

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Identification Number 200266X487 SSID 9528093630

Eligible (AUT)

Student SISO ELIYAH MI  
Last First MI

Date of Birth: 04-OCT-2019

Section A: Meeting Information

Pertinent Dates	Type of Meeting
Date of Initial IEP Team Meeting: 01-NOV-2022	<input checked="" type="radio"/> Initial <input type="radio"/> Amendment of IEP dated
Date of Present Meeting: 01-NOV-2022	<input type="radio"/> Annual Review <input type="radio"/> Early Start Transition
Annual Review to be conducted by: 01-NOV-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: 01-NOV-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: 04-OCT-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: 5274 CAMPO ROAD  
 City: WOODLAND HIL CA ZIP Code: 91364  
 Home Telephone: (818) 802-4884 Daytime Telephone: Emergency Telephone:  
 School of Attendance: Sp Ed Inf/Pre (1017) Location Code: 1017  
 School of Residence: SERRANIA AVE CES Location Code: 6606  
 Name of Parent/Guardian: Yuval Siso Telephone:  
 Address: same  
 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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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	
<b>1</b> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	n/a - initial IEP
<b>Category</b> <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"/>
<b>2</b> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>Category</b> <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"/>
<b>3</b> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>Category</b> <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"/>
<b>4</b> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>Category</b> <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"/>
<b>5</b> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>Category</b> <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"/>
<b>6</b> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>Category</b> <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"/>
<b>7</b> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>Category</b> <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"/>
<b>8</b> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>Category</b> <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"/>
<b>9</b> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>Category</b> <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"/>
<b>10</b> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>Category</b> <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

SISO

ELIYAH

Last

First

MI

Date of Birth

04-OCT-2019

Meeting Date

01-NOV-2022

## Section E: Present Level of Performance

Performance Area:

Health and Development including Vision and Hearing

Category:

Health

Assessment/Monitoring Process  
Used:

Health Assessment; Parent Interview; Record Review

State/District Assessment Results:

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

LAUSD Initial Health Assessment was completed by Teresa Bernaldo, RN, CSN with health information gathered from a review of health records and a conference with the parent/guardian, Shay Siso on 10/14/2022.

**HEALTH SUMMARY:** Eliyah is a thirty-six-month-old student (during the health assessment), born full-term without significant prenatal, birth, and newborn histories. Developmental milestones as reported by parent were delayed for motor skills and speech development. Student is not toilet trained. Eliyah has seizures characterized by backward rolling of the eyes and unconsciousness lasting for approximately 5 minutes. Initial seizure episode was at six months old and last seizure activity was two years ago. Student is taking anti-seizure medication on a daily basis and has emergency anti-seizure medication (Diastat) at home as needed for repetitive or prolonged seizure. Eliyah is under the care of a specialist at Children's Hospital LA. Student has history of frequent ear infections and Pressure Equalizer (PE) tubes were placed in January 2022. Last ear infection was in October 2022. Eliyah is under the care of a specialist. No allergies to food and medication. No recent history of accident, injury, surgery, or hospitalization. Immunizations are up-to-date.

**STRENGTH:** Student is generally in stable health. Eliyah eats a regular diet, self-feeds using hands, and drinks from a sipper cup and an open cup. Student communicates by using some words, pointing at the desired object, pulling parent/adult, and gestures. Eliyah walks independently. Unable to condition student for vision and hearing screening on 10/14/2022; however, parent has no concern with student's vision and hearing. During the health assessment, student was able to visually track an object without any issues. Student passed vision screening using Spot screener on 10/20/2022 done at the doctor's clinic. Audiologic Resource Unit (ARU) referral done and sent via email and school mail.

Performance Area:

Continuation of Health #2

Category:

Health

Assessment/Monitoring Process  
Used:

State/District Assessment Results:

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

**AREAS OF NEED:** Student is not toilet trained and needs assistance with toileting and diapering. Eliyah has seizures and needs to be observed for any seizure activity, seizure precaution, and administer first aid as needed during school hours.

**IMPACT OF DISABILITY:** Health impacts student's participation, performance, and access to the educational program.

**ACCOMMODATIONS/MODIFICATIONS:** Trained staff to assist student with toileting and diapering. School nurse to train designated school personnel on seizure precautions and management, to provide seizure first aid as needed per LAUSD guidelines, and notify parent and School Nurse immediately.

Teresa Bernaldo, RN, BSN, Credentialed School Nurse  
Early Childhood Special Education  
10/14/2022



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Section E: Present Level of Performance

Performance Area:

Category:  ▼

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

Background: Eliyah, a 3-year-old boy was referred to LAUSD for an initial speech and language evaluation by parents and the North Los Angeles Regional Center (NLARC) due to concerns regarding Eliyah's speech and language development. Reportedly, Eliyah received an Autism level 2 diagnosis from NLARC dated on 9/1/2022.

Areas of Strength: Eliyah identified some common objects and pictures and was able to give objects on request given gestures. Per parent report, he exhibits understanding of prepositions in, on and under and can locate objects in responses to 'where' question. Eliyah was able to follow one-step commands and exhibited inconsistency and emerging skills when directed to follow two-step related directions. During the assessment, Eliyah demonstrated identifying body parts (e.g., nose, eyes, ears, tongue, head and stomach) and was able to count to ten in English. Eliyah has hundreds of words in his expressive vocabulary and utilizes 1-3-word utterances according to parents. During the assessment, Eliyah predominantly utilized one-word utterances in English and Hebrew. He did exhibit instances of using longer utterances (e.g., 2-4-word utterances in length); however, these were predominantly considered echoes or scripts. Eliyah's pre-communication behaviors included joint attention and non-verbal turn-taking for preferred activities and on his own terms. He demonstrated understanding of cause and effect, appropriate goal directed behavior and intent to communicate. Eliyah's language sample predominantly contained single words or word approximations to label objects, pictures and/or colors. He used two-word phrases to express his wants (e.g., rotze iparon [want pencil], rotze le-sa-chek [want to play]).

--cont. below

Performance Area:

Category:  ▼

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

Strengths cont.: Eliyah was able to label preferred objects and pictures and answered simple 'what' questions for preferred stimuli and/or tasks. Eliyah requests for wants and needs. He was observed to request using two-word utterances during the assessment. Mother reports he is able to request using three-word utterances (e.g., I want to play, I want to eat, Mommy come play). Eliyah was able to call attention by showing an object to parent. Eliyah is exhibiting parallel play at this time and has some learned pretend play skills (e.g., pretending to blow out a candle on a birthday cake playset and stating 'yom hu-ledet' ['birthday' in Hebrew]). Eliyah did exhibit some use of jargon while playing and was able to greet others by stating 'bye bye' when prompted. His eye contact was deemed intermittent, and he did exhibit a social smile.

Areas of Need: Eliyah's sound errors moderately impacted his speech intelligibility. Nevertheless, Eliyah's language has a larger impact on his communication; therefore, articulation should be reviewed once Eliyah's communication needs are better met. He did not identify actions in pictures and did not identify object function. Eliyah responded to his name inconsistently, on his own terms and with cues and physical gestures by parents during the time of the assessment. He exhibited the ability to ask a question (e.g., ma asita? [what did you do?]); however, this was considered a script since he did not directly ask the question to anyone, and it was determined to be off topic and arbitrary. At this time, Eliyah does not demonstrate the ability to label a variety of objects or pictures and does not ask or answer simple questions. Eliyah does not question or respond to questions and does not take turns in a conversation. He was self-directed and exhibited joint attention for preferred activities throughout the entire assessment as everything was on his own terms.

--continued on next PLP



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Section E: Present Level of Performance

Performance Area:

Communication continued

Category:

Communication

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 continued: Eliyah did not respond well to praise or encouragement as he would elope from the assessors and throw himself to the floor on multiple occasions, exhibiting a low frustration level. At this time, Eliyah did not exhibit interactive play or developed pretend play skills for his intended age as he did not exhibit a back-and-forth interaction with the assessor when attempting to further engage in the pretend birthday cake scenario.

Impact of Disability on Academic and Overall Educational Performance: Based on clinical observation, play-based language assessments and parental interview, Eliyah presents with needs in the areas of expressive, receptive and pragmatic language at this time. It is recommended that Eliyah receive LAS services in the area of communication at this time.

--Natalie Rubinstein, M.A., CCC-SLP  
Speech-Language Pathologist

Performance Area:

Category:

Assessment/Monitoring Process Used:

State/District Assessment Results:

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





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Student SISO ELIYAH MI Date of Birth 04-OCT-2019 Meeting Date 01-NOV-2022
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Section E: Present Level of Performance

Performance Area: Sensorimotor
Category: Sensorimotor
Assessment/Monitoring Process Used: Clinical obs, interview, record review, SPM-2
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: Eliyah exhibits appropriate biomechanical abilities to physically access the classroom and campus environments. Eliyah has appropriate visual skills to complete a shape form puzzle, point to familiar pictures, and label familiar colors, pictures, and items. Eliyah displayed appropriate basic fine motor skills as he was able to build a nine-block tower, pull apart a rapper snapper tube with two hands, and turn pages of a book. Eliyah used a four-fingered pincer grasp pattern to mark with a crayon after switching from a brush grasp. Eliyah had appropriate sensory processing and registration to engage in desired activities and was rated in the Typical range in all areas of the SPM-2 by his parent (Vision, Hearing, Touch, Taste and Smell, Body Awareness, Balance and Motion, Sensory Total, Planning and Ideas, and Social Participation (T-scores 56, 49, 58, 40, 54, 56, 53, 40, 40)). Eliyah has appropriate physical skills to continue development in the area of self-help skills.
Student's areas of need: Eliyah demonstrates the underlying skills necessary to access and benefit from an educational program. He does not demonstrate needs from the perspective of school-based occupational therapy's areas of expertise. Eliyah's self-directed behaviors are not sensory based and can be best addressed in an appropriate preschool program.
Impact of student's disability on academic and overall performance: None 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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## Section E: Present Level of Performance

Performance Area:

Cognition

Category:

Cognitive Development

Assessment/Monitoring Process  
Used:

Alternative assessment, review of records, observations and interviews

State/District Assessment Results:

N/A

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

Elijah's current functioning in cognition/ general ability is unable to be determined at this time. The MSEL was discontinued due to his lack of joint attention (for non-preferred), task refusal and self-directed behaviors. This area of functioning should be reassessed at Elijah's next comprehensive psych educational evaluation. However, information gathered via interview on the Developmental Profile, indicates overall average cognitive skills.

Strengths: Elijah exhibited limited strengths during testing as he only participated in preferred activities and for short periods of time. It was observed that Elijah was able to discriminate forms on a form board, attend to preferred pictures turn pages single pages in a book, place pennies in a slot (vertically/horizontally), stack blocks and recognized six body parts. Per his parents, though not seen during this assessment, Elijah is able to name or point to at least 20 objects when they are named, sort and group objects as well as understand number concepts to three.

Needs: Cognitively, Elijah exhibited difficulty in problem-solving and memory as addressed by the formal assessment and witnessed during the assessment observation. Throughout the assessment, he was unable to demonstrate age appropriate ability in solving simple problems using a trial and error method and acquiring, storing, and recalling visual and oral information. In addition, he did not demonstrate the ability to sustain attention and shift focus from one activity to another.

Educational Impact: Based on alternative forms of assessment, which may include formal and informal testing, interviews, review of records, observations, and rating forms it appears a Cognitive impact maybe identified at this time; which could affect his ability to access the preschool curriculum.

Performance Area:

School Readiness

Category:

Cognitive Development

Assessment/Monitoring Process  
Used:

Alternative assessment, review of records, observations and interviews

State/District Assessment Results:

N/A

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

Elijah demonstrates less than age appropriate skills for pre-writing per parent report.

Strengths: Per his parents Elijah has strengths in his general fund of information, pre-reading and pre-mathematic skills. However, these skills were not observed during assessment.

Needs: Elijah's parents notes weaknesses in his pre-writing skills. In the preschool environment it was noted that limited participation is noted so his abilities are not clearly known. During direct assessment using all forms of alternative assessment the school readiness area was affected by Elijah's low frustration tolerance, tasks refusal and self-directed behaviors. These behaviors appeared to negatively affect his ability to adhere to the demands of assessment and participation in tasks presented.

Educational Impact: Based on alternative forms of assessment, which may include formal and informal testing, interviews, review of records, observations, and rating forms it appears an Educational impact is identified at this time.



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## Section E: Present Level of Performance

Performance Area:

Social Emotional

Category:

Social Emotional Development

Assessment/Monitoring Process  
Used:

Alternative assessment, review of records, observations and interviews

State/District Assessment Results:

N/A

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

Overall, Elijah's social emotional functioning is found to be in the well below average range as based on observation, interview with parent and upon review of rating scales.

Strengths: Per his parent, Elijah is able to find an object from spoken instructions, keep busy and content for at least 15 minutes on a certain activity, he is more likely to obey a familiar adult as opposed to a stranger and express desire for playtime with peers. During assessment Elijah demonstrated some learned pretend play skills (e.g., pretending to blow out a candle on a birthday cake playset and stating 'yom hu-ledet' ['birthday' in Hebrew]). Elijah was able to call attention by showing an object to parent. Elijah is exhibiting parallel play at this time also. Social smiles were observed. At the end of the assessment he was able to state 'bye, bye' to the assessors.

Performance Area:

Social Emotional part 2

Category:

Social Emotional Development

Assessment/Monitoring Process  
Used:

Alternative assessment, review of records, observations and interviews

State/District Assessment Results:

N/A

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

Needs: Parent interview, teacher interview and assessment observation indicates below age appropriate skills within the social emotional functioning. During the assessment observation, Elijah did not participate in a back and forth conversation with the assessors. Furthermore, Elijah had difficulty attending to stimuli and adhering to the demands of assessment. Elijah struggled to shift his attention from a preferred task to a non-preferred. His frustration tolerance was considered low as he did not respond well to praise or encouragement he would elope from the assessors and throw himself to the floor on multiple occasions. In the school environment he requires both verbal and physical cues to following directions. In the home and school environments aggression is also noted for Elijah. During assessment he did not show consistent eye contact. Elijah did not exhibit interactive play or engage in a back and forth interactions with others. Echo and scripted language was observed. Per rating scales and observations, Elijah is identified to have great difficulty engaging in essential social skills that include social communication skills, cooperation and self-control. Elijah demonstrates symptoms directly related to the DSM-IV-TR diagnostic criteria for an Autism Spectrum Disorder and has many behavioral characteristics similar to children diagnosed with Autism Spectrum Disorder.

Educational Impact: Based on alternative forms of assessment, which may include formal and informal testing, interviews, review of records, observations, and rating forms it appears a Social Emotional impact is identified at this time; which affects his ability to access the preschool curriculum.



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Section E: Present Level of Performance

Performance Area:

Adaptive Skills

Category:

Adaptive Behaviors

Assessment/Monitoring Process Used:

Alternative assessment, review of records, observations and interviews

State/District Assessment Results:

N/A

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

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

Based on observations, informal interviews and the rater's responses on current formal rating scales, Eliyah evidences the following strengths: On the DP-3 he can use a spoon without help and very little spilling, use a fork for eating solid foods, undo at least two fasteners (e.g. snaps, Velcro), independently and correctly put 3 things away and can take off a pullover T-shirt without help. As noted in previous assessment parents rated overall adaptive skills in the average range.

Eliyah does not appear to evidence needs/challenges in the area of self-help and adaptive skills.

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, academics, speech and language, social emotional, self-help, motor

For Initial IEP, interventions attempted prior to determining eligibility:

NLACRC- LAS 2x/week, CDS 1x/week, OT 1x/week Private preschool

Eligible as a student with the disability of:

Code: AUT Autism

Not Applicable, Blind or Partially Sighted

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

Code:

Not Applicable, Blind or Partially Sighted

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

or

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

No Longer Eligible (Effective Date):

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

Final IEP Reason: Final IEP Effective Date:

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

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



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Section G: Annual Goals and Objectives

Performance Area:  Category:  Annual Goal #:

Eliyah will continue to work on a task even when encountering difficulties, 80% of the opportunities 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:

With adult encouragement Eliyah will continue to work on a task even when encountering difficulties, 50% of the opportunities during a school week.

Incremental objective #2 related to the goal:

Eliyah will continue to work on a task even when encountering difficulties, 60% of the opportunities 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"/>



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Section G: Annual Goals and Objectives

Performance Area:  Category:  Annual Goal #:

When given a teacher selected, non-preferred task, Eliyah will go without avoidance behaviors, then will stay on task, with minimal non-verbal prompts, for 10 minutes at a time in 4 of 5 opportunities.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

When given a teacher selected, non-preferred task, Eliyah will go with minimal avoidance behaviors, then will stay on task, with maximum verbal and non-verbal prompts, for 4 minutes at a time in 4 of 5 opportunities.

Incremental objective #2 related to the goal:

When given a teacher selected, non-preferred task, Eliyah will go with minimal avoidance behaviors, then will stay on task, with moderate verbal and non-verbal prompts, for 7 minutes at a time in 4 of 5 opportunities.

Date to be achieved:   MO/YR

Date to be achieved:   MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

1st Reporting Period Date: <input type="text"/>	2nd Reporting Period Date: <input type="text"/>	3rd Reporting Period Date: <input type="text"/>	4th Reporting Period (Secondary Only) Date: <input type="text"/>	Goal Achievement
Progress Mark: <input type="text"/>	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 #:

Eliyah will follow two step directions, on 3 opportunities, during a school day.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

Eliyah will follow one-step directions, on 3 opportunities, during a school day.

Incremental objective #2 related to the goal:

Eliyah will follow two-step directions when combined with gestures or visual cues, on 3 opportunities, during a school day.

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      
 Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area:  Category:  Annual Goal #:

On a daily basis, Eliyah will practice classroom safety rules (e.g. stay in the designated area, use classroom tools appropriately, keep non-food items out of mouth, refrain from climbing of furniture) with minimal teacher prompts, at least 80% of the time in 4 of 5 days per 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:

On a daily basis, Eliyah will practice classroom safety rules (e.g. stay in the designated area, use classroom tools appropriately, keep non-food items out of mouth, refrain from climbing of furniture) with maximum teacher prompts and guidance, at least 50% of the time in 3 of 5 days per week.

Incremental objective #2 related to the goal:

On a daily basis, Eliyah will practice classroom safety rules (e.g. stay in the designated area, use classroom tools appropriately, keep non-food items out of mouth, refrain from climbing of furniture) with moderate teacher prompts and guidance, at least 70% of the time in 3 of 5 days per 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 #:

Eliyah will answer simple WH-questions (e.g., what, where, who, what doing, etc.) utilizing 3-5-word utterances with 70% accuracy given minimal models and minimal-moderate verbal and visual prompts/cues.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

Eliyah will answer simple WH-questions (e.g., what, where, who, what doing, etc.) utilizing 2-3-word utterances with 60% accuracy given maximal models and maximal verbal and visual prompts/cues.

Incremental objective #2 related to the goal:

Eliyah will answer simple WH-questions (e.g., what, where, who, what doing, etc.) utilizing 3-4-word utterances with 60% accuracy given moderate models and moderate-maximal verbal and visual prompts/cues.

Date to be achieved:   MO/YR

Date to be achieved:   MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

1st Reporting Period Date: <input type="text"/>	2nd Reporting Period Date: <input type="text"/>	3rd Reporting Period Date: <input type="text"/>	4th Reporting Period (Secondary Only) Date: <input type="text"/>	Goal Achievement
Progress Mark: <input type="text"/>	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**

SISO

ELIYAH

**Date of Birth**

04-OCT-2019

**Meeting Date**

01-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.

**DRDP-A** - (Adaptations identified below are applicable)

Adaptations:

- Alternative response mode
- Functional positioning
- Visual support



INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student SISO ELIYAH MI Last First MI

Date of Birth 04-OCT-2019

Meeting Date 01-NOV-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:

all pages

Special Requests:

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

Pandemic Learning Loss Consideration of Compensatory and/or Recoupment Services

Compensatory Education Consideration:

- 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 SISO ELIYAH MI Last First MI

Date of Birth 04-OCT-2019

Meeting Date 01-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, R. Sperling, 04-OCT-2022. Row 2: Email, R. Sperling, 13-OCT-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 1-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>B. Regarding your child's previous IEP (if relevant):</b>			
20. I am satisfied that my child received the services described on the previous IEP. (If your answer to this question is "No", please write concerns below.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Comments			

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

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

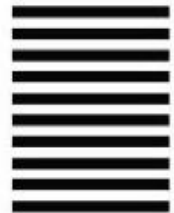


NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**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 SISO Last



ELIYAH First

MI

Date of Birth 04-OCT-2019

Meeting Date 01-NOV-2022

Section R: Names and Signatures (Signatures on File)

Team Member	Print Name	Signature
Parent/Guardian	Yuval Siso (via Zoom)	<input type="text"/>
Parent/Guardian	Shay Siso (via Zoom)	<input type="text"/>
Student Age 18 - 21 years	<input type="text"/>	<input type="text"/>
Student Under Age 18 years	<input type="text"/>	<input type="text"/>
Surrogate Parent	<input type="text"/>	<input type="text"/>
Foster Parent	<input type="text"/>	<input type="text"/>
Family Foster Home Provider	<input type="text"/>	<input type="text"/>
Administrator	<input type="text"/>	<input type="text"/>
Administrative Designee	Romy Sperling	
Special Education Teacher	Joanne Cho	Joanne Cho
General Education Teacher	Rina Duarte	
School Psychologist	Tanyka Nelson-Robinson	Tanyka Nelson-Robinson
School Nurse	<input type="text"/>	<input type="text"/>
Related Service Staff language and speech	Natalie Rubinstein	Natalie Rubinstein
Related Service Staff occupational therapy	Alfred Paul Debler MA, OTR/L	Alfred Debler
Related Service Staff	<input type="text"/>	<input type="text"/>
Interpreter	<input type="text"/>	<input type="text"/>
Sign Language Interpreter	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Other Hebrew Interpreter- Agency	Nadav Halevy (via Zoom)	<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.

<b>Step A.</b>	Can the supports, services, accommodations and/or modifications in the student's IEP be made available in a general education classroom/setting?
	<input type="radio"/> Yes <input 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>	

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

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

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

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

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

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



INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 1 - Eligibility, Placements and Supports

Student      
 Last First MI

Date of Birth

Meeting Date

		Effective With this IEP	Future Changes Related to this IEP
	As of Date:	<input type="text"/>	<input type="text"/>
Eligibility: (from Page 4)		<b>Eligible (AUT)</b>	
	Final IEP Reason Final IEP Effective Date:		
Curriculum		<input type="text" value="General Education"/>	<input type="text"/>
Placement	Type of School	<input type="text" value="District Non-Resident School"/>	<input type="text"/>
	Name of School	<input type="text" value="WILBUR CEA"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Instructional Setting	Setting	<input type="text" value="Special Education"/>	<input type="text"/>
	Program	<input type="text" value="PAL"/>	<input type="text"/>
	Special Day Minutes/Wk	<input type="text" value="1350"/>	<input type="text"/>
	Addresses Goals	<input type="text" value="1(Cognitive Devel),2(Cognitive Devel),3(Language Devel),4(Social Emo/Safety),5(Communication)"/>	<input type="text"/>
Additional Factors	Low Incident Support	<input type="text" value="None"/>	<input type="text"/>
	Assistive Technology Support	<input type="text" value="No"/>	<input type="text"/>
	Transportation	<input type="text" value="Home to School"/>	<input type="text"/>
	Extended School Year/Intersession	<input checked="" type="radio"/> Yes <input type="radio"/> No	
	Parent Counseling and Training (PCT)	<input checked="" type="radio"/> Yes <input type="radio"/> No	
	ESY Transportation	<input type="text" value="Home to School"/>	
Accommodation, Modifications, Supports	Instructional Accommodations	<input type="text" value="Check for understanding before and during tasks; provide signals, scripts, and models for improved communication; facilitate peer interactions; break tasks into small steps; prompt to stay on task; provide visuals with instruction; provide opportunities for hands-on learning"/>	<input type="text"/>
	Instructional Modifications	<input type="text"/>	<input type="text"/>
	Other Supports, including Non-Academic and Extra-curricular Activities	<input type="text" value="Trained staff to assist student with toileting and diapering. School nurse to train designated school personnel on seizure precautions and management, to provide seizure first aid as needed per LAUSD guidelines, and notify parent and School Nurse immediately."/>	<input type="text"/>
Preparation for Three Year Review IEP (At the second Annual Review IEP Meeting, the team must discuss and document the decision to conduct or not conduct a three-year comprehensive reassessment.)	Do the Parent and the District (local educational agency) agree that a reassessment is unnecessary?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
	If the Parent does not agree, specify the area(s) to be reassessed.	<input type="text"/>	<input type="text"/>

Comments, as appropriate

**Low Incidence  
Equipment**

--

**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

		<b>Effective With This IEP</b>	<b>Future Changes Related To This IEP</b>
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**Notes:**

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

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

	Effective With this IEP	Future Changes Related to this IEP
<b>% of Time per Week outside of General Education</b>	<input type="text" value="85"/>	

**Part 4 - Compensatory Education/Recoupment Services Discussion**

n/a - initial preschool IEP

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

A range of program options was discussed. Based upon Elijah's current needs, the IEP team recommends a Preschool for All Learners classroom (PAL). The PAL is an educationally-based specialized program that operates 4 hours and 30 minutes 5 days a week. The preschool curriculum is delivered through evidenced-based practices. Elijah's goals, included in the IEP, will be supported by a multidisciplinary on-site team comprised of an early childhood special education teacher, district special education assistants, and a speech-language pathologist. The Speech Language Pathologist will provide 2 hours of support in the classroom each week.



**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student     
 Last First MI

Date of Birth  Meeting Date

**FAPE Summary Grid**

<b>Program:</b>	PAL	<b>Setting:</b>	Special Education
<b>Eligibility:</b>	Eligible (AUT)	<b>Curriculum:</b>	General Education
<b>Transportation:</b>	Home to School	<b>Low Incident Support:</b>	None
<b>Date District Received Parent Signature:</b>			

Service Code	Service Desc	Start Date	Service Applies To	Interval	Frequency	Area	Total Minutes	Addresses Goal(s)	No Consent

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

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

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

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

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

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

**For IEP Team Information**

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

