

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Identification Number 200300X667 SSID

Eligible (AUT)

Student BRAUMAN NOYA MI
Last First MI

Date of Birth: 13-AUG-2019

Section A: Meeting Information

Pertinent Dates	Type of Meeting
Date of Initial IEP Team Meeting: 17-NOV-2022	<input checked="" type="radio"/> Initial <input type="radio"/> Amendment of IEP dated
Date of Present Meeting: 17-NOV-2022	<input type="radio"/> Annual Review <input type="radio"/> Early Start Transition
Annual Review to be conducted by: 17-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: 17-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
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Section B: Student Information

Date of Birth: 13-AUG-2019	Age: 3	Grade: -1
Gender: <input type="radio"/> Male <input checked="" type="radio"/> Female	Ethnic Code: Decline to State	
Location of the Psych Folder: SUPPORT UNIT NOF	Student has no Psych Folder: <input type="checkbox"/>	
Location of the Cum Folder:	Student has no Cum Folder: <input checked="" type="checkbox"/>	
Home Language:	Student Language:	Alternate Mode of Communication:
Home Address of Student: 12032 TIARA ST		
City: VALLEY VILLAC CA	ZIP Code: 91607	
Home Telephone: (818) 422-4885	Daytime Telephone:	Emergency Telephone:
School of Attendance: Sp Ed Inf/Pre (1017)	Location Code: 1017	
School of Residence: Burbank Blvd El	Location Code: 2630	
Name of Parent/Guardian: Luchiano and Abev	Telephone: (818) 422-4885	
Address: 12032 TIARA ST		
City: VALLEY VILLAC CA	ZIP Code: 91607	
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

Is FFH Provider related to student? No Yes

Licensed Children's Institution No Yes

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

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student

Last

First

MI

Date of Birth

Section C: Language Acquisition

Language Classification:

Start Date:

Withdrawal by Parent Request: Yes No

Reclassification Date:

ELPAC Performance Level and Performance Descriptor: ▼

Test Date:

Alternate ELPAC Performance Level and Performance Descriptor: ▼

Test Date:

Section D: Goal Achievement from Current IEP

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

Section E: Present Level of Performance

Performance Area:

Category:

 ▼Assessment/Monitoring Process
Used:

State/District Assessment Results:

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

Overall, Noya's current functioning in cognition/general ability is estimated to be in the below average based on performance on the MSEL and information gathered via observation and interview on the DP3. Noya was for the most part non-verbal during the assessment process and did not share personal information. She did not tell personal information when asked, tell what she does when tired/hungry or thirsty and did not demonstrate understanding of action words or object functions either. Therefore, Noya may in fact possess a higher level of general abilities than was demonstrated/evidenced during this assessment process.

Noya's profile as examined on the MSEL reflects strengths in self-directed play.

Areas of need/challenge were identified in visual reception, fine-motor, expressive/receptive language skills as well as general fund of knowledge.

Educational Impact: A general ability/cognition impact was identified at this time. At the present time it would be too premature to assess for and make assumption about an intellectual disability for Noya due to the fact that Noya is mostly nonverbal at this time and has not had the benefit of any direct services from Regional Center to date. Should Noya fail to make reasonable developmental or communication skills progress within a reasonable measure of time (after she starts attending a District program) or should Noya regress in learnt skills, a District reevaluation can be conducted to identify an intellectual disability for Noya, as a secondary area of eligibility.

Performance Area:

Category:

 ▼Assessment/Monitoring Process
Used:

State/District Assessment Results:

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

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

Noya demonstrates strength self-directed play.

Areas of need/challenge were identified in pre-reading, pre-writing, pre-math skills and general fund of knowledge.

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
Last
First
MIDate of Birth Meeting Date

Section E: Present Level of Performance

Performance Area:

Category:

 ▼Assessment/Monitoring Process
Used:

State/District Assessment Results:

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

Based on the rater's responses on the Developmental Profile 3, Noya's evidences the following strengths: Noya demonstrates understanding of non-verbal gestures, names persons she knows but does not see on regular basis, hums along with favorite nursery rhymes, counts to 10 and can sing parts of songs she likes.

Noya evidences the following needs/challenges: Noya receptive/expressive language skills are emerging and are currently well below average based on the overall assessment results. Noya does NOT tell her name when asked, respond to 'wh' questions, name age-appropriate objects in a picture-book, consistently follow simple directions in the home, repeat a series of two unrelated numbers from one hearing, regularly use 2-3-word phrases to communicates needs/wants/ideas, try to tell a story when looking at a picture-book, point to colors when asked, name body parts when asked, identify action words when show in a picture-book, identify in/under or on top of positions, verbally tell what she does when tired/sleepy/hungry, demonstrate understanding of verbal analogies (cold/hot), tell if she is a boy/girl and does not verbally tell what she does with her feet/hands or eyes. Overall communication skills are noted as an area of need/deficit. However, the determination for speech/language eligibility and deficits, if any, is deferred to District speech/language pathologist.

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

Performance Area:

Category:

 ▼Assessment/Monitoring Process
Used:

State/District Assessment Results:

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

Overall, Noya's motor abilities are found to be in the average range.

Based on the rater's responses on the Developmental Profile 3, Noya evidences the following strengths: Noya ambulates in the home or the community without excessive falling, avoids obstacles in her path, jumps in place, walks over obstacles in her path instead of walking into them, walks up/downstairs while holding parent's hand, alternates when walking up/downstairs, can throw a small ball to someone five feet away, catches a small ball thrown from a few feet away, can push a small chair to where she wants it in the home, uses safety scissors to cut paper, stacks a tower of blocks and uses a fine pincer grasp to place pennies in a piggy bank.

Noya evidences the following needs/challenges: Gross-motor skills do not present as an area of significant need at this time. Fine-motor skills may present as an area of need as Noya refused many of the fine-motor tasks presented during this assessment process. Per this assessment Noya does NOT help to buckle herself in the car-seat, string beads, copy vertical/horizontal line when modeled, touch her fingers together in both hands and does not fold a sheet of paper to make a square.

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

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Student
Last
First
MIDate of Birth Meeting Date

Section E: Present Level of Performance

Performance Area: Category: ▼Assessment/Monitoring Process Used: State/District Assessment Results:

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

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

Based on observations, informal interviews and the rater's responses on formal rating scales, Noya evidences the following strengths: Noya follows simple directions when engaging adults in play activities, waves bye-bye at the right times or when modeled, likes to explore new places for play opportunities, shows fondness for an adult who is seen less than once per week, follows parent commands in the home, plays group games such as tag or hide-and-seek (sometimes) and can keep busy at an activity she likes for 30 minutes.

Noya evidences the following needs/challenges: Noya does NOT use the word 'mine' to defend his possessions, show by asking or gestures that she needs to use the toilet, express a desire to play with similar aged peers, play the type of games most children her age like to play and does not understand that some things don't belong to her by first asking or looking at the parent before she takes something that does not belong to her. At the time this assessment report was completed the parent ASRS form was not completed for review. At the time this assessment report was completed the parent BASC-3 form was not completed for review.

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

Performance Area: Category: ▼Assessment/Monitoring Process Used: State/District Assessment Results:

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

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

Based on observations, informal interviews and the rater's responses on formal rating scales, Noya evidences the following strengths: Noya helps with dressing or undressing by holding hands up/down as needed, drinks from a sippy or regular cup, feeds herself using a fork/spoon, eats solid foods without difficulty, can take off her shoes independently, takes off a loosely fitted shirt when needed, can pull down zippers, can undo Velcro, will help with clean up time when assisted by the parent, uses the toilet without parent assistance, can wash/dry her hands/face well enough so that it does not have to be re-done by the parent and can use a computer device to play games.

Noya evidences the following needs/challenges: Per parent report adaptive skills are not noted as an area of significant need. Be that as it may, parent reports that Noya does not put on her shoes without help, put on her pants without help and does not tell her first/last name and age when asked.

Educational Impact: A significant elf-help/adaptive behavior impact was not identified at this time.

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Last
First
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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/Services to Date: Noya Brauman is a 3-year, 2-month-old girl who was referred for a Language and Speech assessment. She is a former North Los Angeles Regional Center client. She received weekly, in-home, Language and Speech and Child Development services. Noya does not currently attend a preschool or daycare. She is cared for at home by her parents.

Student Strengths: Noya's phonemic repertoire consists of the following sounds that she produces in multiple consonant-vowel (CV) combinations when using delayed and immediate echolalia: p,b,t,d,k,g,m,n,h,v,f,sh,ch. Noya complies when one asks her to say 'Hi' or 'Bye,' enjoys listening to nursery rhymes or songs, can point to many different objects or pictures when named, can point to major body parts, and understands normal adult language rather than baby talk. Noya uses the same word forms consistently, pulls an adult to what she wants, uses environmental sounds during play, uses real words and gestures when talking, imitates words heard in conversation, and shows preference for certain words by repeating them. Noya currently communicates through pulling and leading. She exhibits pretend play by feeding a toys bear and giving the toy bear a drink. Noya uses environmental sounds during play. Her social use of language included naming objects/pictures on her own terms.

Areas of Need: Noya is not yet demonstrating an understanding when someone talks about a toy in another room, carrying out a 2-step request, recognizing new words every day, performing actions such as run or jump when verbally asked, naming favorite toys or foods, or demonstrating an understanding of pronouns. During this assessment, Noya did not identify objects, pictured, body parts, or clothing items. She did not give a select object from a group of objects upon demand-even if when the demand was paired with a gestural cue (open hand).

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):

Noya does not yet use question inflection, label specific toys or foods, repeat some of the words heard from a sentence, use 2 word phrases in spontaneous speech, have definitive beginnings and endings to words pronounced, or say at least 50 words that anyone would recognize. She recites familiar songs but may recite them repeatedly using an escalating vocal volume. She follows 1-step directions inconsistent and does not yet follow 2-step directions. Her overall play skills are nonfunctional and repetitive. Noya exhibits immediate and delayed echolalia that is mostly out of the context of the select social situation. During this assessment, some of Noya's spontaneous utterances were mostly learned phrases, learned songs, or delayed echolalia. Her social use of language does not yet include using verbal or physical means to obtain one's attention, direct one's attention to something, try to get one to do something for her. She did not protest or refuse. Noya was self-directed throughout the assessment. Noya was unresponsive to her name, flapped her hands, and lined up toys, disrupted them and then lined them up again.

Educational Impact: Noya's disability of Autism is accompanied by a language disorder that affects her ability to communicate which impacts her involvement and progress in the general education curriculum.

Yumna Haddad, M.S., CCC/SLP

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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):

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, Luchiano Brauman on 11/16/2022.

HEALTH SUMMARY: Noya is a three-year-three-month-old student (during the health assessment), born full-term without significant prenatal, birth, and newborn histories. Developmental milestones as reported by parent were achieved within age expectancy ranges except in the area of speech development. Student is not toilet trained. At 1 1/2 years old, Noya had an initial seizure activity. Student was diagnosed with Epilepsy with recurrent seizures characterized by stiffening of the upper and lower extremities, both eyes on the side, and loss of consciousness lasting for 20 to 30 seconds. Last seizure episode was in September 2022. Noya takes anti-seizure medications on a daily or regular basis. Student has emergency rescue medication for seizures - Diastat at home as needed for seizures longer than 5 minutes. Noya is under the care of a Neurologist at Children's Hospital LA (CHLA). No allergies to food and medication. No recent history of accident, injury, surgery, or hospitalization.

STRENGTH: Student is generally in stable health. Noya eats a regular diet, self-feeds using utensils and hands, and drinks from an open cup. Student communicates by using some words, screaming, pointing at the desired object, pulling parent/adult, and gestures. Noya walks independently. Unable to condition student for vision screening using Spot screener on 11/16/2022. Parent has no concern with student's vision. Student can visually track an object without any issues during the health assessment.

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):

AREAS OF NEED: Student is not toilet trained and needs assistance with toileting and diapering. Noya has Epilepsy with recurrent seizures, needs to be observed for any seizure activity, seizure precaution, and administer first aid as needed during school hours. Unable to condition student to play audiometry, failed Otoacoustic Emissions (OAE) in the left ear and unable to condition student in the right ear on 11/16/2022. Audiologic Resource Unit (ARU) referral done for further testing and sent via email and school mail.

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. Trained designated school personnel to observe for seizure precautions and management, to provide seizure first aid as needed per LAUSD guidelines, call 911/Paramedics when seizure occurs per parent request, and notify parent and School Nurse immediately. Preferential seating near the center of activity/instruction to maximize auditory cues until further testing is done and completed.

Teresa Bernaldo, RN, BSN, Credentialed School Nurse
Early Childhood Special Education
11/16/2022

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student BRAUMAN NOYA MI
Last First MI

Date of Birth 13-AUG-2019

Meeting Date 17-NOV-2022

Section F: Eligibility

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

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

For Initial IEP, interventions attempted prior to determining eligibility:

Regional Center: Child Development, Speech Therapy

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
 Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

Noya will initiate interactions and maintain cooperative play with a group of 1-3 peers for 10 minutes with minimal adult facilitation in 4 out of 5 opportunities as measured by teacher observation.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

Noya will initiate interactions and maintain cooperative play with one other peer for 5 minutes with maximum adult facilitation in 4 out of 5 opportunities as measured by teacher observation.

Incremental objective #2 related to the goal:

Noya will initiate interactions and maintain cooperative play with a group of 1-2 peers for 7 minutes with moderate adult facilitation in 4 out of 5 opportunities as measured by teacher observation.

Date to be achieved: MO/YR

Date to be achieved: MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

4 GOAL MET OR EXCEEDED

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

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

1 NO PROGRESS

1st Reporting Period	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 #:

With moderate (3-4) prompts and reminders, Noya will follow various 1-step instructions throughout the school day in 3 out of 5 opportunities as measured by teacher observation.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

With moderate (3-4) prompts and redirection, Noya will follow simple instructions (i.e. come here, sit down, pick up the ball) given by adults throughout the day in 3 out of 5 opportunities as measured by teacher observation.

Incremental objective #2 related to the goal:

With minimal (1-2) prompts and reminders, Noya will follow simple instructions (i.e. come here, sit down, pick up the ball) given by adults throughout the day in 4 out of 5 opportunities as measured by teacher observation.

Date to be achieved: MO/YR

Date to be achieved: MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

1st Reporting Period	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
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Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

Noya will stay on task for at least 10 minutes during structured and unstructured activities throughout the school day in 4 out of 5 opportunities as measured by teacher observation.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

With moderate (3-4) prompts and redirection, Noya will stay on task for at least 5 minutes during structured and unstructured activities throughout the school day in 4 out of 5 opportunities as measured by teacher observation.

Incremental objective #2 related to the goal:

With minimal (1-2) prompts and reminders, Noya will stay on task for at least 7 minutes during structured and unstructured activities throughout the school day in 4 out of 5 opportunities as measured by teacher observation.

Date to be achieved: MO/YR

Date to be achieved: MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

1st Reporting Period	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 #:

Noya will produce words/phrases during in-class language-based activities to make requests/choices, protest/refuse, comment/respond, greet/say goodbye given minimal verbal cues/prompts in 8 out of 10 expected 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:

Noya will produce words/phrases during in-class language-based activities to make requests/choices, protest/refuse, comment/respond, greet/say goodbye given maximum verbal cues/prompts in 8 out of 10 expected opportunities.

Incremental objective #2 related to the goal:

Noya will produce words/phrases during in-class language-based activities to make requests/choices, protest/refuse, comment/respond, greet/say goodbye given moderate verbal cues/prompts in 8 out of 10 expected 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

BRAUMAN

NOYA

Date of Birth

13-AUG-2019

Meeting Date

17-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)

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student BRAUMAN NOYA MI
Last First MI

Date of Birth 13-AUG-2019

Meeting Date 17-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: [dropdown]

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

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 [dropdown]

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 [dropdown]

- 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 BRAUMAN NOYA MI Last First MI

Date of Birth 13-AUG-2019

Meeting Date 17-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, ECSE, 03-NOV-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 17-NOV-2022

PARENT INPUT SURVEY

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

ALL INFORMATION IS CONFIDENTIAL

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

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

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

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

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

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



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

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

POSTAGE WILL BE PAID BY ADDRESSEE

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



PARENT INPUT SURVEY
English

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Reconvened Meeting Date

Student
Last First MI

Date of Birth

Meeting Date

Section R: Names and Signatures (Signatures on File)

Team Member	Print Name	Signature
Parent/Guardian	<input type="text" value="Luchiano Brauman (via Zoom)"/>	<input type="text"/>
Parent/Guardian	<input type="text" value="Abev Bitveo (via Zoom)"/>	<input type="text"/>
Student Age 18 - 21 years	<input type="text"/>	<input type="text"/>
Student Under Age 18 years	<input type="text"/>	<input type="text"/>
Surrogate Parent	<input type="text"/>	<input type="text"/>
Foster Parent	<input type="text"/>	<input type="text"/>
Family Foster Home Provider	<input type="text"/>	<input type="text"/>
Administrator	<input type="text"/>	<input type="text"/>
Administrative Designee	<input type="text" value="Inez Lopetegui"/>	<input type="text" value="Inez Lopetegui"/>
Special Education Teacher	<input type="text" value="Elizabeth Kim"/>	<input type="text" value="Elizabeth Kim"/>
General Education Teacher	<input type="text" value="Ricardo Carlos (via Zoom)"/>	<input type="text"/>
School Psychologist	<input type="text" value="Jim Shivaie"/>	<input type="text" value="Jamshid Shivaie"/>
School Nurse	<input type="text" value="Teresa Bernaldo"/>	<input type="text" value="Teresa Bernaldo"/>
Related Service Staff <input type="text" value="LAS"/>	<input type="text" value="Younna Haddad"/>	<input type="text" value="Younna Haddad"/>
Related Service Staff <input type="text"/>	<input type="text"/>	<input type="text"/>
Related Service Staff <input type="text"/>	<input type="text"/>	<input type="text"/>
Interpreter	<input type="text" value="Nadav Halevy (via Zoom)"/>	<input type="text"/>
Sign Language Interpreter	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Other <input type="text" value="Educational Advocate"/>	<input type="text" value="Sela Azmon-Fishbein (via Zoom)"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
Last First MI

Date of Birth

Meeting Date

LEAST RESTRICTIVE ENVIRONMENT ANALYSIS

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

Student's Current Placement Type:

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

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

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

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
Last

First

MI

Date of
Birth

Meeting
Date

ANNUAL LEAST RESTRICTIVE ENVIRONMENT ANALYSIS (Continued)

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

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

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
Last

First

MI

Date of
Birth

Meeting
Date

ANNUAL LEAST RESTRICTIVE ENVIRONMENT ANALYSIS (Continued)

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 1 - Eligibility, Placements and Supports

Student
 Last First MI

Date of Birth

Meeting Date

		Effective With this IEP	Future Changes Related to this IEP
	As of Date:	<input type="text"/>	<input type="text"/>
Eligibility: (from Page 4)		Eligible (AUT)	
	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="BURBANK BLVD EL"/> <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(Social Emotional Dev),2(Language Develop),3(Cognitive Develop),4(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="None"/>	<input type="text"/>
	Extended School Year/Intersession	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Parent Counseling and Training (PCT)	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="Instructional Accommodation will include daily structured language activities facilitated by an adult to engage in question, answer and conversations. Additional support may include modeling of language, small group instruction, repetition/rephrasing, vocabulary development, short verbal direction, visual/verbal cues, preview and review of new information to assist in comprehension, and additional time to respond."/>	<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. Trained designated school personnel to observe for seizure precautions and management, to provide seizure first aid as needed per LAUSD guidelines, call 911/Paramedics when seizure occurs per parent request, and notify parent and School Nurse immediately. Preferential seating near the center of activity/instruction to maximize auditory cues until further testing is done and completed."/>	<input type="text"/>
Preparation for Three Year Review IEP (At the second Annual Review IEP Meeting,	Do the Parent and the District (local educational agency)	<input checked="" type="radio"/> Yes <input type="radio"/> No	

<p>the team must discuss and document the decision to conduct or not conduct a three-year comprehensive reassessment.)</p>	<p>agree that a reassessment is unnecessary?</p>		
	<p>If the Parent does not agree, specify the area(s) to be reassessed.</p>		
<p>Comments, as appropriate</p>			
<p>Low Incidence Equipment</p>			
<p>Assistive Technology Equipment</p>			
<p>Participation in General Education</p>			

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
--	--	--------------------------------	---

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="85"/>	

Part 4 - Compensatory Education/Recoupment Services Discussion

Not applicable- initial preschool IEP

Part 4 - Additional Discussion (This section is optional)

Based upon Noya's current needs, the IEP team recommends a Preschool for All Learners classroom (PAL). The Preschool for All Learners is an educationally based specialized program that operates 4 hours and 30 minutes, 5 days a week. The preschool curriculum is delivered through evidence-based practices.

Noya'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

Program:	PAL	Setting:	Special Education
Eligibility:	Eligible (AUT)	Curriculum:	General Education
Transportation:	None	Low Incident Support:	None
Date District Received			
Parent Signature:			

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