

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Identification Number 200302X049 SSID

Eligible (SLD)

Student DUYEB ODEL MI
Last First MI

Date of Birth: 04-DEC-2015

Section A: Meeting Information

Pertinent Dates	Type of Meeting
Date of Initial IEP Team Meeting: 08-NOV-2022	<input checked="" type="radio"/> Initial <input type="radio"/> Amendment of IEP dated
Date of Present Meeting: 08-NOV-2022	<input type="radio"/> Annual Review <input type="radio"/> Early Start Transition
Annual Review to be conducted by: 08-NOV-2023	<input type="radio"/> Three Year Review <input type="radio"/> Expulsion Analysis
Next Three Year Review will be conducted by: 07-NOV-2025	<input type="radio"/> Other <input type="radio"/> Individual Transition Plan
Three Year Review or Evaluation was conducted on: 08-NOV-2022	
Transition to Kindergarten to be conducted by:	
Location of Meeting: KITTRIDGE ST EL	District Name: Los Angeles Unified School Dis

Section B: Student Information

Date of Birth: 04-DEC-2015 Age: 6 Grade: 1

Gender: Male Female Ethnic Code:

Location of the Psych Folder: Student has no Psych Folder

Location of the Cum Folder: Student has no Cum Folder

Home Language: Hebrew Student Language: Hebrew Alternate Mode of Communication:

Home Address of Student: 6634 AMPERE AVE

City: NORTH HOLLYV CA ZIP Code: 91606

Home Telephone: 818-850-9926 Daytime Telephone: Emergency Telephone:

School of Attendance: Private School Office Location Code: 1536

School of Residence: Kittridge St El Location Code: 4760

Name of Parent/Guardian: Rotem Duyeb Telephone:

Address: City: CA ZIP Code:

Surogate Parent: Telephone:

Attends **CURRENT SCHOOL** as a result of one of the following: Private School Enrollment

Private School: Woodcrest School (FOR PROFIT)

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

Is FFH Provider related to student? No Yes Relationship:

Licensed Children's Institution No Yes LCI Name:

LCI#:

Out of the home placement made by: Regional Center Department of Mental Health Department of Children's Services

Superior Court Other:

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

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Student MI

Date of Birth

Last First

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"/>	***** INTIAL IEP*****
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"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student

DUYEB

O DEL

Date of Birth

04-DEC-2015

Meeting Date

08-NOV-2022

Last

First

MI

Section E: Present Level of Performance

Performance Area:

Health

Category:

Health

Assessment/Monitoring Process Used:

Review of school health records, interview with parent, health assessment

State/District Assessment Results:

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

HEALTH SUMMARY: Health Assessment was completed on 11/01/2022 with information provided by a review of school health records, and a questionnaire from mother, Rotem. Odel is a 6-year-old student in the 1st grade. Per mother, she had uneventful pregnancy and birth without complications at hospital in Tarzana. Baby was born via vaginal delivery. Per mother, all developmental milestones were within normal limits. Current diagnosis: Tourette syndrome and ADHD with daily treating medication at home only. Student is not toilet trained during night time only. Last physical with pediatrician was in September 2022. Parent areas of concern is with academics.

STRENGTHS: Student is in good general health. Mother does not have any concerns with vision or hearing, there are currently no screening results available. Student can verbally communicate needs. Student walks without assistance. Student is independent with self-care activities during the day. No history of other serious illness, injury, accident, surgery, hospitalization, or psychiatric care.

AREA OF NEED: Health is not an area of need.

IMPACT OF DISABILITY: The student's current diagnosis of Tourette syndrome and ADHD impact the student's participation, performance, and access in the educational program.

ACCOMMODATIONS/MODIFICATIONS: Allow ample/ extended time to complete assignments and tests.

Carolina Salas, BSN, RN, PHN
School Nurse
11/01/2022

Performance Area:

Category:

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

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Section E: Present Level of Performance

Performance Area:

General Ability(cognition, language ,motor)

Category:

General Ability

Assessment/Monitoring Process
Used:

Psycho educational Assessment

State/District Assessment Results:

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

Strengths: Testing indicates that Odel is functioning within the average range of general ability. Non-verbal reasoning skills are areas of relative strength. Non-verbal reasoning skills are within the average range. Verbal reasoning skills are within the low average range. Visual motor skills are an area of relative strengths and are within the high average range. Visual perceptual skills are within the average range. Visual memory skills are within the low average range.

Areas of need: Her English oral language skills are within the below average range. Auditory processing skills and auditory memory skills are within the low average range. However, it should be noted that Odel cannot consistently recall verbal information. Phonological awareness skills and phonological memory skills are within the below average range. Rapid naming skills area an area of significant weakness and are well below the average range. Attention skills are within the below average range.

Impact of Disability: Odel's Specific Learning Disability and processing deficits in attention processing and phonological processing impacts her involvement and progress in the general education curriculum.

Performance Area:

Social Emotional

Category:

Social Emotional

Assessment/Monitoring Process
Used:

Psycho educational Assessment

State/District Assessment Results:

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

Strengths: Odel's teacher reports that she is cooperative and well behaved in class. She follows directions and will begin tasks immediately. She is social and playful. She plays cooperatively with others and has good relationships with peers.

Areas of need: At home, Odel is easily distracted and has a short attention span. She has poor self-control and will interrupt parents when speaking. She will argue and throw objects when denied her way. Her mother reports that due to Tourette's she can be highly reactive when denied way. At times she recovers quickly and at times she needs one hour to calm self. She has difficulty transitioning into school and separating from mom. She will cry and refuse to go into class. Odel insists that mom walk her to the classroom door. Mom also reports that she is fearful to use restroom at school. At night she is fearful and will sleep in parents bed. In addition, she does not adapt well to changes and becomes easily upset if loses a game at home. Her mother also reports that she will complain of being sick when nothing is wrong.

Impact of Disability: Odel's Specific Learning Disability and processing deficits in attention processing and phonological processing impacts her involvement and progress in the general education curriculum. Her needs will be met by her DIS goal and accommodations listed in this IEP.

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Date of Birth

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Meeting Date

08-NOV-2022

Section E: Present Level of Performance

Performance Area:

Reading

Category:

Reading

Assessment/Monitoring Process
Used:

WJIV, Informal Assessments, Teacher Report, Student Observation

State/District Assessment Results:

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

Strengths:

Odel demonstrates some skills in the area of reading readiness at this time. She can verbally identify a few of the letters of the alphabet in and out of sequence, including uppercase and lowercase letters. Some examples include identifying A, X, z, E, C, O, a, x, l, e, ca, and o. She can independently recite most of the alphabet when given a few prompts. In addition, Odel can generally match the upper uppercase letters to the lowercase letters of the alphabet independently. She demonstrates some sound symbol correspondence with the letters Z and M. Odel also demonstrates an understanding of correct book orientation by holding the book correctly and appears to understand the left to right sweep of reading. After listening to a story read aloud, she can correctly answer some simple comprehension questions and identify some of the characters.

Needs/Challenges:

Odel does not demonstrate a general ability to recite the complete alphabet by rote without teacher support, as she generally stops at the letter Q. Her ability to identify both uppercase and lowercase letters out of order is limited as she often confuses the letters. A recent informal assessment revealed that Odel was able to identify only 6 letters consistently. Her miscues include reading S as C, T as Q, U as R, V as S, and W as T. She also demonstrates significant difficulty with phonological awareness as she is generally unable to give the corresponding sound to most of the letters of the alphabet. Odel has significant difficulty identifying any Rainbow or high frequency words, with the occasional exception of 'mom' and 'cat.'

Performance Area:

Reading cont.,

Category:

Reading

Assessment/Monitoring Process
Used:

State/District Assessment Results:

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

Needs, Challenges, cont.

When a story is read aloud, Odel is inconsistent to retell stories including key details and demonstrate understanding of the lesson. Her ability to describe characters, settings and major events in a story using key details is also inconsistent, and often limited or/off topic.

Impact of Disability:

Odel's specific learning disability makes it difficult for her to process and organize phonological information effectively, including being able to hear differences in words and sequence information, as well as focus on instruction and concentrate on sustained lessons. These difficulties hinder her development of decoding and overall comprehension skills, impacting her involvement and progress in the general education curriculum in reading at this time.

*Please refer to the Resource Specialist's Report dated November 2022 for information regarding specific standardized scores based on the standardized assessment Woodcock Johnson IV. Odel's Reading and Broad Reading scores place her in the Very Low range compared to others at her age level.

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DUYEB

ODEL

Date of Birth 04-DEC-2015

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MI

Section E: Present Level of Performance

Performance Area:

Writing

Category:

Writing

Assessment/Monitoring Process
Used:

WJIV, Informal Assessments, Teacher Report, Student Observation

State/District Assessment Results:

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

Strengths:

Odel is able to hold a pencil in a functional grasp and appears to have established right hand dominance at this time. She is able to write her first name with the first letter capitalized and the following letters in lower case. She is also able to recognizably write a few letters of the alphabet and a few words, such as 'mom' and 'cat.' Odel can generally copy the alphabet and a short sentence from the board. She can sometimes write a single, short sentence with a combination of correct and invented spelling using an alphabet chart. For example, when asked to independently write 'I see a cat.' She wrote 'I c a cat.'

Needs/Challenges:

Odel demonstrates significant difficulties in the area of writing. Her printing is over large and she demonstrates general difficulty with word spacing and line adherence. She cannot independently write the letters of the alphabet and there is evidence of sometimes writing words backwards when using an alphabet chart to aid her spelling. Overall, Odel has significant difficulties with spelling even with the aid of an alphabet chart as she struggles to spell words phonetically. Some examples include writing 'aeh' for 'hat,' 'th' for 'book,' 'eah' for 'she,' and 'heg' for 'are.'

She also has significant difficulty writing complete sentences independently even when using invented spelling. In addition, she will sometimes write the words without spaces when copying a sentence from the board. As a result, Odel's independent writing is difficult to decipher and limits her ability to respond in writing to writing prompts and/or reading comprehension questions.

Performance Area:

Writing cont.,

Category:

Writing

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:

Odel's specific learning disability makes it difficult for her to process and organize phonological information effectively, including being able to hear differences in words and sequence information, as well as focus on instruction and concentrate on sustained lessons. These difficulties significantly hinder her ability to write or copy any words, as well as sequence the letters of the alphabet, impacting her progress and participation in writing in the general education setting at this time.

*Please refer to the Resource Specialist's Report dated November 2022 for information regarding specific standardized scores based on the standardized assessment Woodcock Johnson IV. Odel's Written Language, Broad Written Language, and Written Expression scores place her in the Very Low range compared to others at her age level.

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Section E: Present Level of Performance

Performance Area:

Math

Category:

Math

Assessment/Monitoring Process
Used:

WJIV, Informal Assessments, Teacher Report, Student Observation

State/District Assessment Results:

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

Strengths

Odel can count from 1-10 in order by rote and sometimes higher. She can consistently recognize the numbers 1-4 out of sequence and occasionally identify a few other random numbers. Odel can add within 10 using pictures and/or manipulatives and her numbers are recognizable and do not contain reversals. She knows her basic colors and can identify a circle, heart, and star. Odel understands some basic comparisons, such as more/less and few/many. She is also generally able to sort or classify objects by a single attribute, such as color or size.

Needs/Challenges

Odel has difficulty identifying most numbers past 4 without counting on her fingers or the aid of a number line. Although she can generally add within 10 with manipulatives, she has difficulty subtracting within 10 even with the support of manipulatives. Instead, she will simply add instead of subtracting. She also does not demonstrate an ability to independently write numbers from 1 to 20 in sequence without a number line as a guide. Odel also has difficulty recognizing many forms, including a square, rectangle, and triangle. She also has general difficulty learning and applying the information contained in a calendar.

Performance Area:

Math cont.,

Category:

Math

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

Odel's specific learning disability makes it difficult for her to process and organize phonological information effectively, including being able to hear differences in words and sequence information, as well as focus on instruction and concentrate on sustained lessons. These difficulties significantly hinder her ability to develop and apply math skills, including sequencing, identifying, and manipulating numbers, impacting her progress and participation in math in the general education setting at this time.

*Please refer to the Resource Specialist's Report dated November 2022 for information regarding specific standardized scores based on the standardized assessment Woodcock Johnson IV. Odel's Mathematics and Broad Mathematics scores place her in the Very Low range, while her Math Calculation Skills score places her in the Low range compared to others at her age level.

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Student DUYEB ODEL
Last First MI

Date of Birth 04-DEC-2015

Meeting Date 08-NOV-2022

Section E: Present Level of Performance

Performance Area: Vocational Education

Category: Vocational Education

Assessment/Monitoring Process Used: Teacher Report, Student Observation

State/District Assessment Results:

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

Strengths

Odel is reported and observed to be polite and cooperative in the general education setting. Her general education teacher reports that she generally returns completed homework, completes classroom assignments with teacher support as needed, appears organized and motivated, follows directions in class and on the yard, and has good peer relationships. Odel is friendly and displays a courteous and respectful attitude towards adults and other students. She participates in all classroom activities.

Needs/Challenges

Odel has some difficulty staying on-task as she can become distracted. However, her classroom teacher reports that she responds well to re-direction and on-task reminders and generally appears to try her best.

Impact of Disability

Odel's specific learning disability does not significantly impact her overall involvement in the general education curriculum in vocational education 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):

[Empty text box for current performance/assessment summary]

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Date of Birth 04-DEC-2015

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Section F: Eligibility

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

Specific Learning Disability
Other Health Impairment

For Initial IEP, interventions attempted prior to determining eligibility:

Individual and small group instruction, school based tutoring, community based tutoring

Eligible as a student with the disability of:

Code: SLD Specific Learning 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, Temporary Physical Disability, Lack of instruction in reading, Lack of instruction in math, Limited English Proficiency, Environmental, Cultural or Economic Factors

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
 Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

Odel will demonstrate basic knowledge of letter-sound correspondences and orally produce 10 single-syllable words by blending sounds (phonemes), with 80% accuracy in 4 out of 5 trials as measured by teacher observation and teacher-charted records. (RF.1.2)

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:

Odel will demonstrate basic knowledge of letter-sound correspondences by producing the primary sound for each consonant of the alphabet, with 70% accuracy in 3 out of 4 trials as measured by teacher observation and teacher-charted records.

Incremental objective #2 related to the goal:

Odel will demonstrate basic knowledge of letter-sound correspondences and orally produce 5 single-syllable words by blending sounds (phonemes), with 75% accuracy in 4 out of 5 trials as measured by teacher observation and teacher-charted records.

Date to be achieved: MO/YR

Date to be achieved: MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

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Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

When given a list of 15 single syllable decodable words and teacher support as needed, Odel will use her knowledge of phonics and letter/sound correspondence to spell the words with 80% accuracy in 3 out of 4 trials as measured by student work samples and teacher-charted records. (RF.1.3)

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

When given a list of 5 single syllable decodable words and maximum teacher support, Odel will use her knowledge of phonics and letter/sound correspondence to spell the words with 60% accuracy in 2 out of 4 trials as measured by student work samples and teacher-charted records.

Incremental objective #2 related to the goal:

When given a list of 10 single syllable decodable words and reduced teacher support, Odel will use her knowledge of phonics and letter/sound correspondence to spell the words with 70% accuracy in 2 out of 4 trials as measured by student work samples and teacher-charted records.

Date to be achieved: MO/YR

Date to be achieved: MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

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Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

With minimal teacher support, Odel will correctly recognize, count, and write the numbers from 1 to 30 starting with any number less than 30, with 80% accuracy in 4 out of 5 trials as measured by teacher observation and student work samples. (1.NBT.A.1))

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

With teacher support, Odel will correctly recognize, count, and write the numbers from 1 to 15 starting with any number less than 15, with 60% accuracy in 3 out of 5 trials as measured by teacher observation and student work samples.

Incremental objective #2 related to the goal:

With reduced teacher support, Odel will correctly recognize, count, and write the numbers from 15 to 25 starting with any number less than 25, with 700% accuracy in 3 out of 5 trials as measured by teacher observation and student work samples.

Date to be achieved: MO/YR

Date to be achieved: MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
 Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

Odel will practice self calming techniques (e.g., deep breathing, self-talk, visualization, mindfulness) for managing stressful/anxious feelings in 4 out of 5 trials with minimal adult support as measured by teacher and counselor 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:

Odel will practice self calming techniques (e.g., deep breathing, self-talk, visualization, mindfulness) for managing stressful/anxious feelings in 4 out of 5 trials with moderate adult support as measured by teacher and counselor observation

Incremental objective #2 related to the goal:

Odel will practice self calming techniques (e.g., deep breathing, self-talk, visualization, mindfulness) for managing stressful/anxious feelings in 2 out of 5 trials with minimal adult support as measured by teacher and counselor 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"/>	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

DUYEB

ODEL

Date of Birth

04-DEC-2015

Meeting Date

08-NOV-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.

No assessment tests found.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
Last
First
MIDate of Birth Meeting Date

Section N: Procedural Safeguards and Follow-up Actions



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



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



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

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

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

Specify the Individual Pages to be translated:

Special Requests:

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

Pandemic Learning Loss Consideration of Compensatory and/or Recoupment ServicesCompensatory 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 DUYEB ODEL MI Last First MI

Date of Birth 04-DEC-2015

Meeting Date 08-NOV-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, J. SONSKI, 19-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)

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)

Signature(s)

Date 08-NOV-2022

PARENT INPUT SURVEY

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

ALL INFORMATION IS CONFIDENTIAL

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

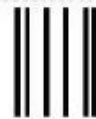
A. Regarding your child's current IEP:	Yes	No	Does Not Apply
1. I am satisfied with the IEP meeting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I feel that the IEP accurately reflects the decisions made at the IEP meeting.	<input type="checkbox"/>	<input type="checkbox"/>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

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

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

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

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



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

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

POSTAGE WILL BE PAID BY ADDRESSEE

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



PARENT INPUT SURVEY
English

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Reconvened Meeting Date

Student
 Last First MI

Date of Birth

Meeting Date

Section R: Names and Signatures (Signatures on File)

Team Member	Print Name	Signature
Parent/Guardian	<input type="text" value="Rotem Duyeb/hard copy"/>	<input type="text"/>
Parent/Guardian	<input type="text"/>	<input type="text"/>
Student Age 18 - 21 years	<input type="text"/>	<input type="text"/>
Student Under Age 18 years	<input type="text"/>	<input type="text"/>
Surrogate Parent	<input type="text"/>	<input type="text"/>
Foster Parent	<input type="text"/>	<input type="text"/>
Family Foster Home Provider	<input type="text"/>	<input type="text"/>
Administrator	<input type="text" value="Janice Sonski"/>	<input type="text" value="J. Sonski"/>
Administrative Designee	<input type="text"/>	<input type="text"/>
Special Education Teacher	<input type="text" value="Tehmine Mirzoyan"/>	<input type="text" value="Tehmine"/>
General Education Teacher	<input type="text"/>	<input type="text"/>
School Psychologist	<input type="text" value="Marcy Jotkowitz"/>	<input type="text" value="Marcy Jotkowitz"/>
School Nurse	<input type="text" value="Carolina Salas/excused"/>	<input type="text"/>
Related Service Staff <input type="text"/>	<input type="text"/>	<input type="text"/>
Related Service Staff <input type="text"/>	<input type="text"/>	<input type="text"/>
Related Service Staff <input type="text"/>	<input type="text"/>	<input type="text"/>
Interpreter	<input type="text" value="Yifat Dimant/hard copy"/>	<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="Woodcrest School Gen Ed Teacher"/>	<input type="text" value="Anne Yi/hard copy"/>	<input type="text"/>
Other <input type="text" value="Woodcrest School Administrator"/>	<input type="text" value="Yuri Hronsky/hard copy"/>	<input type="text"/>
Other <input type="text" value="Sylvan Learning - Tarzana"/>	<input type="text" value="Nikka Jalbuena/hard copy"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
 Last First MI

Date of Birth

Meeting Date

LEAST RESTRICTIVE ENVIRONMENT ANALYSIS

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

Student's Current Placement Type:

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

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

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

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

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.

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
Last

First

MI

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Birth

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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 checked="" type="checkbox"/>	Diminished access to the full range of the curriculum
	<input type="checkbox"/>	Missed general education instruction taught by highly qualified staff
	<input 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)		Eligible (SLD)	
	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 Resident School"/>	<input type="text"/>
	Name of School	<input type="text" value="KITTRIDGE ST EL"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Instructional Setting	Setting	<input type="text" value="General Education"/>	<input type="text"/>
	Program	<input type="text" value="GE"/>	<input type="text"/>
	Special Day Minutes/Wk	<input type="text"/>	<input type="text"/>
	Addresses Goals	<input type="text" value="1(Reading),2(Writing),3(Math),4(Social Emotional)"/>	<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="None"/>	<input type="text"/>
	Extended School Year/Intersession	<input checked="" type="radio"/> Yes <input type="radio"/> No	
	Parent Counseling and Training (PCT)	<input checked="" type="radio"/> Yes <input type="radio"/> No	
	ESY Transportation	<input type="text" value="School to School"/>	
Accommodation, Modifications, Supports	Instructional Accommodations	<input type="text" value="word strategies, word lists, word families
break tasks into smaller parts
multi-modality approach
non contingency praise
allow for breaks, choices, timers
encourage strategies to ask for help
visual support for orally presented information (UDL)
concrete manipulatives
check for understanding
preferential seating closer to the board
repeated readings, color coding
instruction linked to knowledge
immediate feedback, peer support
wait time for verbal responses
extra time as needed for testing, assignments
preview/review of information
pre-teach vocabulary using visuals"/>	<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"/>
Preparation for Three Year Review IEP (At the second Annual	Do the Parent and the District (local educational agency)	<input checked="" type="radio"/> Yes <input type="radio"/> No	

Review IEP Meeting, the team must discuss and document the decision to conduct or not conduct a three-year comprehensive reassessment.)	agree that a reassessment is unnecessary?		
	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			

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student
 Last First MI

Date of Birth Meeting Date

		Effective With This IEP	Future Changes Related To This IEP
Service 1	Start Date:	Effective on Signature Date	
RSP	End Date:		
RSP	Service applies to:	Regular	
	Frequency:	1-5	
This service addresses the following goals:	Interval:	Weekly	
	Minutes/Interval:	150	
<input type="text" value="1(Reading)"/>	Minutes/Interval (Pullout from Gen Ed):	150	
<input type="text" value="2(Writing)"/>	Service Delivery Model:	RSP: Direct Instruction Services*	
	RSP Area:	Literacy/ELA/ELD	
	Responsible Personnel:	Resource Specialist Teacher	

*

Service 2	Start Date:	Effective on Signature Date	
04	End Date:		
Counseling and Guidance	Service applies to:	Regular	
	Frequency:	1-5	
This service addresses the following goals:	Interval:	Monthly	
	Minutes/Interval:	120	
<input type="text" value="4(Social Emotional)"/>	Minutes/Interval (Pullout from Gen Ed):	120	
	Service Delivery Model:	Direct Service (By a Single Provider)*	
	Responsible Personnel:	Licensed/Credentialed Provider	

*		

Service 3	Start Date:	Effective on Signature Date	
RSP	End Date:		
RSP	Service applies to:	Regular	
	Frequency:	1-10	
This service addresses the following goals:	Interval:	Weekly	
3(Math)	Minutes/Interval:	150	
	Minutes/Interval (Pullout from Gen Ed):	150	
	Service Delivery Model:	RSP: Direct Instruction Services*	
	RSP Area:	Math	
	Responsible Personnel:	Resource Specialist 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	21	

Part 4 - Compensatory Education/Recoupment Services Discussion

The IEP team has reviewed and discussed whether compensatory education is required due to the COVID-19 pandemic and whether 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 attends private school within district boundaries was not eligible for special education and did not have an offer of FAPE during the COVID19 pandemic period. Parent did not seek assessment until 2022-23 school year. No Recoupment or Compensatory services are offered.

Part 4 - Additional Discussion (This section is optional)

This is an initial IEP for Odel based on Parent request. Student is diagnosed with ADHD and Tourette's Syndrome. Odel attends a parentally placed Private School. She has been receiving private tutoring from Sylvan for a year. Parent is very concerned that Odel does not retain information. Psych considered Other Health Impairment and Specific Learning Disability and the team discussed and based on assessment data, Odel meets the criteria for Specific Learning Disability due to significant attention and phonological processing deficits. Academic assessment by RSP teacher indicated Odel has inadequate foundational reading skills and low writing and math skills. Team discussed Odel's significant needs for support in order to achieve Core standards. Private school administrator, classroom teacher, and private tutor attended. Nurse spoke with parent before the IEP and input the present level of performance but did not attend. Parent verified information was correct and Nurse was excused.

When enrolled in a LAUSD school, the LRE offer of Free Appropriate Public Education is a general education class at Kittridge St. Elementary School (School of Residence). At this time, Resource Specialist Services are offered to support academic needs. (see grid for time and frequency). District Pupil Counseling is also offered to provide Odel with support for school-based social-emotional needs. No transportation is offered for school of residence for the regular school year. Team discussed Odel's need for repeated exposure to content and opportunities to practice what she has learned because she does not retain information over long breaks in the regular school year or summer. If Odel is enrolled in a LAUSD school, Team recommends that she attend extended school year (ESY). School to school transportation is offered for ESY.

When parent was asked if she had any questions or comments, she stated that she has no questions regarding the eligibility and wanted to know what services LAUSD would provide. Parent also wanted to know about Odel's memory. It was explained that her instruction needs to be explicit and repetitive due to her inattention. Woodcrest Admin feels that Odel's inconsistency in learning/retaining may be impacted by her inconsistency of attention, but because she is quiet, it may not be noticeable that she has lost focus. Sylvan teacher stated that after one hour of instruction, Odel may know information, but will not remember the next time she comes for tutoring.

Odel is parentally placed at Woodcrest School in Tarzana, CA, a for-profit school. The parents were informed that no Individual Services Plan (ISP) will be completed as Woodcrest School is for-profit and is not eligible to receive equitable services as per the Individuals with Disabilities Education Act (IDEA). If there are changes in school enrollment to a non-profit private school parents are to contact pppso@lausd.net to request an IS

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

(SLD, pg. 1 of 1)

Student DUYEB ODEL MI Last First MI

Date of Birth 04-DEC-2015

Meeting Date 08-NOV-2022

SPECIFIC LEARNING DISABILITIES CERTIFICATION

Use this form at Initial, Three Year Reviews and comprehensive assessments for students eligible as having a Specific Learning Disability, including but not limited to students with characteristics of dyslexia. This form is not required at Annual Review meetings. It is the consensus of the IEP Team that the student meets the eligibility criteria for Specific Learning Disability based upon the information which follows. This form serves as the written report of the IEP Team consensus.

1. Are there educationally relevant medical conditions which should be considered by the IEP Team? No

If Yes, describe

Empty text box for describing medical conditions.

2. During the observation of the student in the general education setting, was behavior noted that relates to the student's general academic functioning? No

If Yes, describe

Empty text box for describing behavior noted in general education setting.

3. A severe discrepancy exists in one or more of the following academic areas: (Check all that apply)

- Listening Comprehension, Basic Reading Skills, Oral Expression, Reading Comprehension, Written Expression, Math Calculation, Math Reasoning, Reading Fluency

4. The discrepancy is the result of a disorder in one or more of the following psychological processes: (Check all that apply)

- Attention, Visual Processing, Auditory Processing, Sensory Motor Skills, Cognitive abilities including association, conceptualization and expression, Phonological Processing

5. The Team agrees that the discrepancy is not primarily the result of:

- Limited school experience, Poor school attendance, Environmental, economic or cultural disadvantage, Social maladjustment, Intellectually Disabled, Visual, hearing or motor impairment, Unfamiliarity with the English language

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student Date of Birth Meeting Date

Last

First

MI

FAPE Summary Grid

Program:	GE	Setting:	General Education					
Eligibility:	Eligible (SLD)	Curriculum:	General Education					
Transportation:	None	Low Incident Support:	None					
Date District Received								
Parent Signature:								
Service Code	Service Desc	Start Date	Service Applies To	Interval	Frequency	Area	Total Minutes	Addresses Goal(s)
04	Counseling and Guidance	Effective on Signature Date	Regular	Monthly	1-5	~	120	Social Emotional
RSP	RSP	Effective on Signature Date	Regular	Weekly	1-5	RSP-Literacy/ELA/ELD	150	Reading , Writing
RSP	RSP	Effective on Signature Date	Regular	Weekly	1-10	RSP-Math	150	Math

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 type="checkbox"/>
Extended School Year Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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.