

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Identification Number 200194X238 SSID 1620912677

**Eligible (ID)**

Student COHEN ELIYA MI  
Last First MI

Date of Birth: 04-JUN-2018

Section A: Meeting Information

Pertinent Dates	Type of Meeting
Date of Initial IEP Team Meeting: 04-MAY-2021	<input type="radio"/> Initial <input checked="" type="radio"/> Amendment of IEP dated 19-APR-2022 <input type="radio"/> Annual Review <input type="radio"/> Three Year Review <input type="radio"/> Other <input type="radio"/> Early Start Transition <input type="radio"/> Expulsion Analysis <input type="radio"/> Individual Transition Plan
Date of Present Meeting: 14-SEP-2022	
Annual Review to be conducted by: 19-APR-2023	
Next Three Year Review will be conducted by: 18-APR-2025	
Three Year Review or Evaluation was conducted on: 19-APR-2022	
Transition to Kindergarten to be conducted by:	
Location of Meeting: WILBUR CEA	District Name: Los Angeles Unified School Dist

Section B: Student Information

Date of Birth: 04-JUN-2018	Age: 4	Grade: -1
Gender: <input type="radio"/> Male <input checked="" type="radio"/> Female	Ethnic Code: Decline to State	
Location of the Psych Folder: SUPPORT UNIT NOR	Student has no Psych Folder: <input type="checkbox"/>	
Location of the Cum Folder: WILBUR CEA	Student has no Cum Folder: <input type="checkbox"/>	
Home Language: Hebrew	Student Language: Hebrew	Alternate Mode of Communication:
Home Address of Student: 18719 MARTHA ST		
City: TARZANA CA	ZIP Code: 91356	
Home Telephone: (818) 534-7293	Daytime Telephone:	Emergency Telephone:
School of Attendance: Wilbur Cea	Location Code: 7774	
School of Residence: Tarzana El	Location Code: 7041	
Name of Parent/Guardian: Rahel and Oren Cohen	Telephone:	
Address:		
City:	CA	ZIP Code:
Surogate Parent:	Telephone:	
Attends <b>CURRENT SCHOOL</b> as a result of one of the following:	Special Education Placement	
Is the student living in a Family Foster Home (FFH)? <input checked="" type="radio"/> No <input type="radio"/> Yes	FFH#:	
Is FFH Provider related to student? <input type="radio"/> No <input type="radio"/> Yes	Relationship:	
Licensed Children's Institution <input type="radio"/> No <input type="radio"/> Yes	LCI Name:	
	LCI#:	
Out of the home placement made by <input type="radio"/> Regional Center <input type="radio"/> Superior Court	<input type="radio"/> Department of Mental Health <input type="radio"/> Department of Children's Services	
Child's family living within LAUSD's boundaries? <input type="radio"/> No <input checked="" type="radio"/> Yes	<input type="radio"/> Other	
If the student is 18 years old or older or is an emancipated minor, does he/she have educational decision-making rights?	<input type="radio"/> No <input type="radio"/> Yes	

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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="Cognitive Development"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="Not able to assess. Did Not attend AECP"/>
Category	<input type="text" value="Cognitive Development"/> ▼			
	Objective 1 met	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="Not able to assess. Did Not attend AECP"/>
	Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="Not able to assess. Did Not attend AECP"/>
2	<input type="text" value="Language"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="Not able to assess. Did Not attend AECP"/>
Category	<input type="text" value="Language Development"/> ▼			
	Objective 1 met	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="Not able to assess. Did Not attend AECP"/>
	Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="Not able to assess. Did Not attend AECP"/>
3	<input type="text" value="Social Emotional Development"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="Not able to assess. Did Not attend AECP"/>
Category	<input type="text" value="Social Emotional Development"/> ▼			
	Objective 1 met	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="Not able to assess. Did Not attend AECP"/>
	Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="Not able to assess. Did Not attend AECP"/>
4	<input type="text" value="Communication"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="not yet using 50+ words expressively"/>
Category	<input type="text" value="Communication"/> ▼			
	Objective 1 met	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="not yet using at least 10 words expressively"/>
	Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="not yet using at least 20 words expressively"/>
5	<input type="text" value="Physical Development"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="Too many absences"/>
Category	<input type="text" value="Locomotor Skills"/> ▼			
	Objective 1 met	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="Too many absences"/>
	Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="Too many absences"/>
6	<input type="text" value="Sensorimotor"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="Requires mod to max assistance"/>
Category	<input type="text" value="Sensorimotor"/> ▼			
	Objective 1 met	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="Requires mod to max assistance"/>
	Objective 2 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
7	<input type="text" value="Integration/bimanual"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="Requires at least min assistance"/>
Category	<input type="text" value="Fine Motor"/> ▼			
	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"/>
8	<input type="text" value="Accessibility"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="Requires minimal assistance at this time"/>
Category	<input type="text" value="Physical Accessibility"/> ▼			
	Objective 1 met	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="Requires minimal assistance at this time"/>
	Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="Requires minimal assistance at this time"/>
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)

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Student     
Last First MI

Date 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):

Overall, Eliya's current functioning in cognition/general ability is estimated to be in the well below average range based on performance on the MSEL and information gathered via observation and interview on the DP3.

Eliya's profile as examined on the MSEL reflects relative strengths in understanding that inanimate objects may represent a living thing, she correctly identifies an object in a book/magazine, and gives or takes 'one more' of something.

Areas of need/challenge were identified in global areas of visual reception, fine motor, receptive language and expressive language. As such, she was not able to nest cups in size order, match shapes, or completely complete a form board, as she completed 2/4 only

Educational Impact: A general ability/cognition impact was identified at this time.

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):

Overall, Eliya's current functioning in school readiness is not developing as expected given the student's chronological age and school experience to date, based on performance on the Mullen Scales of Early Learning (MSEL) and information gathered via observation and interview on the Developmental Profile 3rd Edition (DP3).

Eliya demonstrates relative strengths as she can mark on a surface, briefly attend to pictures in a book, and identifying one body part.

Areas of need/challenge were identified in global areas of general fund of information, pre-reading, pre-writing, and pre-mathematics.

Educational Impact: An academic performance/school readiness impact was identified at this time. Eliya's school readiness skills are not developing as expected given her school and therapeutic experience.

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COHEN

ELIYA

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Last

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Section E: Present Level of Performance

Performance Area:

Motor Skills

Category:

Motor Abilities



Assessment/Monitoring Process Used:

Alternative Assessment, Observation, Interviews, Record Review

State/District Assessment Results:

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

Overall, Eliya's motor abilities are found to be in the well below average range based on the parent's responses on the DP-3, however the fine motor subtest of the Mullen rendered well below average responses.

Based on the rater's responses on the Developmental Profile 3, Eliya evidences the following strengths: throws a ball 5 feet, walks up stairs with support (but not crawling), and stacks 3 blocks.

Eliya evidences the following needs/challenges: fine motor needs were noted as she scored in the well below average range on the Mullen. Further, she is unable to walk about the house without repeatedly falling or bumping into objects, cannot climb stairs alternating feet, and cannot tiptoe walk for 2 steps.

Educational Impact: A motor impact was identified at this time.

Performance Area:

Social-Emotional Skills

Category:

Social Emotional



Assessment/Monitoring Process Used:

Alternative Assessment, Observation, Interviews, Record Review

State/District Assessment Results:

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

Overall, Eliya's social-emotional skills are found to be in the well below average range.

Based on observations, informal interviews and the rater's responses on formal rating scales, Eliya evidences the following social-emotional strengths: Eliya is able to keep busy and content for at least 15 minutes doing something independently, knows what 'my' means, and responds more readily to the instructions and commands of a familiar adult.

Eliya evidences the following needs/challenges: she does not name a familiar friend, does not show toileting needs by asking or gestures, and she does not express the desire for playtime with peers.

Educational Impact: A social emotional impact was identified at this time.

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Section E: Present Level of Performance

Performance Area:

Adaptive Skills

Category:

Adaptive Behaviors

Assessment/Monitoring Process Used:

Alternative Assessment, Observation, Interviews, Record Review

State/District Assessment Results:

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

Overall, Eliya's self-help/adaptive behaviors are found to be in the below average range.

Based on observations, informal interviews and the rater's responses on formal rating scales, Eliya evidences the following strengths: undoes at least two fasteners (e.g. snaps, Velcro), independently and correctly puts 3 things away, and takes off a pullover T-shirt independently.

Eliya evidences the following needs/challenges: she is not aware of dangers in the environment, she does not put on shoes, and cannot urinate in the toilet independently.

Educational Impact: A self-help/adaptive behavior impact was identified at this time.

Performance Area:

Category:

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

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Student COHEN ELIYA MI Date of Birth 04-JUN-2018 Meeting Date 14-SEP-2022

Section E: Present Level of Performance

Performance Area: Health and Development including Vision and Hearing

Category: Health

Assessment/Monitoring Process Used: Parent Interview; Record Review

State/District Assessment Results:

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

Due to the pandemic, assessments are being conducted remotely and/or in person. The provision of in-person health assessments is subject to existing public health and safety conditions. Health information is gathered from a review of health records, medical laboratory report provided the parent, and a conference with the parent. Vision and hearing information are the most current document in the health record. HEALTH SUMMARY: Eliya is a three-year-nine-month-old student in generally good health. Developmental milestones as reported by parent were delayed for motor skills and speech development. Student is not toilet trained. Eliya has no known significant health problems and does not take any medication on a daily or routine basis. Student had a genetic testing done in 11/2019; no conclusive result was given and a thorough clinical assessment, further genetic testing, and genetic counseling were recommended. Student has allergies to pineapple and mango and symptom includes rashes on the back, legs, and stomach area. No treating medication at home as needed. No allergies to medication. No recent history of accident, injury, surgery, or hospitalization. Unable to condition student for hearing screening on 03/18/2022. Audiologic Resource Unit (ARU) referral sent via email and school mail. Unable to condition student for vision screening using Spot screener on 03/18/2022. Vision referral sent with the mother and advised to take student to the doctor for further care. STRENGTH: Student eats a regular diet, self-feeds using utensils and hands, and drinks from an open cup and cup with straw. Eliya communicates by using some words, pointing at the desired object, pulling parent/adult, and gestures. Parent has no concern with student's vision and hearing. AREAS OF NEED: Student is not toilet trained. Mother reports that student walks independently for 5 to 6 steps before falling and has history of frequent falls. Eliya has allergies to mango and pineapple and needs to be observed for allergic reactions and provide first aid as needed during school hours.

Performance Area: Continuation of Health #2

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):

IMPACT OF DISABILITY: General health does not impact student's participation, performance, and access to the educational program. ACCOMMODATIONS/MODIFICATIONS: Trained staff to assist student with toileting, diapering, accessing the playground during school hours, monitor for falls or injury, and notify the parent and School Nurse immediately. School nurse to train staff to supervise during meals and to observe for allergic reactions, administer first aid as needed, and notify parent and School Nurse immediately. No sharing of snacks/food. Teresa Bernaldo, RN, BSN, Credentialed School Nurse Early Childhood Special Education 03/18/2022

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MI

Section E: Present Level of Performance

Performance Area:

Communication

Category:

Communication

Assessment/Monitoring Process Used:

play based assessment tasks, parent interview, review of speech reports

State/District Assessment Results:

n/a

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

Background: Eliya, a 3 year 9 month old child, was referred by parent for a language and speech assessment as part of her re-evaluation IEP assessments to determine progress and need for possible special education services. Eliya has been receiving APE, OT, and PT services at her school of residence. She has not consistently attended the AIEP program at Wilbur. Eliya has attended Kikky's Daycare, Monday through Friday, from 8:30 am- 4:00 pm, since June 2021. Eliya was referred to Regional Center by her pediatrician and received Regional Center early start services (ST, OT, CDS, PT), from May 2019 until aging out of the program on her 3rd birthday. Eliya was referred to LAUSD as part of her transition from Regional Center services at the age of 3. Eliya was found eligible for special education services under the eligibility of DE (deferred eligibility). She received a placement in a PAL program and DIS services. Following IDR, Eliya received PT, OT, and APE services at her school of residence and a placement in an AIEP program to address a goal in the area of communication. Parent reported Eliya's primary language is Hebrew. Hebrew is spoken in the home 95% of the time, and English 5% of the time. Parent reported Eliya has two words in her expressive vocabulary and these words are in Hebrew. A Hebrew interpreter was present via Zoom to provide support for Hebrew interpretation throughout the assessment.

Strengths: Eliya demonstrates pre-communication behaviors, including intentional communication (through gestures and pointing as well as a few words and a few basic signs). She uses gestures for pragmatic functions such as greetings, requesting, getting attention. Eliya consistently responded to yes/no questions by nodding head for yes or shaking head for no. Eliya is able to follow routine directions and one-step directions with gestural cues. Eliya gave items upon verbal request, with gestural cues. With frequent redirection to the task, Eliya showed an emerging skill in identifying an object upon request.

Continued below.

Performance Area:

Communication

Category:

Communication

Assessment/Monitoring Process Used:

play based assessment tasks, parent interview, review of speech reports

State/District Assessment Results:

n/a

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

Continued from above. Parent reported Eliya's receptive language is her area of strength and she understands what she hears. Per parent, Eliya can identify basic body parts, clothing items, and some colors (red, yellow, blue). In the area of articulation, vocalizations and babbling were observed during this assessment. Eliya uses some word approximations at this time as well as babbling. Per parent, Eliya is able to produce several consonant sounds, including /d, m, b, n, g/. She tries to imitate words, per parent.

Needs: Eliya is not yet using single words frequently or using words more than gestures to communicate. Her expressive vocabulary is limited at this time to approximately two words. Eliya needs to work towards increasing her use of words for different pragmatic purposes, including requesting, labeling, calling attention, and responding to simple questions (including choice questions and simple 'what' questions). Receptively, she needs to work towards identifying basic concepts upon request and following one-step directions with decreased gestural cues. In the area of articulation/speech production, Eliya needs to increase her ability to produce early developing consonant sounds /m, p, b, w, n, d, h, 'y/' in the context of different consonant vowel combinations.

Impact of disability: Eliya's delays related to expressive, receptive, and pragmatic language impact her ability to access and participate in a preschool curriculum, including in the areas of expressing basic wants/needs, following directions, responding to questions, and participating in conversations with peers.

Marianne Fried, MS, CCC-SLP  
LAUSD Speech/Language Pathologist

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student    Date of Birth  Meeting Date

Last First MI

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):

Student's areas of strengths: Eliya has the functional neuromuscular skills to get in and out of a small chair, to get up from and down onto the floor, and to navigate around large obstacles in the school environment. She has functional range of motion to reach her hands up over her head, across her body, and on the floor when seated. She uses either hand to reach for objects but shows a right-hand preference for drawing/coloring activities. She can isolate both index fingers to point, use a spherical grasp on tennis balls, use a right-handed three-jaw chuck grasp to stack large blocks and use a pincer grasp to pick up small items, such as Cheerios. She is able to translate up to 3 Cheerios from her fingertips to her palms and she can shift through pages of a book. She is also able to stabilize her paper with her left hand to scribble with a crayon or marker. She switches between a right-handed static tripod grasp and a pincer grasp on crayons and markers; she tends to use a static tripod grasp on thicker coloring utensils. She demonstrates functional fine motor strength to peel small oranges (after an adult initiates the first peel) and dispense white glue from a small bottle using two hands. In regard to her visual skills, she has shown improvements with completing a 3-piece shape sorter (with the use of trial and error) and she is beginning to identify the colors red and yellow. She can place several small coins into slot of a bank but requires minimal assistance when the slot of diagonal or vertical. She can lace large beads onto a dowel and is beginning to lace large beads onto spaghetti or pipe cleaners, though she requires moderate assistance. She is also able to build up to a 5-block tower. She, also, is able to identify different applications on an iPad (i.e. YouTube) and select preferred songs on YouTube solely by identifying the small icon on the page.

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):

Eliya is able to tolerate various textures on her hands, such as bubble wrap, stress balls, playdough, kinetic sand, foam, water, finger paint, uncooked rice, uncooked beans, and grass. She is able to imitate body movements for songs such as 'Baby Shark' and 'Wheels on the Bus' with functional upper body awareness. She enjoys movement down a slide, on a swing, or up and down a few stairs. She does not appear distressed by loud sounds or noisy environments such as the school bell or children playing. Lastly, per record review and parent interview, Eliya enjoys being around other children and will enter a group of children for a play activity. She can follow one-step commands and is able to share supplies/toys.

Student's areas of needs: Eliya has a history of delayed global development, which continues to be an area of need as she scored in the Poor to Very Poor ranges on the Object Manipulation and Fine Motor subtests on the PDMS-2. Eliya has made progress since her last OT report, as she is now able to transfer from various surfaces independently, tolerating various textures, using more appropriate grasp on items, and engaging for longer periods of time. However, Eliya continues to struggle with her motor control when using tools (i.e. crayons, tongs, spoons, etc.) and visual motor skills as it relates to coloring, drawing, playing with age-appropriate tools, and pre-writing. Occupational therapy is recommended to address fine motor and visual motor development.

Impact of disability on academic and overall performance: Eliya's has an eligibility of Intellectual Disability (ID), and deficits with fine motor and visual motor skills, which impact her ability to utilize classroom tools independently and engage in age-appropriate drawing/coloring tasks, which impacts her involvement and progress in her educational curriculum.

Raquel Agmon, OTR/L  
LAUSD Occupational Therapist



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COHEN

ELIYA

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14-SEP-2022

Last

First

MI

Section E: Present Level of Performance

Performance Area:

Perceptual Motor

Category:

Perceptual Motor

Assessment/Monitoring Process Used:

Preschool Assessment Scale

State/District Assessment Results:

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

Strengths: Eliya attempts to stand on her tip toes on one foot. Eliya can throw an 8 inch ball in a random direction. She can throw a 4 inch beanbag 2 feet with her right hand. She can trap/catch a tossed/dropped 8 inch ball from 6 inches. She can push a ball with her foot in an attempt to kick. Eliya walks with a mature pattern. With verbal cues and visual prompts she does not walk backwards 5 feet. She does not get off the ground when attempting to jump off 2 feet. She cannot hop on one foot. She walks up and down stairs with 2 feet on each step. Eliya needs frequent breaks during Adapted PE activities.

Needs: Eliya's most significant need is Perceptual Motor, Standing on one foot.

Impact of Disability:: Eliya's special education eligibility of ID impacts her Locomotor Skills. This impacts her involvement and progress in a general physical education curriculum.

Tim Werner  
Adapted PE Teacher

Performance Area:

Category:

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

[Empty text box for current performance/assessment summary]

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Section E: Present Level of Performance

Performance Area: Physical Accessibility

Category: Physical Accessibility

Assessment/Monitoring Process Used: Observations, interviews and review of records

State/District Assessment Results:

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

This is a summary of the PT findings:

Student's areas of strengths: Eliya is independent with her floor mobility as well as with transfers from the floor to stand and back. He demonstrates functional sitting balance to participate in classroom routines, while in a small chair or while sitting on the floor in a variety of positions. Eliya was able to walk on level and uneven surfaces, including a ramp, with fair balance. She was able to ambulate at least 50 feet X2 outdoors on level and slightly uneven surfaces. Eliya require close stand by assistance with uneven surfaces or slight grades due to decreased dynamic balance. Eliya was able to ascend and descend 4 steps on the apparatus non-reciprocally with one handrail and close stand by assistance. She was able to creep through a small tunnel and slide with an upright trunk with stand by assistance. Eliya is able to climb a straight 3 rung ladder but requires minimal to moderate assistance with this task. She was able to kick 4/4 cones with her right foot with stand by assistance. Although Eliya is able to sit, transfer, stand and walk throughout her classroom, and outdoors on level and some uneven surfaces, her motor skills do remain immature, specifically those requiring single limb balance for more than a moment. She remains timid and cautious when attempting more challenging activities.

Student's areas of need: Although Eliya is able to walk independently and navigate a classroom, she remains cautious and demonstrated decreased strength and balance, impacting her independence on stairs and with higher level skills that require single limb balance.

Impact of student's disability on academic and overall performance: Eliya's eligibility of ID, does impact her ability to navigate stairs independently, as well as move from one surface to another with more confidence, which does impact her involvement and progress in the general education curriculum. Ashley Nishino PT

Performance Area:

Category:

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

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Section F: Eligibility

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

Health, general ability, academic performance, language, motor, social-emotional, and self-help/adaptive development

For Initial IEP, interventions attempted prior to determining eligibility:

Received NLACRC services including McRory.  
Offered AECP; She accesses LAUSD OT, PT, APE

Eligible as a student with the disability of:

Code: ID Intellectual Disability

Not Applicable, Blind or Partially Sighted

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

Code:

Not Applicable, Blind or Partially Sighted

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

or

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

No Longer Eligible (Effective Date):

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

Final IEP Reason: Final IEP Effective Date:

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

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

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Section G: Annual Goals and Objectives

Performance Area:  Category:  Annual Goal #:

When given the choice of two teacher-directed activities, Eliya will attend to and participate in a teacher-directed table-top task for at least 4 minutes, with minimal adult prompts (1-2 prompts) and cues on at least 4 occasions during the school 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:

When given the choice of two teacher-directed activities, with maximum support (5 or more prompts), Eliya will attend to and participate in a teacher-directed table-top task for 2 minutes, on at least 4 occasions during the school week.

Incremental objective #2 related to the goal:

When given the choice of two teacher-directed activities, with moderate adult prompts and cues (3-4), Eliya will attend to and participate in a teacher-directed table-top task, for 3 minutes, on at least 4 occasions during the school 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"/>	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  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 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	
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"/>	
<input type="text"/>	<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

Section G: Annual Goals and Objectives

Performance Area:  Category:  Annual Goal #:

Eliya will play alongside another child (or more than one child) for at least 3 minutes, with at least 3 interactions with minimal adult support (1-2 prompts), on 4 occasions during a school 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:

Eliya will play alongside another child (or more than one child) for at least 2 minutes, with at least 3 interactions with maximum adult support (5 or more prompts), on 4 occasions during a school week.

Incremental objective #2 related to the goal:

Eliya will play alongside another child (or more than one child) for at least 2 minutes, with at least 3 interactions with moderate adult support (2-3), on 4 occasions during a school 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 COHEN ELIYA MI Last First MI

Date of Birth 04-JUN-2018

Meeting Date 14-SEP-2022

Section G: Annual Goals and Objectives

Performance Area: Social-Emotional Dev Category: Social Emotional Deve Annual Goal #: 3

Eliya will use self-help skills during classroom routines (e.g. assist with: meal/snack time, toileting, arrival, departure) with reminders, on 4 out of 5 occasions during a school day.

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:

Eliya will use self-help skills during classroom routines, with maximum support (5+ prompts) per activity on 4 out of 5 occasions during a school day.

Incremental objective #2 related to the goal:

Eliya will use self-help skills during classroom routines, with moderate support (3-4 prompts) per activity on 4 out of 5 occasions during a school day.

Date to be achieved: August 2022 MO/YR

Date to be achieved: December 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 'No' comments.

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 #:

Eliya will build a structure of developmentally appropriate manipulatives (such as: blocks, Legos, Lincoln Logs, magnet tiles) on 4/5 occasions during a school 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:

Eliya will build a 3-piece bridge of developmentally appropriate manipulatives (such as blocks, Legos, Lincoln Logs, magnet tiles) on 4/5 occasions during a school week with moderate teacher prompting (3-4 prompts).

Incremental objective #2 related to the goal:

Eliya will build a structure of developmentally appropriate manipulatives (such as: blocks, Legos, Lincoln Logs, magnet tiles) on 4/5 occasions during a school week with minimal teacher prompting (1-2 prompts).

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     
 Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area:  Category:  Annual Goal #:

Eliya will produce early developing consonant sounds (e.g., /b, p, m, n, d, w, h, 'y/') in the context of different consonant vowel combinations in words or syllables, including CV, VC CVC, CVCV, following models and visual cues with 80% accuracy in 4/5 opportunities, given moderate (3-4) prompts/cues.

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:

Eliya will produce early developing consonant sounds (e.g., /b, p, m, n, d, w, h, 'y/') in the context of different consonant vowel combinations in words or syllables, including CV, VC CVC, CVCV, following models and visual cues with 60% accuracy in 4/5 opportunities, given maximum (3-4) prompts/cues.

Incremental objective #2 related to the goal:

Eliya will produce early developing consonant sounds (e.g., /b, p, m, n, d, w, h, 'y/') in the context of different consonant vowel combinations in words or syllables, including CV, VC CVC, CVCV, following models and visual cues with 70% accuracy in 4/5 opportunities, given moderate (3-4) prompts/cues.

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     
 Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area:  Category:  Annual Goal #:

Eliya will use multi-modal communication (including words/word approximations, pictures, and/or signs) to express basic wants/needs, respond to simple questions, and participate in oral language activities, in 4/5 opportunities, or on at least 4 occasions during the school day, given minimal (1-2) prompts/cues.

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:

Noah will use multi-modal communication (including words/word approximations, pictures, and/or signs) to express basic communicative functions (including requesting 'more', expressing a preference when given a choice of two, requesting an object/activity, requesting an end to activity 'all done', and/or asking for help) in 4/5 opportunities, or on at least 4 occasions during the school day, given maximum (5 or more) prompts/cues.

Incremental objective #2 related to the goal:

Noah will use multi-modal communication (including words/word approximations, pictures, and/or signs) to express basic communicative functions (including requesting 'more', expressing a preference when given a choice of two, requesting an object/activity, requesting an end to activity 'all done', and/or asking for help) in 4/5 opportunities, or on at least 4 occasions during the school day, given moderate (3-4) prompts/cues.

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 #:

Eliya will balance on one foot for 4 seconds 3 out of 5 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:

Eliya will balance on one foot for 12seconds 3 out of 5 trials with 80% accuracy.

Incremental objective #2 related to the goal:

Eliya will balance on one foot for 3 seconds 3 out of 5 trials with 80% accuracy.

Date to be achieved:   MO/YR

Date to be achieved:   MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

4 GOAL MET OR EXCEEDED

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

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

1 NO PROGRESS

1st Reporting Period Date: <input type="text" value="04-MAR-2022"/>	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 checked="" type="radio"/> Yes <input type="radio"/> No
Is progress sufficient to meet annual goal? <input checked="" type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input checked="" 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 checked="" 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: not due yet <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 #:

Eliya will maintain a functional grasp on a writing utensil, with only 1 verbal, visual, or tactile cue; while imitating pre-writing strokes (i.e. horizontal lines, vertical lines, circles) in 75% of opportunities.

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:

Eliya will maintain a functional grasp on a writing utensil, with no more than 3 verbal/visual/tactile cues, while imitating pre-writing strokes (i.e. horizontal lines, vertical lines, circles) in 65% of opportunities.

Incremental objective #2 related to the goal:

Eliya will maintain a functional grasp on a writing utensil, with no more than 2 verbal/visual/tactile cues, while imitating pre-writing strokes (i.e. horizontal lines, vertical lines, circles) in 70% of opportunities.

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 style="width: 100%; height: 100%;" 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 #:

In order to access her school environment, Eliya will walk 150+ feet on various surfaces on her school campus independently and up/down three to four 6-7 inch high steps without support of railing with contact guard assistance (spotting) 4 out of 5 opportunities.

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:

Eliya will step up/down a 6-7-inch high single step or curb without hand support with contact guard assistance (spotting) 2 out of 5 opportunities.

Incremental objective #2 related to the goal:

Eliya will step up/down a 6-7-inch high single step or curb without hand support with contact guard assistance (spotting) 3 out of 5 opportunities.

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

COHEN

ELIYA

Date of Birth

04-JUN-2018

Meeting Date

14-SEP-2022

Last

First

MI

Section K: Participation in State and District-wide Assessments

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

DRDP-A - (Adaptations identified below are applicable)

Adaptations:

- Visual support

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student COHEN ELIYA MI Last First MI

Date of Birth 04-JUN-2018

Meeting Date 14-SEP-2022

Section N: Procedural Safeguards and Follow-up Actions

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

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

Specify the Individual Pages to be translated:

Special Requests:

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

Pandemic Learning Loss Consideration of Compensatory and/or Recoupment Services

Compensatory Education Consideration:

- Options for compensatory education consideration: IEP team has determined, student received all services, student did not receive all services, compensatory education warranted, or documented on IEP.

Recoupment Services Consideration:

- Options for recoupment services consideration: IEP team has reviewed and discussed student's progress, student has made expected progress, student experienced learning loss, or recoupment services consideration documented on IEP.

- Preschool Only Consideration (Transition IEP)
30-Day IEP Consideration (Out-of-District)
Student attends private school within district boundaries and resides outside of district boundaries (Eligibility Determination Only)

THIS SPACE DELIBERATELY LEFT BLANK.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student     
 Last First MI

Date of Birth

Meeting Date

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

Method	Whom	When
Email	EA Baxter	07-SEP-2022
Email	EA Baxter	12-SEP-2022

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

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

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

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

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

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

Parent Concerns and Comments

Signature(s)   Date

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

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

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

Signature(s)   Date

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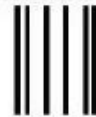
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Please fold along dotted lines with the address showing. Seal and mail. Postage is pre-paid.  
Again, Thank you!

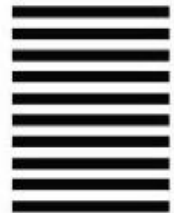


NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**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     
 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="Rahel Cohen (Via Zoom)"/>	<input type="text"/>
Parent/Guardian	<input type="text" value="Oren Cohen (Via Zoom)"/>	<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="Michelle Farish"/>	<input type="text" value="Michelle Farish"/>
Special Education Teacher	<input type="text" value="Valerie Brekke"/>	<input type="text" value="Valerie Brekke"/>
General Education Teacher	<input type="text" value="Vilma Godoy (Via Zoom)"/>	<input type="text"/>
School Psychologist	<input type="text"/>	<input type="text"/>
School Nurse	<input type="text"/>	<input type="text"/>
Related Service Staff <input type="text" value="Physical Therapy"/>	<input type="text" value="Ashley Nishino"/>	<input type="text" value="Ashley Nishino"/>
Related Service Staff <input type="text" value="LAS"/>	<input type="text" value="Marianne Fried"/>	<input type="text" value="Marianne Fried"/>
Related Service Staff <input type="text" value="Occupational Therapy"/>	<input type="text" value="Raquel Agmon"/>	<input type="text" value="Raquel Agmon"/>
Interpreter	<input type="text" value="Nadav Halevy (Via Zoom)"/>	<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="Adapted PE"/>	<input type="text" value="Tim Werner"/>	<input type="text" value="Tim Werner"/>
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

Reconvened Meeting Date

Student COHEN ELIYA MI Last First MI

Date of Birth 04-JUN-2018

Meeting Date 14-SEP-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, Administrator, Special Education Teacher, School Nurse, etc.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student

COHEN

ELIYA

Last

First

MI

Date of Birth

04-JUN-2018

Meeting Date

14-SEP-2022

LEAST RESTRICTIVE ENVIRONMENT ANALYSIS

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

Student's Current Placement Type:

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

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

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

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

<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 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.

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.

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

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

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):																	
	<table><tr><td><input type="checkbox"/></td><td>Diminished access to the full range of the curriculum</td></tr><tr><td><input 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 type="checkbox"/></td><td>Lack of opportunities for age-appropriate peer role models</td></tr><tr><td><input type="checkbox"/></td><td>Amount of socialization opportunities with typical peers</td></tr><tr><td><input type="checkbox"/></td><td>Limited access to peers in student's home community</td></tr><tr><td><input 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 type="checkbox"/>	Diminished access to the full range of the curriculum	<input type="checkbox"/>	Missed general education instruction taught by highly qualified staff	<input type="checkbox"/>	Rate at which student may earn credits for graduation	<input type="checkbox"/>	Lack of opportunity for social interaction	<input type="checkbox"/>	Lack of opportunities for age-appropriate peer role models	<input type="checkbox"/>	Amount of socialization opportunities with typical peers	<input type="checkbox"/>	Limited access to peers in student's home community	<input type="checkbox"/>	Lack of exposure to appropriate behavioral models from peers	<input type="checkbox"/>
<input type="checkbox"/>	Diminished access to the full range of the curriculum																	
<input type="checkbox"/>	Missed general education instruction taught by highly qualified staff																	
<input type="checkbox"/>	Rate at which student may earn credits for graduation																	
<input type="checkbox"/>	Lack of opportunity for social interaction																	
<input type="checkbox"/>	Lack of opportunities for age-appropriate peer role models																	
<input type="checkbox"/>	Amount of socialization opportunities with typical peers																	
<input type="checkbox"/>	Limited access to peers in student's home community																	
<input type="checkbox"/>	Lack of exposure to appropriate behavioral models from peers																	
<input 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)		<b>Eligible (ID)</b>	
	Final IEP Reason Final IEP Effective Date:		
Curriculum		<input type="text" value="General Education"/>	<input type="text"/>
Placement	Type of School	<input type="text" value="District Non-Resident School"/>	<input type="text"/>
	Name of School	<input type="text" value="WILBUR CEA"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Instructional Setting	Setting	<input type="text" value="Special Education"/>	<input type="text"/>
	Program	<input type="text" value="PAL"/>	<input type="text"/>
	Special Day Minutes/Wk	<input type="text" value="1350"/>	<input type="text"/>
	Addresses Goals	<input type="text" value="1(Cognitive Developmen),2(Social-Emotional Dev),3(Social-Emotional Dev),4(Physical Development),5(Communication ),6(Communication ),7(Perceptual Motor),8(FM/VM),9(Accessibility)"/>	<input type="text"/>
Additional Factors	Low Incident Support	<input type="text" value="None"/>	<input type="text"/>
	Assistive Technology Support	<input type="text" value="No"/>	<input type="text"/>
	Transportation	<input type="text" value="Home to School"/>	<input type="text"/>
	Extended School Year/Intersession	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
	Parent Counseling and Training (PCT)	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
	ESY Transportation	<input type="text" value="Home to School"/>	<input type="text"/>
Accommodation, Modifications, Supports	Instructional Accommodations	<input type="text" value="Use highly-motivating materials, picture support, visual, gestural and concrete cues. Speak slowly and clearly, modeling clear speech with correct articulation of sounds and sentences. Allow for a long response time. Present information and directions in manageable amounts. Give ample opportunity and encouragement for use of verbal expressions.&lt;br/&gt;Pair oral/verbal instructions with non-verbal visual feedback/gestures/cues as needed.&lt;br/&gt;Provide opportunities and modeling as needed for engagement in social interactions with peers.&lt;br/&gt;Allow for breaks as needed. Preferential seating as needed. Allow for choices of teacher-activities at which to participate. Provide small-group instruction. Signal transitions. Use tangible rewards to reinforce participation at non-preferred activities. Praise successive approximations. Provide redirection when necessary.&lt;br/&gt;&lt;br/&gt;Provide supervision and assistance as needed when walking."/>	<input type="text"/>
	Instructional Modifications	<input type="text"/>	<input type="text"/>
	Other Supports, including Non-Academic and Extra-curricular Activities	<input type="text"/>	<input type="text"/>

Trained staff to assist student with toileting, diapering, accessing the playground during school hours, close stand by assistance at all times to monitor for falls or injury, and notify the parent and School Nurse immediately. School nurse to train staff to supervise during meals and to observe for allergic reactions, administer first aid as needed, and notify parent and School Nurse immediately. No sharing of snacks/food.

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

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

Yes  No

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

Comments, as appropriate

Low Incidence Equipment

Assistive Technology Equipment

Participation in General Education





	*		
<b>Service 3</b>	Start Date:	Effective on Signature Date	
<b>16</b>	End Date:		
<b>Occupational Therapy</b>	Service applies to:	Regular	
	Frequency:	1-5	
This service addresses the following goals:	Interval:	Weekly	
4(Physical Development)	Minutes/Interval:	45	
8(FM/VM)	Minutes/Interval (Pullout from Gen Ed):	0	
	Service Delivery Model:	Direct Service (Collaborative)*	
	Responsible Personnel:	Licensed/Credentialed Provider	
		Special Education Teacher	
		General Education Teacher	
		Other Provider(s)	
	*		
<b>Service 4</b>	Start Date:	Effective on Signature Date	
<b>10</b>	End Date:		
<b>Language/Speech</b>	Service applies to:	Regular	
	Frequency:	10-40	
This service addresses the following goals:	Interval:	Yearly	
5(Articulation)	Minutes/Interval:	680	
	Minutes/Interval (Pullout from Gen Ed):	680	
	Service Delivery Model:	Direct Service (By a Single Provider)*	
	Area:	School-Based	
	Responsible Personnel:	Licensed/Credentialed Provider	


\*

<b>Service 5</b>	Start Date:	Effective on Signature Date	
<b>13</b>	End Date:		
<b>Physical Therapy</b>	Service applies to:	Regular	
	Frequency:	1	
This service addresses the following <b>goals</b> :	Interval:	Weekly	
9(Accessibility)	Minutes/Interval:	30	
	Minutes/Interval (Pullout from Gen Ed):	0	
	Service Delivery Model:	Direct Service (Collaborative)*	
	Responsible Personnel:	Licensed/Credentialed Provider	

\*

<b>Service 6</b>	Start Date:	Effective on Signature Date	
<b>13</b>	End Date:		
<b>Physical Therapy</b>	Service applies to:	ESY	
	Frequency:	1	
This service addresses the following <b>goals</b> :	Interval:	Weekly	
9(Accessibility)	Minutes/Interval:	30	
	Minutes/Interval (Pullout from Gen Ed):	0	
	Service Delivery Model:	Direct Service (Collaborative)*	
	Responsible Personnel:	Licensed/Credentialed Provider	
		Special Education Teacher	

	*		
<b>Service 7</b>	Start Date:	Effective on Signature Date	
<b>16</b>	End Date:		
<b>Occupational Therapy</b>	Service applies to:	ESY	
	Frequency:	1-10	
This service addresses the following <b>goals</b> :	Interval:	Yearly	
4(Physical Development)	Minutes/Interval:	120	
8(FM/VM)	Minutes/Interval (Pullout from Gen Ed):	0	
	Service Delivery Model:	Direct Service (Collaborative)*	
	Responsible Personnel:	Licensed/Credentialed Provider	
		Other Provider(s)	
	*		

**Notes:**

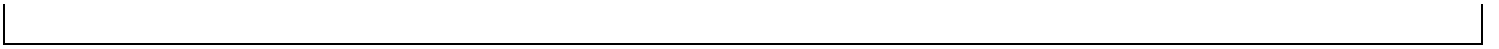
Parents of students who are Medi-Cal eligible authorize LAUSD to submit claims for reimbursement by Medi-Cal funded services unless parent(s) signs a Parent Medi-Cal Non-Authorization to Bill form. Please see Parent's Guide to Special Education Services (including Procedural Rights and Safeguards).

Part 3 - Percentage of Time Outside of General Education		
	Effective With this IEP	Future Changes Related to this IEP
<b>% of Time per Week outside of General Education</b>	<input type="text" value="87"/>	

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

Eliya's initial IEP was held during COVID19 School closures on 04/04/2021. At that time this Eliya was provided an eligibility of Deferred Eligibility. This current RE-evaluation was conducted in person to determine appropriate eligibility and services, now that school facilities have resumed in person programing. Eliya will receive educational and related services. A range of program options was discussed. Based on Eliya's current needs, the IEP team recommends Preschool for All Learner's class (PAL). The Preschool for All Learners is an educationally-based specialized program that operates 4 hours and 30 minutes, 5 days a week. The preschool curriculum is delivered through evidence-based practices. Eliya's goals, included in the IEP, will be supported in an integrated model by a multidisciplinary onsite team comprised of an early childhood special-education teacher, district special-education assistants, and a speech-language pathologist. The Speech Language Pathologist will provide 2 hours of support in the classroom each week.

9.14.22 Eliya's parent, Rahel, requested Speech and Language (LAS) services in addition to the embedded LAS supports that all students in the PALs program receive. The team agrees that 680 yearly minutes of LAS be added to allow for flexibility in scheduling and to address articulation skills. At the time of this writing, it was agreed that Eliya's attention span lasts approximately 10 minutes; should this increase, sessions will be extended as appropriate. The team agrees that the LAS provider will provide informal monthly updates/check-ins to parents, to share Eliya's progress in LAS service sessions and provide parent training/consultation if needed.





Supplementary Aids and Services (provided in general education classes and other general ed environments)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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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.