

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Identification Number 200114X392 SSID 3705231925

Eligible (SLD)

Student MUZAN DANIEL MI
Last First MI

Date of Birth: 26-AUG-2013

Section A: Meeting Information

| Pertinent Dates | Type of Meeting |
|---|---|
| Date of Initial IEP Team Meeting: 29-NOV-2021 | <input type="radio"/> Initial <input type="radio"/> Amendment of IEP dated <input checked="" type="radio"/> Annual Review <input type="radio"/> Early Start Transition <input type="radio"/> Three Year Review <input type="radio"/> Expulsion Analysis <input type="radio"/> Other <input type="radio"/> Individual Transition Plan |
| Date of Present Meeting: 28-NOV-2022 | |
| Annual Review to be conducted by: 28-NOV-2023 | |
| Next Three Year Review will be conducted by: 28-NOV-2024 | |
| Three Year Review or Evaluation was conducted on: 29-NOV-2021 | |
| Transition to Kindergarten to be conducted by: | |

| | |
|--|---|
| Location of Meeting: POMELO COMMUNITY CS | District Name: Los Angeles Unified School Dis |
|--|---|

Section B: Student Information

| | | |
|--|---|----------------------------------|
| Date of Birth: 26-AUG-2013 | Age: 9 | Grade: 3 |
| Gender: <input checked="" type="radio"/> Male <input type="radio"/> Female | Ethnic Code: White | |
| Location of the Psych Folder: LOCAL DISTRICT N | Student has no Psych Folder: <input type="checkbox"/> | |
| Location of the Cum Folder: POMELO COMMUN | Student has no Cum Folder: <input type="checkbox"/> | |
| Home Language: Hebrew | Student Language: Hebrew | Alternate Mode of Communication: |
| Home Address of Student: 7438 WOODLAKE AVE | | |
| City: WEST HILLS CA | ZIP Code: 91307 | |
| Home Telephone: (818) 261-6682 | Daytime Telephone: | Emergency Telephone: |
| School of Attendance: Pomelo Community C | Location Code: 6140 | |
| School of Residence: Pomelo Community C | Location Code: 6140 | |
| Name of Parent/Guardian: Hilla & Yoli Muzan | Telephone: | |
| Address: 7438 WOODLAKE AVE | | |
| City: WEST HILLS CA | ZIP Code: 91307 | |
| Surogate Parent: | Telephone: (818) 261-6682 | |
| Attends CURRENT SCHOOL as a result of one of the following: | Attends School of Residence: <input type="checkbox"/> | |

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

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

Superior Court Other

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

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

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Section C: Language Acquisition

Language Classification: Start Date:

Withdrawal by Parent Request: Yes No Reclassification Date:

ELPAC Performance Level and Performance Descriptor: Test Date:

Alternate ELPAC Performance Level and Performance Descriptor: Test Date:

Section D: Goal Achievement from Current IEP

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

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Student MUZAN
Last

DANIEL
First

MI
MI

Date of Birth 26-AUG-2013

Meeting Date 28-NOV-2022

Section E: Present Level of Performance

Performance Area: Reading

Category: Reading

Assessment/Monitoring Process Used: Dibbles; Informal Assessments

State/District Assessment Results:

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

Strengths:
Daniel scored at Benchmark on the Dibbles, fall 2022. His reading accuracy and basic comprehension are both at benchmark and his reading fluency is above benchmark. Teacher reports that Daniel is able to access learning independently at grade level. There are no concerns at this time.

Performance Area: Writing/ELD

Category: Writing

Assessment/Monitoring Process Used: Informal Work Samples

State/District Assessment Results:

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

Strengths:
Daniel is able to follow the guided pre-writing process for writing a five paragraph essay. He's also capable of going back and editing his work with teacher support. Daniel has great ideas and very colorful writing. Daniel's writing follows good progression of thoughts and with support, he is using transition words. Overall, Daniel's handwriting is legible.

Needs:
Daniel would benefit from more specific editing in his writing, for example, making sure questions end with question marks, capitalizing proper nouns, minimizing run-on sentences or fragments.

Impact of Disability:
Daniel's specific learning disability has some impact on his need for extra support with writing, which could impact his success in the general education curriculum.

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Section E: Present Level of Performance

Performance Area: Math

Category: Math

Assessment/Monitoring Process Used: In Class Math Assessments

State/District Assessment Results:

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

Strengths:
 Daniel shows high levels of understanding with the core, grade level, math concepts being taught. Daniel is able to line up his digits and accurately add and subtract multi digit numbers, both through computation and with word problems. He understands that division is the inverse of multiplication and he can show both algorithms and pictures to represent his math problems. He also does a great job of explaining his reasoning. Daniel has strong knowledge of his multiplication facts. Daniel shows good understanding of telling time.

Needs:
 No current concerns.

Performance Area:

Category:

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

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Section F: Eligibility

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

[Empty text box for disability discussion]

For Initial IEP, interventions attempted prior to determining eligibility:

[Empty text box for interventions]

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: [Empty]

- 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): [Empty]

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

Final IEP Reason: [Empty] Final IEP Effective Date: [Empty]

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

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

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Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

By November 2023, with guidance and support from adults, Daniel will write 5 or more paragraphs in which there are minimal editing errors because he will proof his writing to ensure he has appropriate punctuation, minimizing run-on and fragment sentences, and he will ensure proper nouns are capitalized, showing no more than 5 errors across the 5 paragraphs, for 3 trials, as measured by student work samples.

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:

By February 2023, with guidance and support from adults and access to an editing visual (e.g. checklist), Daniel will write 3 or more paragraphs in which there are minimal editing errors because he will proof his writing to ensure he has appropriate punctuation, minimizing run-on and fragment sentences, and he will ensure proper nouns are capitalized, showing no more than 10 errors across the 3 paragraphs, for 3 trials, as measured by student work samples.

Incremental objective #2 related to the goal:

By May 2023, with guidance and support from adults and access to an editing visual (e.g. checklist), Daniel will write 4 or more paragraphs in which there are minimal editing errors because he will proof his writing to ensure he has appropriate punctuation, minimizing run-on and fragment sentences, and he will ensure proper nouns are capitalized, showing no more than 7 errors across the 4 paragraphs, for 3 trials, as measured by student work samples.

Date to be achieved: MO/YR

Date to be achieved: MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

4 GOAL MET OR EXCEEDED

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

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

1 NO PROGRESS

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

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Section 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>Student will participate in Regular State and District Assessments. <i>(Designated Supports and/or Accommodations identified below are applicable)</i></p> | <p>CAASPP Subject ELA and Math</p> |
| <p>Student will participate in Regular State and District Assessments. <i>(Designated Supports and/or Accommodations identified below are applicable)</i></p> | <p>ELPAC Subject Reading</p> |
| <p>Student will participate in Regular State and District Assessments. <i>(Designated Supports and/or Accommodations identified below are applicable)</i></p> | <p>ELPAC Subject Listening</p> |
| <p>Student will participate in Regular State and District Assessments. <i>(Designated Supports and/or Accommodations identified below are applicable)</i></p> | <p>ELPAC Subject Writing</p> |
| <p>Student will participate in Regular State and District Assessments. <i>(Designated Supports and/or Accommodations identified below are applicable)</i></p> | <p>ELPAC Subject Speaking</p> |

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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:

whole IEP

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 menu

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 menu

- 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)

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Student
 Last First MI

Date of Birth

Meeting Date

Section Q: Parent Participation and Consent

| Parent Participation | Parent Notification | | |
|---|---------------------|--------------|-------------|
| <input checked="" type="radio"/> Parent/Student (18-21) has participated in the IEP meeting. <input type="radio"/> Parent/Student (18-21) indicated before the meeting that they would not be able to attend. <input type="radio"/> 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. <input type="radio"/> Parent/Student (18-21) did not attend and gave permission to proceed without them if they did not attend. | Method | Whom | When |
| | Student | Metichecchia | 26-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)

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)

Date

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="Hilla Muzan"/> | <input type="text"/> |
| Parent/Guardian | <input type="text"/> | <input type="text"/> |
| Student Age 18 - 21 years | <input type="text"/> | <input type="text"/> |
| Student Under Age 18 years | <input type="text"/> | <input type="text"/> |
| Surrogate Parent | <input type="text"/> | <input type="text"/> |
| Foster Parent | <input type="text"/> | <input type="text"/> |
| Family Foster Home Provider | <input type="text"/> | <input type="text"/> |
| Administrator | <input type="text" value="Agatha Metichecchia"/> | <input type="text"/> |
| Administrative Designee | <input type="text"/> | <input type="text"/> |
| Special Education Teacher | <input type="text" value="Sarah Abrams"/> | <input type="text"/> |
| General Education Teacher | <input type="text" value="Jordan Dicker"/> | <input type="text"/> |
| School Psychologist | <input type="text"/> | <input type="text"/> |
| School Nurse | <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"/> |
| 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"/> | <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 checked="" type="radio"/> General Education Class/General Education Site | <input type="radio"/> Special Day Program/General Education Site |
| <input type="radio"/> Special Day Program/Special Education Center | <input type="radio"/> Nonpublic School |
| <input type="radio"/> Home/Hospital or Residential Care Facility | |

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

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

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

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" value="28-NOV-2022"/> | <input type="text"/> |
| Eligibility: (from Page 4) | | Eligible (SLD) | |
| | Final IEP Reason Final IEP Effective Date: | | |
| Curriculum | | <input type="text" value="General Education"/> | <input type="text"/> |
| Placement | Type of School | <input type="text" value="District Resident School"/> | <input type="text"/> |
| | Name of School | <input type="text" value="POMELO COMMUNITY CS"/> <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(Writing)"/> | <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"/> | |
| Accommodation, Modifications, Supports | Instructional Accommodations | <input type="text" value="Visual checklist"/> | <input type="text"/> |
| | Instructional Modifications | <input type="text"/> | <input type="text"/> |
| | Other Supports, including Non-Academic and Extra-curricular Activities | <input type="text"/> | <input type="text"/> |
| Preparation for Three Year Review IEP (At the second Annual Review IEP Meeting, the team must discuss and document the decision to conduct or not conduct a three-year comprehensive reassessment.) | Do the Parent and the District (local educational agency) agree that a reassessment is unnecessary? | <input checked="" type="radio"/> Yes <input type="radio"/> No | |
| | If the Parent does not agree, specify the area(s) to be reassessed. | <input type="text"/> | <input type="text"/> |
| Comments, as appropriate | | | |
| Low Incidence Equipment | <input type="text" value="None"/> | | |

**Assistive Technology
Equipment**

| |
|--|
| |
|--|

**Participation in
General Education**

Full participation in the general education third grade classroom.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student
 Last First MI

Date of Birth Meeting Date

| | | Effective With This IEP | Future Changes Related To This IEP |
|---|---|--|------------------------------------|
| Service 1 | Start Date: | Effective on Signature Date 28-NOV-2022 | |
| RSP | End Date: | | |
| RSP | Service applies to: | Regular | |
| | Frequency: | 1-5 | |
| This service addresses the following goals: | Interval: | Weekly | |
| <input type="text" value="1(Writing/ELD)"/> | Minutes/Interval: | 30 | |
| | Minutes/Interval (Pullout from Gen Ed): | 0 | |
| | Service Delivery Model: | RSP: Collaborative Teaching and Planning* | |
| | RSP Area: | Literacy/ELA/ELD | |
| | Responsible Personnel: | Resource Specialist Teacher | |
| | | | |
| | | | |

*

Notes:

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

Part 3 - Percentage of Time Outside of General Education

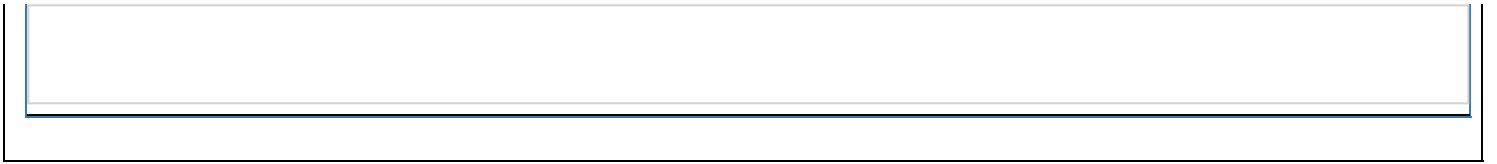
| | Effective With this IEP | Future Changes Related to this IEP |
|---|--------------------------------|------------------------------------|
| % of Time per Week outside of General Education | <input type="text" value="0"/> | |

Part 4 - Compensatory Education/Recoupment Services Discussion

| |
|--|
| |
|--|

Part 4 - Additional Discussion (This section is optional)

| |
|--|
| |
|--|



INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student MUZAN DANIEL MI
Last First MI

Date of Birth 26-AUG-2013

Meeting Date 28-NOV-2022

FAPE Summary Grid

| | | | | | | | | | |
|-------------------------------|---------------------|------------------------------|---------------------------|-----------------|------------------|--------------------------|----------------------|--------------------------|-------------------|
| Program: | GE | Setting: | General Education | | | | | | |
| Eligibility: | Eligible (SLD) | Curriculum: | General Education | | | | | | |
| Transportation: | None | Low Incident Support: | None | | | | | | |
| Date District Received | 28-Nov-2022 | | | | | | | | |
| Parent Signature: | | | | | | | | | |
| Service Code | Service Desc | Start Date | Service Applies To | Interval | Frequency | Area | Total Minutes | Addresses Goal(s) | No Consent |
| RSP | RSP | Effective on Signature Date | Regular | Weekly | 1-5 | RSP- Literacy/ELA/ELD | 30 | Writing/ELD | -- |

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.