

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Identification Number 200263X295 SSID 2965701778

Eligible (SLI)

Student SHABTAI THOMAS MI
Last First MI

Date of Birth: 17-AUG-2019

Section A: Meeting Information

Pertinent Dates	Type of Meeting
Date of Initial IEP Team Meeting: 29-AUG-2022	<input checked="" type="radio"/> Initial <input type="radio"/> Amendment of IEP dated
Date of Present Meeting: 29-AUG-2022	<input type="radio"/> Annual Review <input type="radio"/> Early Start Transition
Annual Review to be conducted by: 29-AUG-2023	<input type="radio"/> Three Year Review <input type="radio"/> Expulsion Analysis
Next Three Year Review will be conducted by: 01-MAY-2024	<input type="radio"/> Other <input type="radio"/> Individual Transition Plan
Three Year Review or Evaluation was conducted on: 29-AUG-2022	
Transition to Kindergarten to be conducted by: 01-MAY-2024	

Location of Meeting: SP ED INF/PRE (1017) District Name: Los Angeles Unified School Dis

Section B: Student Information

Date of Birth: 17-AUG-2019 Age: 3 Grade: -1
 Gender: Male Female Ethnic Code: Decline to State
 Location of the Psych Folder: SUPPORT UNIT NOF Student has no Psych Folder:
 Location of the Cum Folder: Student has no Cum Folder:
 Home Language: Student Language: Alternate Mode of Communication:
 Home Address of Student: 6044 CARTWRIGHT AVE
 City: NORTH HOLLYV CA ZIP Code: 91606
 Home Telephone: (760) 880-0700 Daytime Telephone: Emergency Telephone:
 School of Attendance: Sp Ed Inf/Pre (1017) Location Code: 1017
 School of Residence: Oxnard St El Location Code: 5918
 Name of Parent/Guardian: Telephone:
 Address: City: CA ZIP Code:
 Surogate Parent: Telephone:
 Attends **CURRENT SCHOOL** as a result of one of the following: Preschool Program

Is the student living in a Family Foster Home (FFH)? No Yes FFH#:
 Is FFH Provider related to student? No Yes Relationship:
 Licensed Children's Institution No Yes LCI Name:
 LCI#:
 Out of the home placement made by Regional Center Department of Mental Health Department of Children's Services
 Superior Court Other:
 Child's family living within LAUSD's boundaries? No Yes
 If the student is 18 years old or older or is an emancipated minor, does he/she have educational decision-making rights? No Yes

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Date of Birth

Section C: Language Acquisition

Language Classification: Start Date:

Withdrawal by Parent Request: Yes No Reclassification Date:

ELPAC Performance Level and Performance Descriptor: Test Date:

Alternate ELPAC Performance Level and Performance Descriptor: Test Date:

Section D: Goal Achievement from Current IEP

Goal for: (example - Reading)	Achieved		If No, explain the reason the goal/objective was not achieved
	Yes	No	
1 <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"/>
2 <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"/>
3 <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"/>
4 <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"/>
5 <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"/>
6 <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Category <input type="text"/>			
Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
7 <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Category <input type="text"/>			
Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
8 <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Category <input type="text"/>			
Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
9 <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Category <input type="text"/>			
Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
10 <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Category <input type="text"/>			
Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

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Student SHABTAI

THOMAS

Date of Birth 17-AUG-2019

Meeting Date 29-AUG-2022

Last

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Section E: Present Level of Performance

Performance Area: Language

Category: Language

Assessment/Monitoring Process Used: REEL-4, parent report, observation

State/District Assessment Results: N/A

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

Tommy is a 2 year, 11 month old student transitioning from regional center services to an LAUSD preschool program if found eligible for special education services. Tommy has been a client of the regional center since the age of 3 months. He received child development 2x/week, speech therapy 1x/week, and occupational therapy 1x/week. He previously received physical therapy from 6-18 months. Tommy lives with his adopted father, and his primary and dominant language is Hebrew. He attends daycare at Magie Lang Childcare from 8:30-4:30 pm 5days/week. Hebrew is Tommy's primary and dominant language, but he receives his therapies in English. Father reports concerns regarding expressive language, and states that Tommy 'does not speak as well as his peers.' Tommy an average standard score on both the receptive and expressive subtests on the REEL-4.

Strengths: Tommy demonstrates joint attention for preferred activities and communicative intent. He follows commands and simple novel directions on his own terms and gives items upon request on his own terms. He identifies body parts, clothing items, size concepts, shapes, and colors. Parent reports Tommy identifies a variety of objects in pictures, action words, object function, and spatial concepts, but these were not observed. Expressively, Tommy reportedly has hundreds of words in his vocabulary and was observed to use 5-7 word utterances. He used language to label spontaneously and upon request, request for desired items, protest/ reject, comment on his immediate environment, respond to yes/no questions regarding if he wanted or liked sometimes, obtain one's attention, ask questions, and sometimes respond to simple questions. He exhibited codeswitching (i.e., switching between Hebrew and English depending on the listener) and codemixing (using both languages within the same utterance). However, these are typical processes of bilingual language development, not a disorder. Tommy demonstrates functional play and cause-effect play.
cont...

Performance Area: Language (cont)

Category: Language

Assessment/Monitoring Process Used:

State/District Assessment Results: N/A

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

He brought items to show, and exhibited social smiles to share his enjoyment. He engaged in a turn taking game with adult support. At this time, articulation appears within functional limits and is not an area of concern but should continue to be monitored. Tommy was judged to be 85% intelligible to this assessor in known and unknown contexts.

Areas of Need: Tommy exhibits inconsistent joint attention, and has difficulty modulating his eye contact, especially with highly preferred toys. He demonstrated difficulty comprehending some structured task expectations in both Hebrew and English, despite several prompts and models given, and followed directions on his own terms. Although Tommy uses 5-7 word utterances, his language lacked semantic and syntactic variety. He was not observed to use verbs in either language consistently respond to a variety of questions. Tommy pointed to things in his environment to request but had difficulty providing additional information to clarify what he wanted. His play appeared rigid and limited and he does not yet demonstrated pretend play. He had difficulty allowing the assessors to join him in his play and he did not initiate play. He does not yet engage in pretend play. It should be noted at times, Tommy appeared to exhibit moments of disfluency, which impacted his intelligibility. However, this may be due to word finding as Tommy is learning two languages simultaneously. Fluency should continue to be monitored as Tommy's language skills develop.

Impact of Disability on Educational Performance: Tommy's delays in the areas of receptive language, expressive language, and pragmatics affect his ability to carry out requests, express his wants, needs, and ideas, and successfully interact with peers. This impacts his process and involvement in the educational curriculum.

Danna Bornstein, MS CCC-SLP

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Section E: Present Level of Performance

Performance Area:

Sensory Processing

Category:

Sensory Processing

Assessment/Monitoring Process
Used:

standardized testing, structured observations, parent interview, record review

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:

Tommy demonstrates functional ability to perform all movements necessary for the classroom without assistance. He demonstrates adequate upper extremity range of motion to reach above his head for desired items or raise his hand in a classroom environment. He demonstrates functional neuromuscular skills to maintain an upright seated posture in a standard classroom chair. He transitions from sit to stand on the carpet independently. He independently demonstrates a right-hand grasp to pick up coins and deposit into a coin box using an intact pincer grasp. Tommy independently demonstrates translation from fingers to palm. He independently matches pictures demonstrating good visual skills, and independently matches shapes. He independently identifies when objects are smaller or bigger. He independently towers ten blocks and completes the train and bridge forms using blocks. He independently completed the nut and bolts on the MSEL as administered by the school psychologist demonstrating intact visual motor skills, bilateral coordination and motor planning skills. He demonstrates adequate hand strength to disconnect and reconnect legos, and demonstrates a functional grasp on pegs to insert them into a foam board. He independently opens containers. He demonstrates a functional right hand tripod grasp on a crayon to complete basic pre writing shapes such as a vertical line, horizontal line and circular shape independently. He follows one step directions independently. No concerns are noted on the DP-3 and parents express that Tommy has demonstrated good progress related to occupational therapy skills.

Performance Area:

Sensory Processing

Category:

Sensory Processing

Assessment/Monitoring Process
Used:

State/District Assessment Results:

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

Student's areas of need:

Tommy demonstrates functional neuromuscular, visual perceptual, visual motor and fine motor skills to access an educational curriculum. He demonstrates appropriate activity level and engagement to participate in over sixty minutes of testing independently. He was observed to demonstrate age appropriate skills related to fine motor tasks. He was not observed to become dysregulated during the assessment, and did not require sensory input in order to participate in testing activities. No areas of need beyond continued enrichment are noted at this time.

Impact of student's disability on academic and overall performance:

None in relation to school based occupational therapy.

Reported by:

Stacey Trost, MA, OTR/L
LAUSD School Occupational Therapist

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Section E: Present Level of Performance

Performance Area: Cognitive Ability

Category: General Ability ▼

Assessment/Monitoring Process Used: Preschool Psycho-Educational Assessment Report

State/District Assessment Results:

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

Due to inconsistent joint attention and self-directed and task refusal behaviors, it is difficult to provide an accurate estimate of Thomas's cognitive functioning at this time. Basal and ceiling levels on each scale of the MSEL could not be established; thus no standard scores were obtained. Based on parent information gathered on the DP3, Thomas's cognitive functioning falls in the superior range.

Relative strengths: In terms of visual reception tasks, Thomas sorted objects, matched by shape, color, and size, discriminated spatial details in one picture, and exhibited memory for one picture. Regarding fine motor tasks, Thomas inserted pennies in a slot bank oriented vertically and horizontally, stacked nine blocks vertically, imitated a four block train and a four block tower. Regarding receptive language skills, Thomas identified eight colors. In terms of expressive language skills, Thomas spoke short phrases/sentences. On the Developmental Profile 3 (DP 3) parent reports that Thomas uses size words, understands prepositional concepts, knows the difference between living and non-living things, and understands number concepts to six.

Areas of relative weakness: Thomas's performance on all the scales of the MSEL was impacted by his self-directed and task refusal behaviors. Thomas did not attend to pictures. He was challenged in answering questions. He did not use a wide variety of word combinations.

Educational Impact: A general ability/cognition impact was not identified at this time.

Performance Area: School Readiness

Category: Cognitive Development ▼

Assessment/Monitoring Process Used: Preschool Psycho-Educational Assessment Report

State/District Assessment Results:

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

Overall, Thomas's current functioning in school readiness is developing as expected given the student's chronological age and early intervention services 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).

Thomas demonstrates relative strengths in general fund of knowledge, pre-mathematics, pre-reading, and pre-writing skills.

Thomas demonstrates relative challenges in answering general knowledge questions and consistently attending to pictures in a book and describing pictures in a book across settings. Due to inconsistent joint attention and self-directed behaviors skills reported in the home setting were not observed during the assessment session.

Educational Impact: An academic performance/school readiness impact was not identified at this time. Thomas's school readiness skills are developing as expected given his chronological age and exposure to pre-academic skills.

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Section E: Present Level of Performance

Performance Area:

Communication

Category:

Communication

Assessment/Monitoring Process Used:

Preschool Psycho-Educational Assessment Report

State/District Assessment Results:

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

Thomas's home language is Hebrew. This assessment was completed in Hebrew and English with the assistance of a district interpreter. Thomas's language classification will be determined in kindergarten with appropriate measures. Parent reports that Thomas has hundreds of words. He asks questions. Familiar and unfamiliar listeners understand approximately 60 percent of his speech.

Overall, Thomas's language skills are found to be in the below average to average range.

Based on the parent's responses on the Developmental Profile 3, Thomas evidences the following strengths: following two verbal step instructions, putting two or more words together, and singing two songs.

Thomas evidences the following needs/challenges: demonstrating consistent joint attention, following directions, using a wide variety of word combinations, and answering a variety of questions across settings. Results from the language and speech assessment results indicate that Thomas exhibits delays in the areas of receptive language, expressive language, and pragmatics which affect his ability to carry out requests, express his wants, needs, and ideas, and successfully interact with peers.

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

Performance Area:

Motor

Category:

Motor Abilities

Assessment/Monitoring Process Used:

Preschool Psycho-Educational Assessment Report

State/District Assessment Results:

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

Overall, Thomas's motor abilities are found to be in the superior range.

Based on the parent's responses on the Developmental Profile 3, Thomas evidences strengths in gross motor skills including the movement and coordination of the arms, legs, and other large body parts and movement (e.g., walking, climbing, and jumping) and fine motor skills, including the movement and coordination of small body parts such as the wrists, hands, and fingers (e.g., writing and drawing). On the MSEL, Thomas inserted pennies in a slot oriented horizontally and vertically, stacked nine blocks, and imitated a four block train and a four block tower.

Thomas evidences the following needs/challenges: none were identified at this time. Thomas's performance on the Fine Motor scale of the MSEL was impacted by inconsistent joint attention and self-directed behaviors.

Refer to the occupational therapy assessment report for further information regarding Thomas's motor functioning.

Educational Impact: A motor impact was not identified at this time.

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Section E: Present Level of Performance

Performance Area: Social Emotional

Category: Social Emotional ▼

Assessment/Monitoring Process Used: Preschool Psycho-Educational Assessment Report

State/District Assessment Results:

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

Overall, Thomas' demonstrates a scatter of skills ranging in the below average range to the average range.

Based on observations, informal interviews and the raters' responses on formal rating scales, Thomas evidences the following strengths: exploring new places, staying engaged in a preferred activity for at least 15 minutes, and playing with other children. Daycare provider's ratings on the BASC-3 and ASRS did not result in scale elevations. Parent reports that Thomas demonstrates awareness of the psychological feelings of others, is very social with his peers, and exhibits safety awareness. At the assessment session, during preferred activities, Thomas exhibited joint attention and appropriately modulated his eye contact between objects/activities and the examiners. He exhibited social smiles, laughed appropriately, and shared his enjoyment. He demonstrated functional and cause and effect play.

Thomas evidences the following needs/challenges: demonstrating consistent joint attention, social awareness, engagement, and reciprocity, adaptability, and play skills across settings. Parent's ratings on the BASC-3 indicate at-risk concerns in the areas of aggression and anxiety. Parent's responses on the ASRS reflect that Thomas he uses language in an atypical manner, engages in unusual stereotypical behaviors, has difficulty tolerating changes in routine, and overreacts to sensory stimulation. Thomas became increasingly self-directed as the assessment session continued. He demonstrated refusal and task avoidance behaviors. Tommy exhibited a perseverative interest in spinning light up toys and a cupcake toy with various cupcakes arranged in a tin. He became dysregulated when his play was disrupted.

Performance Area: Social Emotional

Category: Social Emotional ▼

Assessment/Monitoring Process Used: Preschool Psycho-Educational Assessment Report

State/District Assessment Results:

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

Continued:

His play was mostly self-directed and rigid. He was challenged in accepting the examiners' ideas in play. Thomas did not initiate play or engage the adults in his play. He was observed to jump up and down and flap his arms on several occasions.

Educational Impact: A social emotional impact was identified at this time, which affects Thomas's ability to access the preschool curriculum.

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Section E: Present Level of Performance

Performance Area: Adaptive Behavior

Category: Activities of Daily Living

Assessment/Monitoring Process Used: Preschool Psycho-Educational Assessment Report

State/District Assessment Results:

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

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

Based on observations, informal interviews and the rater's responses on formal rating scales, Thomas evidences the following strengths: removing his shoes, drinking from a child size cup, using utensils to feed himself, and performing basic hygiene tasks. Parent's ratings on the BASC-3 reflects average activity of daily living skills.

Thomas evidences relative challenges in dressing/undressing and toileting.

Educational Impact: A self-help/adaptive behavior impact was not 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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Section F: Eligibility

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

health, general ability, academic function, motor ability, language and speech, social/emotional, self-help adaptive

For Initial IEP, interventions attempted prior to determining eligibility:

Per parent report: Child Developmental Services (CDS) - twice per week Language and Speech Services (LAS) -once per week Occupational Therapy (OT) - once per week Physical Therapy 1/20-1/21

Eligible as a student with the disability of:

Code: SLI Speech Or Language Impairment

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

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Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

Tommy will use a variety of 5+ word utterances to respond to questions during structured language activities and play activities in 8/10 opportunities given 1-2 prompts/models per trial

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:

Tommy will use a variety of 4 word utterances to respond to questions during structured language activities and play activities in 6/10 opportunities given 5 prompts/models per trial

Incremental objective #2 related to the goal:

Tommy will use a variety of 4-5 word utterances to respond to questions during structured language activities and play activities in 7/10 opportunities given 3-4 prompts/models per trial

Date to be achieved: MO/YR

Date to be achieved: MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

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Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

Thomas will engage in turn-taking activities (with a minimum of 6 exchanges) demonstrating social engagement with a peer/adult on 4 occasions in a school week as measured by teacher observation.

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:

Thomas, with prompts/cues, will engage in turn-taking activities (with a minimum of 2 exchanges) demonstrating social engagement with a peer/adult on 4 occasions in a school week as measured by teacher observation.

Incremental objective #2 related to the goal:

Thomas, with minimal prompts/cues, will engage in turn-taking activities (with a minimum of 4 exchanges) demonstrating social engagement with a peer/adult on 4 occasions in a school week as measured by teacher observation.

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"/>

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Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

Thomas will use real objects in pretend play 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:

Thomas will imitate simple actions (e.g., picks up phone, rocks baby) on 4 occasions during a school week

Incremental objective #2 related to the goal:

Thomas will imitate routines (e.g. pretends to feed doll, cook dinner) with adult/peer support 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
 Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

Thomas will transition to adult-directed activities, follow adult directions, and engage in tasks for 10 minutes on 4 out of 5 opportunities with 85% 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:

Thomas will follow directions when provided by adults during activities in 2 out of 5 opportunities with 75% accuracy.

Incremental objective #2 related to the goal:

Thomas will transition to adult directed activities, follow adult directions, and participate in the tasks in 3 out of 5 opportunities 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	2nd Reporting Period	3rd Reporting Period	4th Reporting Period (Secondary Only)	Goal Achievement
Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	
Progress Mark: <input type="text"/>	Progress Mark: <input type="text"/>	Progress Mark: <input type="text"/>	Progress Mark: <input type="text"/>	Objective 1 Met: <input type="radio"/> Yes <input type="radio"/> No
Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Objective 2 Met: <input type="radio"/> Yes <input type="radio"/> No
If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please explain: <input type="text"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student

SHABTAI

THOMAS

Date of Birth

17-AUG-2019

Meeting Date

29-AUG-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)

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student SHABTAI THOMAS MI Last First MI

Date of Birth 17-AUG-2019

Meeting Date 29-AUG-2022

Section N: Procedural Safeguards and Follow-up Actions



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



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



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

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

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

Specify the Individual Pages to be translated:

Special Requests:

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

Pandemic Learning Loss Consideration of Compensatory and/or Recoupment Services

Compensatory Education Consideration:

- The IEP team has reviewed and discussed whether compensatory education is required due to the COVID-19 pandemic. The IEP team has determined: Student received all of their special education and related aids and services required by their IEP. Compensatory education is not required. Student did not receive all of their special education and related aids and services required by their IEP. Compensatory education offer details are documented in FAPE 2- Summary of Services. Student did not receive all of the special education and related aids and services required by their IEP. However, no compensatory education was warranted for the reasons documented by the IEP team in FAPE Part 2 Part 4. Compensatory education consideration was documented on IEP dated

Recoupment Services Consideration:

- The IEP team has reviewed and discussed student's progress/achievement and considered factors that may have impacted student's learning during the school facility closures as a result of the COVID-19 pandemic. The IEP team has determined: Student has made expected progress toward IEP goals and/or progress is in alignment with expectations of progress/goal achievement. No recoupment services are recommended. Student experienced learning loss as a result of the school facility closures caused by the COVID-19 pandemic and recoupment services are necessary. The IEP team discussed recoupment services to address past learning loss. Recoupment services offer details are included in FAPE Part 2, Part 4 of the IEP (including completion of a service grid, as necessary). Recoupment services consideration was documented on IEP dated

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

THIS SPACE DELIBERATELY LEFT BLANK.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student SHABTAI THOMAS MI Last First MI

Date of Birth 17-AUG-2019

Meeting Date 29-AUG-2022

Section Q: Parent Participation and Consent

Parent Participation

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

Parent Notification

Table with 3 columns: Method, Whom, When. Row 1: Other, Jodi Brown, 17-AUG-2022

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

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

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

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

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

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

Parent Concerns and Comments

Signature(s)

Signature(s)

Date 30-AUG-2022

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

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

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

Signature(s)

Signature(s)

Date 29-AUG-2022

PARENT INPUT SURVEY

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

ALL INFORMATION IS CONFIDENTIAL

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

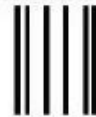
A. Regarding your child's current IEP:	Yes	No	Does Not Apply
1. I am satisfied with the IEP meeting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I feel that the IEP accurately reflects the decisions made at the IEP meeting.	<input type="checkbox"/>	<input type="checkbox"/>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

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

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

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

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



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

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

POSTAGE WILL BE PAID BY ADDRESSEE

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



PARENT INPUT SURVEY
English

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Reconvened Meeting Date

Student SHABTAI THOMAS
Last First MI



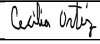
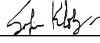
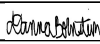
THOMAS
First

MI

Date of Birth 17-AUG-2019

Meeting Date 29-AUG-2022

Section R: Names and Signatures (Signatures on File)

Team Member	Print Name	Signature
Parent/Guardian	Arnon Shabtai via zoom	<input type="text"/>
Parent/Guardian	<input type="text"/>	<input type="text"/>
Student Age 18 - 21 years	<input type="text"/>	<input type="text"/>
Student Under Age 18 years	<input type="text"/>	<input type="text"/>
Surrogate Parent	<input type="text"/>	<input type="text"/>
Foster Parent	<input type="text"/>	<input type="text"/>
Family Foster Home Provider	<input type="text"/>	<input type="text"/>
Administrator	<input type="text"/>	<input type="text"/>
Administrative Designee	Jodi Brown	
Special Education Teacher	Cindy Kwan	
General Education Teacher	Cecilia Ortiz	
School Psychologist	Sofia Klotzman	
School Nurse	<input type="text"/>	<input type="text"/>
Related Service Staff LAS	Danna Bornstein	
Related Service Staff OT	Tali Cohen	Talia Cohen
Related Service Staff	<input type="text"/>	<input type="text"/>
Interpreter	Lazer Mishulovin 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"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
 Last First MI

Date of Birth

Meeting Date

LEAST RESTRICTIVE ENVIRONMENT ANALYSIS

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

Student's Current Placement Type:

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

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

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

Step A.	Can the supports, services, accommodations and/or modifications in the student's IEP be made available in a general education classroom/setting?
	<input type="radio"/> Yes <input type="radio"/> No If the answer is YES, then a general education classroom/setting is the appropriate placement. If the answer is NO, go to the question below.
	<input type="radio"/> Yes <input type="radio"/> No If not currently available, can the required supports, services, accommodations and/or modifications be made available in a general education classroom/setting? If YES, all required supports, services, accommodations and/or modifications must be provided within a reasonable timeline. If the answer is NO, please articulate why in the box below. Then go to Step B.
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	

Step B.	Can the supports, services, accommodations and/or modifications in the student's IEP be made available on a general education site in a special day program?
	<input type="radio"/> Yes <input type="radio"/> No If the answer is YES, then a special day program on a general education site is the appropriate placement. If the answer is NO, go to the question below.
	<input type="radio"/> Yes <input type="radio"/> No If not currently available, can the required supports, services, accommodations and/or modifications be made available in a special day program on a general education site? If YES, all required supports, services, accommodations and/or modifications must be provided within a reasonable timeline. If the answer is NO, please articulate why in the box below. Then go to Step C.
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
 Last First MI

Date of Birth

Meeting Date

ANNUAL LEAST RESTRICTIVE ENVIRONMENT ANALYSIS (Continued)

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

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

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student SHABTAI
Last

THOMAS
First

MI

Date of Birth 17-AUG-2019

Meeting Date 29-AUG-2022

ANNUAL LEAST RESTRICTIVE ENVIRONMENT ANALYSIS (Continued)

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

Step F.	The student's needs as reflected in the contents of this IEP, and the placement being considered by the IEP team, outweigh any potential harmful effects at this time, including (check all that apply):	
	<input type="checkbox"/>	Diminished access to the full range of the curriculum
	<input type="checkbox"/>	Missed general education instruction taught by highly qualified staff
	<input type="checkbox"/>	Rate at which student may earn credits for graduation
	<input type="checkbox"/>	Lack of opportunity for social interaction
	<input type="checkbox"/>	Lack of opportunities for age-appropriate peer role models
	<input type="checkbox"/>	Amount of socialization opportunities with typical peers
	<input type="checkbox"/>	Limited access to peers in student's home community
	<input type="checkbox"/>	Lack of exposure to appropriate behavioral models from peers
	<input type="checkbox"/>	Other: <input type="text"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 1 - Eligibility, Placements and Supports

Student SHABTAI THOMAS MI
 Last First MI

Date of Birth 17-AUG-2019

Meeting Date 29-AUG-2022

		Effective With this IEP	Future Changes Related to this IEP
	As of Date:	30-AUG-2022	
Eligibility: (from Page 4)		Eligible (SLI)	
	Final IEP Reason Final IEP Effective Date:		
Curriculum		General Education	
Placement	Type of School	Preschooler Non-LAUSD/Not Headstart	
	Name of School	SP ED INF/PRE (1989)	
Instructional Setting	Setting	DIS Only - Preschooler	
	Program	GE	
	Special Day Minutes/Wk		
	Addresses Goals	1(Language),2(Social/Emotional),3(Cognitive),4(Social Emotional)	
Additional Factors	Low Incident Support	None	
	Assistive Technology Support	No	
	Transportation	None	
	Extended School Year/Intersession	<input type="radio"/> Yes <input checked="" type="radio"/> No	
	Parent Counseling and Training (PCT)	<input checked="" type="radio"/> Yes <input type="radio"/> No	
	ESY Transportation		
Accommodation, Modifications, Supports	Instructional Accommodations	visual and verbal prompts/cues, redirection, repetition of instructions, additional response time, modeling of language, check for understanding, and receive praise and encouragement	
	Instructional Modifications		
	Other Supports, including Non-Academic and Extra-curricular Activities		
Preparation for Three Year Review IEP (At the second Annual Review IEP Meeting, the team must discuss and document the decision to conduct or not conduct a three-year comprehensive reassessment.)	Do the Parent and the District (local educational agency) agree that a reassessment is unnecessary?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
	If the Parent does not agree, specify the area(s) to be reassessed.		
Comments, as appropriate			
Low Incidence Equipment			

**Assistive Technology
Equipment**

--

**Participation in
General Education**

--

	Responsible Personnel:	Licensed/Credentialed Provider	
		General Education Teacher	

*

Notes:

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

Part 3 - Percentage of Time Outside of General Education

	Effective With this IEP	Future Changes Related to this IEP
% of Time per Week outside of General Education	<input type="text" value="0"/>	

Part 4 - Compensatory Education/Recoupment Services Discussion

--

Part 4 - Additional Discussion (This section is optional)

The IEP team discussed a range of programs and recommends PCC at Arminta EEC as the program appropriate to provide FAPE. Father stated that Thomas will be starting a new full-day private preschool/daycare program. Due to location of the private preschool/daycare, bus transportation services are not provided due to the distance between school and daycare. Father wishes Thomas to attend the private school/daycare: Gan Shelanu, 13625 Burbank Blvd., Sherman Oaks, 91401; (818) 909-7500 at his expense and receive related services at the school of residence, Oxnard St. Elementary. The district offers PKIT (Preschool Kindergarten Itinerant Teacher) for 180 minutes (monthly) see service grid at Gan Shelanu community preschool. PKIT services is a consultative service provided by a special education in collaboration with the preschool staff to support the implementation of the student's IEP in the general education preschool program. Related Services of language and speech will be provided at the child's school of residence.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student SHABTAI THOMAS
Last First MI

Date of Birth 17-AUG-2019

Meeting Date 29-AUG-2022

FAPE Summary Grid

Program:	GE	Setting:	DIS Only - Preschooler						
Eligibility:	Eligible (SLI)	Curriculum:	General Education						
Transportation:	None	Low Incident Support:	None						
Date District Received	30-Aug-2022								
Parent Signature:									
Service Code	Service Desc	Start Date	Service Applies To	Interval	Frequency	Area	Total Minutes	Addresses Goal(s)	No Consent
10	Language/Speech	Effective on Signature Date	Regular	Monthly	1-10	School-Based	120	Language	--
26	Pre-Kdg. Itinerant	Effective on Signature Date	Regular	Monthly	1-5	~	180	Social/Emotional, Cognitive, Social Emotional	--

Alternative Remote/Distance Learning Services During Emergency Conditions

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

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

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

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

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

For IEP Team Information

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

INDIVIDUALIZED EDUCATION PROGRAM
SPEECH LANGUAGE IMPAIRMENT (SLI) ELIGIBILITY CERTIFICATION

Los Angeles Unified School District

ATTACHMENT A

Student THOMAS SH

Date of Birth 17-AUG-2019

Meeting Date 29-AUG-2022

This page is to be completed for initial IEPs, 3-year evaluations, or when a comprehensive speech-language evaluation has been conducted to determine whether SLI eligibility is appropriate.

Complete Step 1a or 1b

Step 1a. General Education Interventions - Check items as completed

- Intervention strategies implemented, including English Language Instruction or RtI2 prevention support (including but not limited to school staff development regarding language standards in the curriculum and referral for Special Education, consultation between the classroom teacher and school speech therapist for appropriate classroom accommodations, consultation with the SSPT that includes an EL expert if student is identified as an English Learner).
- Intervention support monitored over several weeks, and modified interventions as necessary based on student response.
- Interventions were not successful, student referred for special education assessment.
- Screening by a speech therapist or a student success team meeting (including a speech therapist) with the focus being speech and language concerns OR an appropriate screening for non-LAUSD enrolled preschoolers.

Step 1b. Interventions Not Applicable

- Interventions not applicable for non-LAUSD enrolled preschoolers or when determined unnecessary by the speech therapist.

Step 2. Review of Pre-referral Information - Check items as applicable

- The speech or language delay does not appear to be due to unfamiliarity with English.
- The delay does not appear to be due to a lack of instruction in English, dialectical factors or limited language experience.
- The delay does not appear to be due to environmental factors.
- The delay does not appear to be due to economic factors.
- The delay does not appear to be due to social or cultural factors.

Step 3. Assessment - Check either A or B, and complete the remaining items

- A.** Student has received an assessment by a school psychologist that gives an indication of where the student's general ability lies. (if a language impairment is suspected) **OR**
- B.** A psychological assessment is not required if the suspected area of disability is voice, fluency or articulation.
 - Student has received a health assessment that rules out whether an inability to communicate effectively is a result of a health or sensory condition.
 - A credentialed or licensed speech therapist has conducted a comprehensive evaluation, including assessment in the student's primary language, that consists of multiple measures of assessment, including but not limited to standardized test instruments (or alternate forms of assessment if necessary), formal speech/language sample, parent interview or checklist, teacher interview or checklist, and observation in various communication settings.

Complete Step 4

Step 4. Determination of Eligibility of Speech Language Impairment (as the only identified special education eligibility)

- A.** Student meets one or more of the following criteria (check each disorder that applies):
 - A language disorder, which has been identified in an assessment that includes use of two or more standardized tests in one or more of the following areas of language development: morphology, syntax, semantics, or pragmatics where the resulting scores are at least 1.5 S.D. below the mean or below the 7th percentile for the student's chronological age or developmental level and a 50-utterance representative spontaneous language sample where the student displays inappropriate or inadequate usage of receptive and/or expressive language. Note: When standardized tests are considered to be invalid for the specific student, the expected language performance level shall be determined by alternative means as specified on the assessment plan [5 CCR 3030 (c)(4)].
 - An articulation disorder (e.g., Pronunciation), which draws adverse attention, significantly interferes with communication and has been identified in an assessment that includes a conversational speech sample which reveals significant interference with communication and identifies single or multiple speech sound errors that are below the student's chronological age or developmental level.
 - A fluency disorder (e.g., Stuttering), which has been identified in an assessment that demonstrates that the flow of verbal expression adversely affects communication between the student and the listener in multiple communication settings and the dysfluency has persisted over time.
 - A voice disorder (e.g., Chronic Hoarseness, Pitch Variations), which has been identified in an assessment by a speech therapist after the etiology has been cleared by a Medical Doctor, in writing.
- B.** The impairment has a significant adverse affect on the student's academic performance.
- C.** The presenting Speech Language Impairment is not due to: social maladjustment, health factors, poor school attendance, environmental, economic, or social disadvantage, lack of instruction or the unfamiliarity with the English language.

Complete Step 5

Step 5. Consideration for additional special education service(s): Complete A or B.

- A.** In the event a student with eligibility of Speech Language Impairment is being considered for special education academic services and/or support, an updated District psychoeducational evaluation has been completed to determine that SLI is the overarching eligibility.
- B.** Student is not being considered for additional special education academic services and/or support.

If the student is eligible, the IEP Team must consider service delivery models based on the student's identified needs and appropriate placement in the least restrictive environment. Additionally, the IEP team should also include teacher and parent participation in the implementation of goals and supports and accommodations to ensure achievement of goals and objectives in a time-efficient manner and carry-over to multiple communication contexts.