If "No" please comment: <input checked="" 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 #:

ZAFRANI ELIYAH will apply goal setting skills (e.g., evaluating choices, monitoring progress, identifying obstacles, changing course of action) to increase academic or social success in 4 out of 5 trials per week with minimal adult support as measured by observations and review of records.

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:

ZAFRANI ELIYAH will learn goal setting skills (e.g., evaluating choices, monitoring progress, identifying obstacles, changing course of action) in 2 out of 5 trials per week with maximum adult support as measured by observations and review of records.

Incremental objective #2 related to the goal:

ZAFRANI ELIYAH will practice and use goal setting skills (e.g., evaluating choices, monitoring progress, identifying obstacles, changing course of action) to increase academic or social success in one specific area in 3 out of 5 trials per week with moderate adult support as measured by observations and review of records.

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" value="17-DEC-2021"/>	4th Reporting Period (Secondary Only) Date: <input type="text" value="29-MAR-2022"/>	Goal Achievement
Progress Mark: <input type="text"/> Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input checked="" type="radio"/> No If "No" please comment: <input checked="" 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" value="2"/> Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input checked="" type="radio"/> No If "No" please comment: <input checked="" 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" value="2"/> Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input checked="" type="radio"/> No If "No" please comment: <input checked="" 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 checked="" type="radio"/> Yes <input type="radio"/> No Objective 2 Met: <input type="radio"/> Yes <input checked="" type="radio"/> No If "No" please explain: <input type="text" value="Student does not consistently use strategies to achieve academic goals."/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student

ZAFRANI

ELIYAH

Last

First

MI

Date of Birth

22-DEC-2009

Meeting Date

17-AUG-2022

Section K: Participation in State and District-wide Assessments

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

<p><b>Student will participate in Regular State and District Assessments.</b>  <i>(Designated Supports and/or Accommodations identified below are applicable)</i></p>	<p><b>CAASPP Subject</b>          ELA and Math</p>
<p>Designated Supports:</p> <ul style="list-style-type: none"> <li>- Read aloud by an adult in English (for math items and ELA items except for reading passages)</li> <li>- Test in a separate/smaller setting</li> <li>- Simplified or paraphrased test directions (non-embedded designated support)</li> </ul>	
<p>Accommodations:</p> <ul style="list-style-type: none"> <li>- Multiplication table for single digits 1-9 (paper-based; not allowed for Grade 3; non-embedded accommodation)</li> </ul>	

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student ZAFRANI ELIYAH MI

Date of Birth 22-DEC-2009

Meeting Date 17-AUG-2022

Section N: Procedural Safeguards and Follow-up Actions

- Checkboxes for procedural safeguards: Parent's Guide provided, IEP Team Meeting Introductory Statements read aloud, parent/guardian informed of rights.

Is the parent/guardian requesting informal translation? Select Preferred Language: Hebrew

Specify the Individual Pages to be translated: All pages

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.

Pandemic Learning Loss Consideration of Compensatory and/or Recoupment Services

Compensatory Education Consideration:

- Options for compensatory education consideration: required due to COVID-19, not required, or documented on IEP dated.

Recoupment Services Consideration:

- Options for recoupment services consideration: reviewed and discussed student's progress, or documented on IEP dated.

- Other considerations: 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 ZAFRANI ELIYAH MI Last First MI

Date of Birth 22-DEC-2009

Meeting Date 17-AUG-2022

Section Q: Parent Participation and Consent

Parent Participation

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

Parent Notification

Table with 3 columns: Method, Whom, When. Row 1: Student, L. Hirsch, 16-AUG-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

Large empty box for Parent Concerns and Comments.

Signature(s) Date

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

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

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

Signature(s) Date 17-AUG-2022

## PARENT INPUT SURVEY

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

**ALL INFORMATION IS CONFIDENTIAL**

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

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

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

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

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

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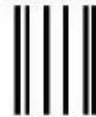
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Please fold along dotted lines with the address showing. Seal and mail. Postage is pre-paid.  
Again, Thank you!



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

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

POSTAGE WILL BE PAID BY ADDRESSEE

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



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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Reconvened Meeting Date

Student ZAFRANI ELIYAH MI Last First MI

Date of Birth 22-DEC-2009

Meeting Date 17-AUG-2022

Section R: Names and Signatures (Signatures on File)

Table with 3 columns: Team Member, Print Name, Signature. Rows include Parent/Guardian, Student Age 18-21 years, Surrogate Parent, Administrative Designee (Lynda Hirsch), Special Education Teacher (Sharon Arissian), General Education Teacher (Tzolere Momdijian), School Nurse (Mehrdokht Parsinia), and Related Service Staff (ERICS, Lesley Rouah).

Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Document Added

Reconvened Meeting Date

Student Last ZAFRANI

First ELIJAH

MI

Date of Birth 22-DEC-2009

Meeting Date 17-AUG-2022

Section R: Names and Signatures (Signatures on File)

Team Member	Print Name	Signature
Parent/Guardian	<input type="text"/>	<input type="text"/>
Parent/Guardian	<input type="text"/>	<input type="text"/>
Student Age 18 - 21 years	<input type="text"/>	<input type="text"/>
Student Under Age 18 years	<input type="text"/>	<input type="text"/>
Surrogate Parent	<input type="text"/>	<input type="text"/>
Foster Parent	<input type="text"/>	<input type="text"/>
Family Foster Home Provider	<input type="text"/>	<input type="text"/>
Administrator	<input type="text"/>	<input type="text"/>
Administrative Designee	Dreena Castillo	<input type="text"/>
Special Education Teacher	Lynda Hirsch	<input type="text"/>
General Education Teacher	Nicholas Mcclouth	<input type="text"/>
School Psychologist	<input type="text"/>	<input type="text"/>
School Nurse	<input type="text"/>	<input type="text"/>
Related Service Staff	<input type="text"/>	<input type="text"/>
Related Service Staff	<input type="text"/>	<input type="text"/>
Related Service Staff	<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"/>
Other	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student     
 Last First MI

Date of   
 Birth

Meeting   
 Date

LEAST RESTRICTIVE ENVIRONMENT ANALYSIS

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

Student's Current Placement Type:

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

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

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

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

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

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

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

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

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

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

<b>Step F.</b>	The student's needs as reflected in the contents of this IEP, and the placement being considered by the IEP team, outweigh any potential harmful effects at this time, including (check all that apply):	
	<input checked="" type="checkbox"/>	Diminished access to the full range of the curriculum
	<input type="checkbox"/>	Missed general education instruction taught by highly qualified staff
	<input checked="" type="checkbox"/>	Rate at which student may earn credits for graduation
	<input type="checkbox"/>	Lack of opportunity for social interaction
	<input type="checkbox"/>	Lack of opportunities for age-appropriate peer role models
	<input type="checkbox"/>	Amount of socialization opportunities with typical peers
	<input type="checkbox"/>	Limited access to peers in student's home community
	<input type="checkbox"/>	Lack of exposure to appropriate behavioral models from peers
	<input 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" value="18-AUG-2022"/>	<input type="text" value="18-AUG-2022"/>
Eligibility: (from Page 4)		<b>Eligible (OHI)</b>	
	Final IEP Reason Final IEP Effective Date:		
Curriculum		<input type="text" value="General Education"/>	<input type="text" value="General Education"/>
Placement	Type of School	<input type="text" value="District Resident School"/>	<input type="text" value="District Resident School"/>
	Name of School	<input type="text" value="PORTOLA CM"/>	<input type="text" value="PORTOLA CM"/>
Instructional Setting	Setting	<input type="text" value="Special Education"/>	<input type="text" value="Special Education"/>
	Program	<input type="text" value="SLD"/>	<input type="text" value="SLD"/>
	Special Day Minutes/Wk	<input type="text" value="950"/>	<input type="text" value="750"/>
	Addresses Goals	<input type="text" value="1(Reading),2(Writing),3(Mathematics),4(Vocational Ed.),5(ERIC),6(Behavioral Support)"/>	<input type="text" value="1(Reading),2(Writing),3(Mathematics),4(Vocational Ed.),5(ERIC),6(Behavioral Support)"/>
Additional Factors	Low Incident Support	<input type="text" value="None"/>	<input type="text" value="None"/>
	Assistive Technology Support	<input type="text" value="No"/>	<input type="text" value="No"/>
	Transportation	<input type="text" value="None"/>	<input type="text" value="None"/>
	Extended School Year/Intersession	<input 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="No"/>	
Accommodation, Modifications, Supports	Instructional Accommodations	<input type="text" value="Preferential seating in class(up front) near a peer model, reclarification, reteach, remove distractions, frequent checks for understanding, extra time to complete assignments, breaking assignments into smaller parts and allow for completion in parts, alternative measures of assessing, allow student to print rather than use chromebook for most assignments (to limit access to games),"/>	<input type="text" value="Preferential seating in class(up front) near a peer model, reclarification, reteach, remove distractions, frequent checks for understanding, extra time to complete assignments, breaking assignments into smaller parts and allow for completion in parts, alternative measures of assessing, allow student to print rather than use chromebook for most assignments (to limit access to games),"/>
	Instructional Modifications	<input type="text"/>	<input type="text"/>
	Other Supports, including Non-Academic and Extra-curricular Activities	<input type="text"/>	<input type="text"/>
Preparation for Three Year Review IEP (At the second Annual Review IEP Meeting, the team must discuss and document the decision to conduct or not conduct a three-year comprehensive reassessment.)	Do the Parent and the District (local educational agency) agree that a reassessment is unnecessary?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
	If the Parent does not agree, specify the area(s) to be reassessed.	<input type="text"/>	<input type="text"/>
Comments, as appropriate			
Low Incidence Equipment	<input type="text"/>		

**Assistive Technology  
Equipment**

--

**Participation in  
General Education**

PE and Elective in the General Ed setting.  
As of 8/18/22 Eliyah will be mainstreamed for History, PE and Elective.

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

**Los Angeles Unified School District**

**IEP FAPE Part 2 - Summary of Services**

Student     
 Last First MI

Date of Birth  Meeting Date

**Notes:**

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

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

	Effective With this IEP	Future Changes Related to this IEP
% of Time per Week outside of General Education	<input type="text" value="50"/>	

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

Parent is requesting Eliyah be enrolled in all Special Day classes. During IEP meeting in October team decided to keep Eliyah enrolled in Science, History and English in the General ed setting. The team agreed to try this option hoping the smaller class size for Math would benefit Eliyah. Parent has stated there are too many distractions in the General Ed setting for Eliyah. Mother reports the new math class in the smaller setting is benefiting Eliyah. His general education teachers are reporting Eliyah continues to struggle to keep pace with peers to complete assignments. Mother reports the assigned work is at too high level for him. Team agrees Eliyah will be enrolled in the Special Day Program for all 4 core classes, PE and Elective will be in the General Ed. Setting.

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

**IEP FAPE Part 2 - Summary of Services**

Student     
 Last First MI

Date of Birth  Meeting Date

**FAPE Summary Grid**

<b>Program:</b>	SLD	<b>Setting:</b>	Special Education						
<b>Eligibility:</b>	Eligible (OHI)	<b>Curriculum:</b>	General Education						
<b>Transportation:</b>	None	<b>Low Incident Support:</b>	None						
<b>Date District Received</b>									
<b>Parent Signature:</b>									
Service Code	Service Desc	Start Date	Service Applies To	Interval	Frequency	Area	Total Minutes	Addresses Goal(s)	No Consent
80	Psychological Services (ERICS)	Effective on Signature Date	Regular	Monthly	1-5	~	120	ERICS	--

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

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

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

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

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

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

**For IEP Team Information**

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

## INDIVIDUALIZED EDUCATION PROGRAM Behavior Intervention Plan

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

**Los Angeles Unified School District**

**(Behavior Intervention Plan, pg. 1 of 3)**

Student **ZAFRANI** **ELIYAH** **MI** Date of Birth **22-DEC-2009** Meeting Date **17-AUG-2022**  
Last First MI

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

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

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

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

**PREVENTION**

**PART 1**

**ENVIRONMENTAL FACTORS AND NECESSARY CHANGES**

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

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

Other Describe:

**Observation Analysis**

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

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

Other (Missing/Present):

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

**Intervention**

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

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

Other

Who will establish?  Who will monitor?  Frequency

## INDIVIDUALIZED EDUCATION PROGRAM Behavior Intervention Plan

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

**Los Angeles Unified School District**

**(Behavior Intervention Plan, pg. 2 of 3)**

Student    Date of Birth  Meeting Date

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:

**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?)

Eliyah will appropriately ask for teacher clarification, then return to task and complete a teacher pre-determined increment of work, check with teacher for accuracy and then ask for short (5 min) break.

**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:

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

Physical:  High-fives  Smiles  Handshake

Verbal:  Pat on the back  Recognition of student's st...  Peer recognition

Contingent Access:  Time on the computer  Free time  Listen to music

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)

1. Prompt student to re-focus and complete assignment for a tangible reward (break)

2. if problem behavior occurs again redirect, re-clarify, reteach concept, have student complete an increment, check for accuracy, then break

3. When complete and turned in positive phone call home.

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 ZAFRANI ELIYAH MI  
Last First MI

Date of Birth 22-DEC-2009

Meeting Date 17-AUG-2022

OUTCOMES

PART IV

BEHAVIORAL GOALS

13 Behavioral Goal: Goal #: 6

When given a non-preferred task, Eliyah will independently ask for help if task is difficult, then complete the teacher determined increment of the task in 3 out of 4 opportunities with 80% accuracy as measured by observation, work samples and grade reports.

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

Observation and Analysis Conclusion

Are curriculum accommodations or modifications also necessary? Where described?

FAPE 1

Yes  No

Are environmental supports/changes necessary?

Yes  No

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

Yes  No

Are both teaching of new replacement behavior AND reinforcement needed?

Yes  No

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

Yes  No

Person responsible for contact between agencies.

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? case carrier and parent Frequency? weekly