

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Identification Number 200299X909 SSID

Eligible (SLD)

Student BRAITANBA LEVI MI  
Last First MI

Date of Birth: 29-OCT-2012

Section A: Meeting Information

Pertinent Dates	Type of Meeting
Date of Initial IEP Team Meeting: 14-NOV-2022	<input checked="" type="radio"/> Initial <input type="radio"/> Amendment of IEP dated
Date of Present Meeting: 14-NOV-2022	<input type="radio"/> Annual Review <input type="radio"/> Early Start Transition
Annual Review to be conducted by: 14-NOV-2023	<input type="radio"/> Three Year Review <input type="radio"/> Expulsion Analysis
Next Three Year Review will be conducted by: 13-NOV-2025	<input type="radio"/> Other <input type="radio"/> Individual Transition Plan
Three Year Review or Evaluation was conducted on: 14-NOV-2022	
Transition to Kindergarten to be conducted by:	
Location of Meeting: CARPENTER COMM CHTR	District Name: Los Angeles Unified School Dis

Section B: Student Information

Date of Birth: 29-OCT-2012 Age: 10 Grade: 4

Gender:  Male  Female Ethnic Code:

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: 4303 Ben Ave

City: Studio City CA ZIP Code: 91604

Home Telephone: (310)435-3704 Daytime Telephone: Emergency Telephone:

School of Attendance: Private School Office ( Location Code: 1536

School of Residence: Carpenter Comm Chtr Location Code: 2822

Name of Parent/Guardian: Deborah Koppleman Telephone:

Address: 4303 Ben Ave

City: Studio City CA ZIP Code: 91604

Surrogate Parent: Telephone:

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

Private School: Valley Beth Shalom Day School

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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**Los Angeles Unified School District**

Student **BRAITANBA** **LEVI**   
 Last First MI

Date of Birth **29-OCT-2012**

**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"/>	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"/>

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Student BRAITANBA  
Last

LEVI  
First

MI  
MI

Date of Birth 29-OCT-2012

Meeting Date 14-NOV-2022

Section E: Present Level of Performance

Performance Area: Health

Category: Health

Assessment/Monitoring Process Used: Parent interview and questionnaire, record review

State/District Assessment Results: N/A

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

HEALTH SUMMARY: Initial health assessment was completed on 11/9/2022 with information provided by parent Deborah Koppleman and a review of school health records. Mother reports uneventful pregnancy and there were no prenatal, birth, or newborn complications. Developmental milestones were within normal limits.

STRENGTHS: Levi is in good physical health and development. Student's mother declined the LAUSD vision and hearing screening, but reports no vision or hearing concerns. Levi has no known medical conditions and does not take any prescribed medications. Student has no history of serious or chronic illnesses, accidents, surgeries, or hospitalizations. Levi is able to verbalize needs and wants effectively. Student is ambulatory without difficulty and independent in all self-care activities.

AREA OF NEED: None for physical health.

IMPACT OF DISABILITY: Physical health does not impact the student's participation, performance, and access in the educational program.

ACCOMMODATIONS/MODIFICATIONS: None.

Danielle Maynard, RN  
11/9/2022

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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LastLEVI  
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## Section E: Present Level of Performance

Performance Area: Reading

Category: Reading

Assessment/Monitoring Process Used: WJIV, Informal Observation, Teacher Interview, Intervention Notes

State/District Assessment Results:

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

Strengths: Levi put forth effort during testing. He could identify all of the upper and lowercase letters. He knows his consonant sounds. He was able to make his short and long vowel sounds in isolation. He could read regular CVC words. Levi's reading scores on the WJIV are all in the impaired range when he is compared to his same age peers.

Needs: Levi's reading scores on the WJIV are all in the impaired range when he is compared to his same age peers. He is still learning how to read. He struggled to read digraphs and blends with automaticity. He was unable to accurately read words with vowel teams, diphthongs, r-controlled vowels, silent letters and words containing more than one syllable. Levi's poor decoding skills negatively impact his ability to comprehend text.

Impact of Disability: Levi's eligibility of a Specific Learning Disability, impacts his ability to gain access and progress in the general education reading curriculum.

WJIV Reading Standard Scores  
Letter Word-Identification: 75  
Passage Comprehension: 75  
Sentence Reading Fluency: 68  
Broad Reading: 70

Performance Area: Writing

Category: Writing

Assessment/Monitoring Process Used: WJIV, Informal Observation, Teacher Interview, Intervention Notes

State/District Assessment Results:

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

Strengths: Levi can spell the beginning sound in a CVC word. He is able to write a simple sentence with a subject and predicate.

Needs: Levi can not spell the middle and ending sounds in words. He requires 1:1 assistance in the classroom to complete writing assignments. His teacher reports that he uses speech to text to assist him in writing. He does not apply beginning capitalization and ending punctuation without prompting from teacher.

Impact of Disability: Levi's eligibility of a Specific Learning Disability, impacts his ability to gain access and progress in the general education writing curriculum

WJIV Writing Standard Scores  
Spelling: 68  
Sentence Writing Fluency: 78  
Writing Samples: 86  
Broad Written Language: 74



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Section E: Present Level of Performance

Performance Area: Math

Category: Math

Assessment/Monitoring Process Used: WJIV, Informal Observation, Teacher Interview, Intervention Notes

State/District Assessment Results:

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

Strengths: Levi has 1:1 correspondence He can add and subtract numbers 0 through 10 with automaticity. Levi can identify his basic shapes and is able to add three digit numbers with regrouping. Levi was able to multiply one digit by one digit.  
Needs: Levi needs to learn basic division, his multiplication facts with automaticity and subtracting larger numbers with regrouping.  
Impact of Disability: Levi's eligibility of a Specific Learning Disability, impacts his ability to gain access and progress in the general education math curriculum  
WJIV Math Standard Scores  
Applied Problems: 89  
Calculation: 88  
Math Facts Fluency: 80  
Broad Mathematics: 84

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

Category: General Ability ▼

Assessment/Monitoring Process Used: Standardized Assessments, Review of Records, Observation

State/District Assessment Results: N/A

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

**Strengths:** Levi's cognitive ability is estimated to be in the average range based upon alternative procedures of measuring intellectual ability. Levi performed within the average range on a standardized measure of attention. His ability to strategize solutions to problems and work under time-constraints fell within the low average range. Levi demonstrated average performance in the area of simultaneous processing skills, which measures the ability to relate parts into a group or whole, understand relationships among pictures and words, and work with spatial relationships. Levi's overall visual perceptual skills fell within the average range. He also performed within the below average range in the area of visual-motor integration skills. In the area of auditory processing skills, Levi's auditory memory skills fell within the average range. His auditory/listening comprehension skills also fell within the average range. Basic oral language skills were assessed to fall within the low average range.

**Areas of Need:** Levi performed within the low average range overall in phonological awareness; however, his ability to break words apart into their component sounds and his ability fell within the below average range and his ability to identify the individual sounds within words fell within the well below average range.

**Impact of Disability:** Levi's Specific Learning Disability (SLD), with an associated processing deficit in the area of phonological processing, affect Levi's ability to read and spell, which adversely impacts his access to the general education curriculum.

Performance Area: Social-Emotional

Category: Social Emotional ▼

Assessment/Monitoring Process Used: Rating Scales, Interviews, Observation, Review of Records

State/District Assessment Results: N/A

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

**Strengths:** Levi's mother describes him as loyal, empathetic, helpful, caring, and kind. He enjoys sports, arts and crafts, and museums. Levi's mother reports that he gets along well with peers. Levi's 4th grade teacher, Ms. Hart, describes Levi as caring and respectful. He has a desire to succeed and can work well with others when he is focused. Levi is athletic and competitive. He enjoys engaging in playground games. Results of the BASC-3 and Conners-3 rating scales completed by Levi's mother, did not identify any areas of significant emotional or behavioral concern.

**Areas of need:** Levi's teacher reports that Levi has difficulty controlling his impulses. He is often out of his seat in the classroom. He struggles with task initiation and completion. Levi's attention span is limited and he requires frequent redirection. He needs tasks broken down and repeated instructions. Levi's teacher reports that his peer relations can be inconsistent and that he can be overly concerned about fairness. He can be argumentative with adults, at times. Results of the BASC-3 rating scales completed by Levi's 4th grade teacher identified concerns within the clinically significant range in the areas of hyperactivity and atypicality, and in the at-risk range in the areas of aggression, conduct problems, attention problems, learning problems, adaptability, leadership, and study skills. Results of the Conners-3, completed by Levi's teacher resulted in very elevated ratings in the areas of hyperactivity & impulsivity and defiance/aggression. Elevated ratings were identified in the areas of executive functioning and peer relations.

**Impact of Disability:** Levi's Specific Learning Disability (SLD), as well as difficulty in the area of attention, hyperactivity, and impulsivity at school, affect Levi's ability to complete tasks, which adversely impacts his access to the general education curriculum.



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Section F: Eligibility

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

SLD (Dyslexia), Other Health Impairment

For Initial IEP, interventions attempted prior to determining eligibility:

Small group reading support, private educational therapy

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



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Section G: Annual Goals and Objectives

Performance Area:  Category:  Annual Goal #:

Levi will orally read on-level text at 80 words per minute as measured in 2 out of 3 trials with 94% accuracy.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

Levi will orally read on-level text at 40 words per minute as measured in 2 out of 3 trials with 90% accuracy.

Incremental objective #2 related to the goal:

Levi will orally read on-level text at 60 words per minute as measured in 2 out of 3 trials with 92% accuracy.

Date to be achieved:   MO/YR

Date to be achieved:   MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

1st Reporting Period Date: <input type="text"/>	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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Student     
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Date of Birth

Meeting Date

**Section G: Annual Goals and Objectives**

Performance Area:  Category:  Annual Goal #:

With guidance and support, Levi will give details and examples from a literary text when drawing inferences from the text as measured in 2 out of 3 trials with 80% accuracy.

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

**Methods of Evaluation**

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

**Incremental objective #1 related to the goal:**

With guidance and support, Levi will give details and examples from a literary text when drawing inferences from the text as measured in 1 out of 3 trials with 60% accuracy.

**Incremental objective #2 related to the goal:**

With guidance and support, Levi will give details and examples from a literary text when drawing inferences from the text as measured in 2 out of 3 trials with 70% accuracy.

Date to be achieved:   MO/YR

Date to be achieved:   MO/YR

**IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP**

**EXPLANATION OF MARKS**

4 GOAL MET OR EXCEEDED

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

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

1 NO PROGRESS

1st Reporting Period Date: <input type="text"/>	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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Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area:  Category:  Annual Goal #:

Levi will spell words with long vowels and 'r' controlled vowels with 80% accuracy as measured by teacher records and observation in 2 out of 3 trials.

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:

Levi will spell words with short vowels , digraphs and blends with 70% accuracy as measured by teacher records and observation in 2 out of 3 trials.

Incremental objective #2 related to the goal:

Levi will spell FLOSS words, Vowel Consonant E and some vowel teams with 75% accuracy as measured by teacher records and observation in 2 out of 3 trials.

Date to be achieved:   MO/YR

Date to be achieved:   MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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



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Date of Birth

Meeting Date

**Section G: Annual Goals and Objectives**

Performance Area:  Category:  Annual Goal #:

With guidance and support, Levi will produce clear and coherent writing of 3 or more paragraphs in which the organization is appropriate to the task, purpose, and/or audience as measured in 2 out of 3 trials with 80% accuracy.

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

**Methods of Evaluation**

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

**Incremental objective #1 related to the goal:**

With guidance and support, Levi will produce clear and coherent writing of 1 or more paragraphs in which the organization is appropriate to the task, purpose, and/or audience as measured in 2 out of 3 trials with 70% accuracy.

**Incremental objective #2 related to the goal:**

With guidance and support, Levi will produce clear and coherent writing of 2 or more paragraphs in which the organization is appropriate to the task, purpose, and/or audience as measured in 2 out of 3 trials with 75% accuracy.

Date to be achieved:   MO/YR

Date to be achieved:   MO/YR

**IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP**

**EXPLANATION OF MARKS**

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

1st Reporting Period Date: <input type="text"/>	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 #:

Levi will find whole-number quotients and remainders with up to four-digit dividends and one-digit divisors, using strategies based on place value, properties of operations, or the relationship between multiplication and division as measured in 2 out of 3 trials with 80% accuracy.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

Levi will find whole-number quotients and remainders with up to two-digit dividends and one-digit divisors, using strategies based on place value, properties of operations, or the relationship between multiplication and division as measured in 1 out of 3 trials with 70% accuracy.

Incremental objective #2 related to the goal:

Levi will find whole-number quotients and remainders with up to three-digit dividends and one-digit divisors, using strategies based on place value, properties of operations, or the relationship between multiplication and division as measured in 2 out of 3 trials with 75% accuracy.

Date to be achieved:   MO/YR

Date to be achieved:   MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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



INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student BRAITANBA LEVI MI  
Last First MI

Date of Birth 29-OCT-2012

Meeting Date 14-NOV-2022

Section K: Participation in State and District-wide Assessments

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

<p><b>Student will participate in Regular State and District Assessments.</b>  <i>(Designated Supports and/or Accommodations identified below are applicable)</i></p>	<p><b>CAASPP Subject</b>          ELA and Math</p>
<p>Designated Supports:</p> <ul style="list-style-type: none"> <li>- Simplified or paraphrased test directions (non-embedded designated support)</li> <li>- Test in a separate/smaller setting</li> <li>- Read aloud by an adult in English (for math items and ELA items except for reading passages)</li> </ul>	
<p>Accommodations:</p> <ul style="list-style-type: none"> <li>- Multiplication table for single digits 1-9 (paper-based; not allowed for Grade 3; non-embedded accommodation)</li> <li>- Read aloud in English by an adult (non-embedded accommodation) for ELA reading passages.</li> <li>- Speech-to-Text voice recognition software enabled for ELA performance writing tasks only (non-embedded accommodation)...Can be used for note-taking-preparation for the assessment task and/or for the writing assessment task.</li> </ul>	





INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student BRAITANBA LEVI Last First MI

Date of Birth 29-OCT-2012

Meeting Date 14-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:

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

14-NOV-2022 (Pending) Initial

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

14-NOV-2022 (Pending) Initial

- 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 BRAITANBA LEVI MI Last First MI

Date of Birth 29-OCT-2012

Meeting Date 14-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: Email, TC, 28-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 9-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      
 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="Deborah Koppleman"/>	<input type="text" value="attended"/>
Parent/Guardian	<input type="text" value="Roni Braitanbaum"/>	<input type="text" value="~"/>
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="Melissa Kishner"/>	<input type="text" value="Melissa Kishner"/>
Administrative Designee	<input type="text"/>	<input type="text"/>
Special Education Teacher	<input type="text" value="Donna Gatewood-King"/>	<input type="text" value="DJ King"/>
General Education Teacher	<input type="text" value="Becky Ellis"/>	<input type="text" value="BE"/>
School Psychologist	<input type="text" value="Jennifer Davidson"/>	<input type="text" value="Jennifer Davidson"/>
School Nurse	<input type="text" value="Danielle Maynard"/>	<input type="text" value="Danielle Maynard"/>
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"/>	<input type="text"/>
Sign Language Interpreter	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text" value="Alissa Binns"/>	<input type="text" value="Alissa Binns"/>
Other <input type="text"/>	<input type="text" value="Meghan Hart"/>	<input type="text" value="Meghan Hart"/>
Other <input type="text"/>	<input type="text" value="Elizabeth Noorwood"/>	<input type="text" value="attended"/>
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 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 checked="" type="radio"/> Nonpublic School
<input type="radio"/> Home/Hospital or Residential Care Facility	

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

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

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

<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.
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>		

<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.
	<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	

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 checked="" type="checkbox"/>	Other: <input type="text" value="NA"/>

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 (SLD)</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 Resident School"/>	<input type="text"/>
	Name of School	<input type="text" value="CARPENTER COMM CHTR"/> <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 Foundational),2(Reading Comprehensio),3(Writing Foundational),4(Writing),5(Math)"/>	<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 type="radio"/> Yes <input checked="" type="radio"/> No	
	Parent Counseling and Training (PCT)	<input checked="" type="radio"/> Yes <input type="radio"/> No	
	ESY Transportation	<input type="text"/>	<input type="text"/>
Accommodation, Modifications, Supports	Instructional Accommodations	<input type="text" value="preferential seating by teacher, shortened classroom and homework assignments, allow additional time for tests, assessments should be read aloud to Levi, Speech to text enabled on device to assist with writing assignments, audiobooks"/>	<input type="text"/>
	Instructional Modifications	<input type="text"/>	<input type="text"/>
	Other Supports, including Non-Academic and Extracurricular Activities	<input type="text"/>	<input type="text"/>
Preparation for Three Year Review IEP (At the second Annual Review IEP Meeting, the team must discuss and document the decision to conduct or not conduct a three-year comprehensive reassessment.)	Do the Parent and the District (local educational agency) agree that a reassessment is unnecessary?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
	If the Parent does not agree, specify the area(s) to be reassessed.	<input type="text"/>	<input type="text"/>
<b>Comments, as appropriate</b>			

**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
<b>Service 1</b>	Start Date:	Effective on Signature Date	
<b>RSP</b>	End Date:		
<b>RSP</b>	Service applies to:	Regular	
	Frequency:	1	
This service addresses the following goals:	Interval:	Weekly	
<input type="text" value="5(Math)"/>	Minutes/Interval:	45	
	Minutes/Interval (Pullout from Gen Ed):	45	
	Service Delivery Model:	RSP: Direct Instruction Services*	
	RSP Area:	Math	
	Responsible Personnel:	District Assigned Qualified Provider	
*			
<b>Service 2</b>	Start Date:	Effective on Signature Date	
<b>RSP</b>	End Date:		
<b>RSP</b>	Service applies to:	Regular	
	Frequency:	1-5	
This service addresses the following goals:	Interval:	Weekly	

1(Reading Foundational)	Minutes/Interval:	180	
2(Reading Comprehensio)	Minutes/Interval (Pullout from Gen Ed):	180	
3(Writing Foundational)	Service Delivery Model:	RSP: Direct Instruction Services*	
4(Writing)	RSP Area:	Literacy/ELA/ELD	
	Responsible Personnel:	District Assigned Qualified Provider	

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

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

	Effective With this IEP	Future Changes Related to this IEP
% of Time per Week outside of General Education	<input type="text" value="14"/>	

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

The team has reviewed and discussed whether compensatory education and/or recoupment services are required due to the COVID-19 pandemic. The IEP team has determined that since this is an initial IEP, compensatory education nor recoupment services are required.

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

November 14, 2022

The purpose of this IEP is to review Levi's Initial assessments, to determine eligibility, services and to address any concerns the parents may have.

Roni Braitanbaum and Deborah Koppelman, Levi's parents, participated the meeting dated November 14, 2022. Deborah and Elizabeth Noorwood were not able to sing in virtually and gave verbal permission for M Kishner to write, 'attended' on page 11.

The District's Introductory Statement was read. The parents stated that they do not have any questions.  
The parents stated that they have received a copy of 'The Parent's Guide to Special Educational Service'.

Nurse reviewed health report. When asked for further input, the parents stated that they do not have comments or concerns about the education of Levi at this time in the area of health.

Psychologist reviewed the cognitive assessment. Reading decoding and reading fluency are areas of concern (Phonological awareness)  
When asked for further input, the parents stated that they do not have comments or concerns about the education of Levi at this time for the psychologist.

RST reviewed the academic assessments. RST shared that the assessment was administered after school and Levi was tired and required breaks. His reading scores are very low for his age. Most of his energy goes to decoding and he is not understanding what he is reading. His gen-ed teacher at the private school reads to him and he has been using audio books. He understands what a sentence is, but his spelling ability impacts his ability to produce writing. Gen-ed teacher shared that writing is an area of difficulty. Either he used speech to text or a scribe. There are some concerns in math. He has some automaticity with multiplication facts but is unable to apply it to double digit multiplication equations. Regrouping was an area of difficulty as well.

Intervention teacher shared the curriculum used. Levi is pulled once a week and will be pulled out for an additional period at school. They are pushing in for writing and pulling out for reading.

The parents asked for clarification on Levi's needs. He is currently seeing an educational therapist 2 days a week and receiving small group at school once a week (soon to be twice). Levi showed growth last school year but has not shown growth this school year. Private school is hoping the additional pullout will be able to improve his reading skills.

It was explained that explicit reading instruction is not part of the 4th grade curriculum and so it is understandable that he is becoming more frustrated in the classroom.

It was explained that we do not know how long Levi will need support or if a methodology will work until we try.

The psychologist reviewed the social emotional assessment.

When asked for further input, the parents stated that they do not have comments or concerns about the education of Levi at this time for the psychologist.

Eligibility in the suspected areas of SLD and OHI were discussed. Levi does not meet the criteria for special education services in the areas of OHI. Levi is not impacted by ADHD like characteristics and his ability to maintain focus and attention. Levi meets the eligibility under the eligibility of SLD as there are signs of processing deficit that explains the learning gap. Levi shows signs of dyslexia.

It was explained that Levi is eligible to receive District provided services if he is enrolled in a public LAUSD school.

RST proposed goals and services in the area of Reading, Writing, and Math.

Parents agreed with goals and services proposed. When asked for further input, the parents stated that they do not have further comments or concerns about the education of Levi at this time in the area of academics.

Parent asked if this is the only assessments we provide. It was explained that we feel that we have good information from the assessments that were completed. We are looking at the primary factors that have an impact on Levi's development and progress.

Section K (State Testing Accommodations) were reviewed.

The team has reviewed and discussed whether compensatory education and/or recoupment services are required due to the COVID-19 pandemic. The IEP team has determined that since this is an initial IEP, compensatory education nor recoupment services are required.

Levi will not receive ESY as there is no significant history of regression of skills following periods when school is not in session.

The IEP team discussed placement options based on Levi's needs. At this time the IEP team is recommending that gen. ed. with RSP support is the most appropriate placement in the LRE.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

(SLD, pg. 1 of 1)

Student BRAITANBA LEVI MI Last First MI

Date of Birth 29-OCT-2012

Meeting Date 14-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? Yes

If Yes, describe

Inattentive, off-task behaviors

[Empty text box for describing behavior]

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 BRAITANBA

LEVI

Date of Birth 29-OCT-2012

Meeting Date 14-NOV-2022

Last

First

MI

## FAPE Summary Grid

<b>Program:</b>	GE	<b>Setting:</b>	General Education					
<b>Eligibility:</b>	Eligible (SLD)	<b>Curriculum:</b>	General Education					
<b>Transportation:</b>	None	<b>Low Incident Support:</b>	None					
<b>Date District Received</b>								
<b>Parent Signature:</b>								
Service Code	Service Desc	Start Date	Service Applies To	Interval	Frequency	Area	Total Minutes	Addresses Goal(s)
RSP	RSP	Effective on Signature Date	Regular	Weekly	1	RSP-Math	45	Math
RSP	RSP	Effective on Signature Date	Regular	Weekly	1-5	RSP-Literacy/ELA/ELD	180	Reading Foundational, Reading Comprehensio, Writing Foundational, Writing

## Alternative Remote/Distance Learning Services During Emergency Conditions

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

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

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

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

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

**For IEP Team Information**

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