

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Identification Number 200081X243 SSID 7565106622

Eligible (AUT)

Student AZAR LIEL MI Date of Birth: 01-JAN-2010

Section A: Meeting Information

Table with columns: Pertinent Dates, Type of Meeting. Includes fields for meeting dates and types like 'Amendment of IEP dated'.

Section B: Student Information

Form with fields for student details: Date of Birth, Gender, Ethnic Code, Location of the Psych Folder, Home Language, Home Address, City, Home Telephone, School of Attendance, School of Residence, Name of Parent/Guardian, Address, City, Surogate Parent, Telephone.

Attends CURRENT SCHOOL as a result of one of the following Attends School of Residence

Form with questions: Is the student living in a Family Foster Home (FFH)? Is FFH Provider related to student? Licensed Children's Institution? Out of the home placement made by? Child's family living within LAUSD's boundaries? If the student is 18 years old or older or is an emancipated minor, does he/she have educational decision-making rights?

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" value="Reading"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="Approaching 80% in determining or clarifying the"/>
Category	<input type="text" value="Reading"/>			
	Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text" value="meaning of 10 unknown multiple meaning"/>
	Objective 2 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text" value="words and phrases."/>
2	<input type="text" value="Writing"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="Approaching 80% in developing and strengthening"/>
Category	<input type="text" value="Writing"/>			
	Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text" value="writing of 3"/>
	Objective 2 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text" value="paragraphs."/>
3	<input type="text" value="Math"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="Needs to develop her ability to solve adding and"/>
Category	<input type="text" value="Math"/>			
	Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="subtracting uncommon fraction operations."/>
4	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Category	<input type="text"/>			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
5	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Category	<input type="text"/>			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
6	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Category	<input type="text"/>			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
7	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Category	<input type="text"/>			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
8	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Category	<input type="text"/>			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
9	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Category	<input type="text"/>			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
10	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Category	<input type="text"/>			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student

AZAR

LIEL

Last

First

MI

Date of Birth

01-JAN-2010

Meeting Date

10-NOV-2022

Section E: Present Level of Performance

Performance Area:

Reading

Category:

Reading

Assessment/Monitoring Process Used:

Teacher Reports, Observation

State/District Assessment Results:

Renaissance Star English (9/22 - Standard Score 952, 3 PR)

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

Strengths:

With minimal prompts Liel is able to identify the main idea, summarize a passage and identify at least one key detail that supports the main idea. She is able to follow along and participate in class discussions when asked by her teacher.

Needs:

It is difficult for Liel to independently analyze multiple points of view in a text. She struggles to identify and compare the point of view of different characters and narrators in a grade level text.

Impact of Disability:

Liel's eligibility of Autism impairs her ability to compare the point of view of different characters in a text which impacts her involvement and progress in the general education Reading curriculum.

Performance Area:

Writing

Category:

Writing

Assessment/Monitoring Process Used:

Teacher Reports, Observation

State/District Assessment Results:

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

Strengths:

With some guidance and support from adults, Liel is able to respond to writing prompts. She is able to write complete simple sentences. She is attentive in class and participates in teacher guided writing assignments.

Needs:

Liel struggles with spelling. It is also difficult for Liel to independently produce clear and coherent writing, which is well developed, organized, and appropriate to the task's purpose, and audience.

Impact of Disability:

Liel's eligibility of Autism impairs her ability to produce clear and coherent writing which impacts her involvement and progress in the general education writing curriculum.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student

AZAR

LIEL

Last

First

MI

Date of Birth

01-JAN-2010

Meeting Date

10-NOV-2022

Section E: Present Level of Performance

Performance Area:

Math

Category:

Math

Assessment/Monitoring Process Used:

Teacher Reports, Observation

State/District Assessment Results:

Renaissance Star Math Fall 2022 Score: 959 PR: 5

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

Strengths: 6th grade math teacher reported when provided with prompting and accommodations Liel was able to solve multiplying and dividing of uncommon fractions addressing partially her past goal and objective. 6th grade teacher also reported Liel was able to solve 6th grade standards of ratios and proportions with conversion of simple fractions separately. Liel also demonstrated understanding of integer concepts of positive and negative numbers and apply integer rules to addition and subtraction problems with prompting and accommodations.

Needs: 6th grade Math teacher reported Liel could struggle with multiple step math standards such as multiplying and dividing fractions with simplifying independently without prompting. Liel also struggles with geometry standards such as perimeter and area where she can confuse the processes of adding or multiplying without prompting. Math teachers report where Liel can struggle with finding multiple equivalent fractions to solve for adding and subtracting fractions with uncommon denominators as the standard was not fully addressed in the 6th grade curriculum thus not meeting her goal and objective from her past goal and objective. Liel needs to develop her ability to solve fractions and rational number operations to increase math ability and academic success.

Impact of Disability: Liel's Autism eligibility impacts her ability to solve rational number operations which impacts her participation and involvement in a general education math setting.

Performance Area:

Voc Ed

Category:

Vocational Education

Assessment/Monitoring Process Used:

Teacher Reports, Observation

State/District Assessment Results:

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

Strengths:

According to her teachers, Liel comes to class respectful with her necessary school supplies. She generally participates during class instruction and works well in cooperative groups. She tends to complete most assignments during the instructional period and/or completes at home. Math teacher reports Liel completes all of her assignments in class. Liel follows along with lessons and completes group and independent tasks provided for her.

Needs:

Liel needs to ensure that she attends all class including homeroom. Her twenty one tardies since the start of school has caused Liel to miss out on certain assignments/requirements in her respective classes. Math teacher reports Liel does not consistently participate unless called upon. She should continue to self-advocate for herself whenever an assignment is unclear to her.

Impact of Disability:

Liel's eligibility of Autism affects her ability to demonstrate the organization to complete assignments and follow instructional prompts impacts her progress and involvement in the general education curriculum.

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Student Last: AZAR, First: LIEL, MI: []

Date of Birth: 01-JAN-2010

Meeting Date: 10-NOV-2022

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: AUT, Autism

- Not Applicable, Blind or Partially Sighted

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

Code: [] []

- Not Applicable, Blind or Partially Sighted

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

or

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

No Longer Eligible (Effective Date): []

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

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

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

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

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Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

Liel will demonstrate self-advocacy through skills taught by the teacher (ex. raising the hand) by requesting for teacher prompts and clarification both visual and verbal cues on assignments when needed 4 out of 5 times with 80% accuracy.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

Liel will demonstrate self-advocacy through skills taught by the teacher (ex. raising the hand) by requesting for teacher prompts and clarification both visual and verbal cues on assignments when needed 4 out of 5 times with 70% accuracy.

Incremental objective #2 related to the goal:

Liel will demonstrate self-advocacy through skills taught by the teacher (ex. raising the hand) by requesting for teacher prompts and clarification both visual and verbal cues on assignments when needed 4 out of 5 times with 75% accuracy.

Date to be achieved: MO/YR

Date to be achieved: MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
 Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

When provided with various assignments and prompts, Liel will demonstrate the organization to complete assignments and follow instructional prompts by using visual models, vocabulary, and background knowledge (review) with minimal prompting as measured by work samples in 3 out of 4 trials with at least 75% accuracy.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

When provided with various assignments and prompts, Liel will demonstrate the organization to complete assignments and follow instructional prompts by using visual models, vocabulary, and background knowledge (review) with moderate prompting as measured by work samples in 3 out of 4 trials with at least 65% accuracy.

Incremental objective #2 related to the goal:

When provided with various assignments and prompts, Liel will demonstrate the organization to complete assignments and follow instructional prompts by using visual models, vocabulary, and background knowledge (review) with minimal prompting as measured by work samples in 3 out of 4 trials with at least 70% accuracy.

Date to be achieved: MO/YR

Date to be achieved: MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

1st Reporting Period	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"/> 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 style="width: 100%; height: 100%;" 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 #:

AZAR LIEL will analyze how an author compares the point of view of different characters or narrators in a text using graphic organizers (e.g. circle maps) with minimal prompting through visual models as measured by student work samples in 3 out of 4 trials with 75% accuracy.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

AZAR LIEL will analyze how an author compares the point of view of different characters or narrators in a text using graphic organizers (e.g. circle maps) with moderate prompting through visual models as measured by student work samples in 3 out of 4 trials with 65% accuracy.

Incremental objective #2 related to the goal:

AZAR LIEL will analyze how an author compares the point of view of different characters or narrators in a text using graphic organizers (e.g. circle maps) with minimal prompting through visual models as measured by student work samples in 3 out of 4 trials with 70% accuracy.

Date to be achieved: MO/YR

Date to be achieved: MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

4 GOAL MET OR EXCEEDED

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

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

1 NO PROGRESS

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

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 #:

AZAR LIEL will produce clear and coherent writing in which the development, organization, and style are appropriate to task, purpose, and audience using sentence starters and templates with minimal prompting through visual models as measured by student work samples in 3 out of 4 trials with 75% accuracy.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

AZAR LIEL will produce clear and coherent writing in which the development, organization, and style are appropriate to task, purpose, and audience using sentence starters and writing templates with moderate prompting through visual models as measured by student work samples in 3 out of 4 trials with 65% accuracy.

Incremental objective #2 related to the goal:

AZAR LIEL will produce clear and coherent writing in which the development, organization, and style are appropriate to task, purpose, and audience using sentence starters and templates with minimal prompting through visual models as measured by student work samples in 3 out of 4 trials with 70% accuracy.

Date to be achieved: MO/YR

Date to be achieved: MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

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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 #:

AZAR LIEL will solve real-world and mathematical problems involving the four operations with rational numbers with prompts and supports using visual models as measured by work samples in 4 out of 5 trials with 80% accuracy.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

AZAR LIEL will solve real-world and mathematical problems involving the four operations with rational numbers with prompts and supports using visual models as measured by work samples in 4 out of 5 trials with 70% accuracy.

Incremental objective #2 related to the goal:

AZAR LIEL will solve real-world and mathematical problems involving the four operations with rational numbers with prompts and supports using visual models as measured by work samples in 4 out of 5 trials with 75% accuracy.

Date to be achieved: MO/YR

Date to be achieved: MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

1st Reporting Period	2nd Reporting Period	3rd Reporting Period	4th Reporting Period (Secondary Only)	Goal Achievement
Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	
Progress Mark: <input type="text"/> 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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01-JAN-2010

Meeting Date

10-NOV-2022

Section K: Participation in State and District-wide Assessments

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

Student will participate in Regular State and District Assessments.

(Designated Supports and/or Accommodations identified below are applicable)

CAASPP Subject

ELA and Math

Designated Supports:

- Test in a separate/smaller setting
- Simplified or paraphrased test directions (non-embedded designated support)
- Read aloud by an adult in English (for math items and ELA items except for reading passages)
- Text-to-speech software enabled (for math items and ELA items except for reading passages)

Accommodations:

- Multiplication table for single digits 1-9 (paper-based; not allowed for Grade 3; non-embedded accommodation)
- Read aloud in English by an adult (non-embedded accommodation) for ELA reading passages.
- Text-to-Speech software enabled for ELA reading passages (embedded accommodation).

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student AZAR LIEL MI Last First MI

Date of Birth 01-JAN-2010

Meeting Date 10-NOV-2022

Section N: Procedural Safeguards and Follow-up Actions

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

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

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

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

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

Specify the Individual Pages to be translated:

Special Requests:

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

Pandemic Learning Loss Consideration of Compensatory and/or Recoupment Services

Compensatory Education Consideration:

The IEP team has reviewed and discussed whether compensatory education is required due to the COVID-19 pandemic. The IEP team has determined:

- Student received all of their special education and related aids and services required by their IEP. Compensatory education is not required.
Student did not receive all of their special education and related aids and services required by their IEP. Compensatory education offer details are documented in FAPE 2- Summary of Services.
Student did not receive all of the special education and related aids and services required by their IEP. However, no compensatory education was warranted for the reasons documented by the IEP team in FAPE Part 2 Part 4.
Compensatory education consideration was documented on IEP dated

Recoupment Services Consideration:

The IEP team has reviewed and discussed student's progress/achievement and considered factors that may have impacted student's learning during the school facility closures as a result of the COVID-19 pandemic. The IEP team has determined:

- Student has made expected progress toward IEP goals and/or progress is in alignment with expectations of progress/goal achievement. No recoupment services are recommended.
Student experienced learning loss as a result of the school facility closures caused by the COVID-19 pandemic and recoupment services are necessary. The IEP team discussed recoupment services to address past learning loss. Recoupment services offer details are included in FAPE Part 2, Part 4 of the IEP (including completion of a service grid, as necessary).
Recoupment services consideration was documented on IEP dated

- Preschool Only Consideration (Transition IEP)
30-Day IEP Consideration (Out-of-District)
Student attends private school within district boundaries and resides outside of district boundaries (Eligibility Determination Only)

THIS SPACE DELIBERATELY LEFT BLANK.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student AZAR LIEL MI Last First MI

Date of Birth 01-JAN-2010

Meeting Date 10-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. Rows include Email notifications to G Moran on 31-OCT-2022 and 04-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) 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 10-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 AZAR LIEL MI Last First MI

Date of Birth 01-JAN-2010

Meeting Date 10-NOV-2022

Section R: Names and Signatures (Signatures on File)

Table with 3 columns: Team Member, Print Name, Signature. Rows include Parent/Guardian, Student Age 18-21 years, Surrogate Parent, Administrative Designee (Lynda Hirsch), Special Education Teacher (John Gundry), General Education Teacher (Scott Peters), and various other roles.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Reconvened Meeting Date

Student AZAR LIEL MI Last First MI

Date of Birth 01-JAN-2010

Meeting Date 10-NOV-2022

Section R: Names and Signatures (Signatures on File)

Table with 3 columns: Team Member, Print Name, Signature. Rows include Parent/Guardian, Student Age 18-21 years, Surrogate Parent, Foster Parent, Family Foster Home Provider, Administrator, Administrative Designee, Special Education Teacher, General Education Teacher, School Psychologist, School Nurse, Related Service Staff, Interpreter, Sign Language Interpreter, Agency Representative, and Other.

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 checked="" 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 checked="" 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 checked="" 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.
<input type="text" value="Liel needs a more restrictive environment and higher level of accommodations to access curriculum and achieve academic success."/>	

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 checked="" 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.
<input type="text"/>	

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

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

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

Student
Last

First

MI

Date of
Birth

Meeting
Date

ANNUAL LEAST RESTRICTIVE ENVIRONMENT ANALYSIS (Continued)

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

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):																	
	<table><tr><td><input checked="" type="checkbox"/></td><td>Diminished access to the full range of the curriculum</td></tr><tr><td><input checked="" type="checkbox"/></td><td>Missed general education instruction taught by highly qualified staff</td></tr><tr><td><input checked="" type="checkbox"/></td><td>Rate at which student may earn credits for graduation</td></tr><tr><td><input checked="" type="checkbox"/></td><td>Lack of opportunity for social interaction</td></tr><tr><td><input checked="" type="checkbox"/></td><td>Lack of opportunities for age-appropriate peer role models</td></tr><tr><td><input checked="" type="checkbox"/></td><td>Amount of socialization opportunities with typical peers</td></tr><tr><td><input checked="" type="checkbox"/></td><td>Limited access to peers in student's home community</td></tr><tr><td><input checked="" type="checkbox"/></td><td>Lack of exposure to appropriate behavioral models from peers</td></tr><tr><td><input type="checkbox"/></td><td>Other: <input type="text"/></td></tr></table>	<input checked="" type="checkbox"/>	Diminished access to the full range of the curriculum	<input checked="" type="checkbox"/>	Missed general education instruction taught by highly qualified staff	<input checked="" type="checkbox"/>	Rate at which student may earn credits for graduation	<input checked="" type="checkbox"/>	Lack of opportunity for social interaction	<input checked="" type="checkbox"/>	Lack of opportunities for age-appropriate peer role models	<input checked="" type="checkbox"/>	Amount of socialization opportunities with typical peers	<input checked="" type="checkbox"/>	Limited access to peers in student's home community	<input checked="" type="checkbox"/>	Lack of exposure to appropriate behavioral models from peers	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Diminished access to the full range of the curriculum																	
<input checked="" type="checkbox"/>	Missed general education instruction taught by highly qualified staff																	
<input checked="" type="checkbox"/>	Rate at which student may earn credits for graduation																	
<input checked="" type="checkbox"/>	Lack of opportunity for social interaction																	
<input checked="" type="checkbox"/>	Lack of opportunities for age-appropriate peer role models																	
<input checked="" type="checkbox"/>	Amount of socialization opportunities with typical peers																	
<input checked="" type="checkbox"/>	Limited access to peers in student's home community																	
<input checked="" 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"/>	
Eligibility: (from Page 4)		Eligible (AUT)	
	Final IEP Reason Final IEP Effective Date:		
Curriculum		<input type="text" value="General Education"/>	
Placement	Type of School	<input type="text" value="District Resident School"/>	
	Name of School	<input type="text" value="PORTOLA CM"/>	
Instructional Setting	Setting	<input type="text" value="Special Education"/>	
	Program	<input type="text" value="SLD"/>	
	Special Day Minutes/Wk	<input type="text" value="1000"/>	
	Addresses Goals	<input type="text" value="4(Voc Ed),5(Behavioral Support),1(Reading),2(Writing),3(Math)"/>	
Additional Factors	Low Incident Support	<input type="text" value="None"/>	
	Assistive Technology Support	<input type="text" value="No"/>	
	Transportation	<input type="text" value="None"/>	
	Extended School Year/Intersession	<input checked="" type="radio"/> Yes <input type="radio"/> No	
	Parent Counseling and Training (PCT)	<input type="radio"/> Yes <input checked="" type="radio"/> No	
	ESY Transportation	<input type="text" value="School to School"/>	
Accommodation, Modifications, Supports	Instructional Accommodations	<input "="" type="text" value="preferred seating, visual cues, prompting, re-direct to task, graphic organizer, break lengthy assignments into chunks, clear expectations on directions for assignments, extra time for assessments and assignments as needed, shorten assignments as needed but must show mastery, allow student to use ruler or line marker when reading/writing, Allow student to have a break when using computer for more than 20 min., Larger font/print when available, Allow student to use prism glasses as she needs, text to speech (as appropriate) , Print out large assignments that require reading, writing student response (rather than on computer including worksheets, articles in all core subjects) , paper copy of multiplication chart that is 1-20 to use as appropriate at teacher discretion, All History Assignments printed ahead of time Print MUST be clear on all copies,"/>	
	Instructional Modifications	<input type="text"/>	
	Other Supports, including Non-Academic and Extra-curricular Activities	<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	Do the Parent and the District (local educational agency) agree that a reassessment is unnecessary?	<input checked="" type="radio"/> Yes <input type="radio"/> No	

three-year comprehensive reassessment.)

If the Parent does not agree, specify the area(s) to be reassessed.

Comments, as appropriate

Low Incidence Equipment

Assistive Technology Equipment

Participation in General Education

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student
Last

First

MI

Date of Birth

Meeting Date

		Effective With This IEP	Future Changes Related To This IEP
--	--	--------------------------------	---

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="53"/>	

Part 4 - Compensatory Education/Recoupment Services Discussion

Compensatory and recoupment discussion. Parent agrees student made progress towards goals and received services during covid.

Part 4 - Additional Discussion (This section is optional)

GE teacher stated Liel is a wonderful student and is doing a great job in her music class. Liel is making progress towards all of her academic goals- she is a hard working , dedicated student and a pleasure to have in class.
Amendment 11/10/22: Addressed additional accommodation of Printed Assignments, handouts in History or in any class as needed to be given to Liel at the start of class time. Parent agrees.

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:	SLD	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

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 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.

INDIVIDUALIZED EDUCATION PROGRAM Behavior Intervention Plan

For Behavior Interfering with Student's Learning or the Learning of His/Her Peers

Los Angeles Unified School District

(Behavior Intervention Plan, pg. 1 of 3)

Student Date of Birth Meeting Date

Last First MI

1 The behavior impeding learning is: Describe what it looks like:

2 It impedes learning because: lack of work production disrupts other students requires instruction to stop
 instructional time is lost negative interaction with peers
 other

3 The need for a Behavior Intervention Plan: early stage intervention moderate serious extreme

4 Frequency or intensity or duration of behavior: Frequency (x) Period Intensity Duration (min)

Reported by and/or observed by

PREVENTION

PART 1

ENVIRONMENTAL FACTORS AND NECESSARY CHANGES

5 What are the predictors for the behavior? (Situations in which the behavior is likely to occur: people, time, place, subject, etc).

<input type="checkbox"/> Disruption in routines	<input checked="" type="checkbox"/> Work level higher than student's ability	<input type="checkbox"/> Verbal directives	<input checked="" type="checkbox"/> Lack of predictability
<input type="checkbox"/> Time of day	<input type="checkbox"/> Internal physical/emotional state	<input type="checkbox"/> Peer conflict	<input type="checkbox"/> Over stimulation
<input type="checkbox"/> Unstructured time	<input type="checkbox"/> Lack of freedom, choice, desirable activities, friends	<input type="checkbox"/> Room conditions	<input type="checkbox"/> Specific room arrangement
<input type="checkbox"/> Events from previous environments	<input type="checkbox"/> Under stimulation		

Other Describe:

Observation Analysis 6

What supports the student using the problem behavior? (What is missing in the environment/curriculum or what is in the environment/curriculum that needs changing?)

Present in the environment:	<input checked="" type="checkbox"/> Classroom seating arrangement	<input type="checkbox"/> Noise levels	<input type="checkbox"/> Interactions (adult and/or peers)
Missing in the environment:	<input type="checkbox"/> Peer status gained for misbehavior	<input type="checkbox"/> Inappropriate materials (age-appropriate)	<input type="checkbox"/> Conflict resolution skills
	<input type="checkbox"/> Transition skills	<input type="checkbox"/> Schedule	<input type="checkbox"/> Effective communication with parent
	<input type="checkbox"/> Re-teaching	<input type="checkbox"/> Task structuring	<input checked="" type="checkbox"/> Communications system
	<input type="checkbox"/> Social skills instruction	<input type="checkbox"/> Consequences not clear to student	
	<input type="checkbox"/> Choices		

Other (Missing/Present):

REMOVE STUDENT'S NEED TO USE THE PROBLEM BEHAVIOR

Intervention 7

What environmental changes, structure and supports are needed to remove the student's need to use this behavior? (Changes in Time/Space/Materials/Interactions to remove the likelihood of behavior)

Time Changes:	<input checked="" type="checkbox"/> Give more time on tasks	<input checked="" type="checkbox"/> Allow completion in parts	<input type="checkbox"/> Teach a closure system
Space Changes:	<input type="checkbox"/> Signal transition	<input checked="" type="checkbox"/> Provide a break	<input type="checkbox"/> Give less time on tasks
Material Changes:	<input checked="" type="checkbox"/> Preferred seating	<input type="checkbox"/> Different work areas	<input type="checkbox"/> Study carrels
Interaction:	<input type="checkbox"/> Personal space	<input type="checkbox"/> Hands-on learning	<input checked="" type="checkbox"/> Tasks organized
	<input checked="" type="checkbox"/> Accommodated work	<input type="checkbox"/> Notebook organizer	<input type="checkbox"/> Enlarged print size books
	<input checked="" type="checkbox"/> High interest materials	<input checked="" type="checkbox"/> Cue the student	<input checked="" type="checkbox"/> Model
	<input checked="" type="checkbox"/> Use specific supportive words	<input checked="" type="checkbox"/> Praise successes	<input checked="" type="checkbox"/> Peer Models
	<input checked="" type="checkbox"/> Verbally praise student	<input checked="" type="checkbox"/> Use calm, de-escalating language	
	<input checked="" type="checkbox"/> Use specific support communications		

Other

Who will establish? Who will monitor? Frequency

INDIVIDUALIZED EDUCATION PROGRAM Behavior Intervention Plan

For Behavior Interfering with Student's Learning or the Learning of His/Her Peers

Los Angeles Unified School District

(Behavior Intervention Plan, pg. 2 of 3)

Student Date of Birth Meeting Date

Last First MI

ALTERNATIVE PART II FUNCTIONAL FACTORS AND NEW BEHAVIORS TO TEACH AND SUPPORT

8 Team believes the behavior occurs because: (Function of behavior in terms of getting, protest or avoiding something)

To Get: Sensory input Attention (peer) Attention (staff)

To Avoid: Tangible (desired item) Tangible (desired activity)

Sensory input Attention (peer) Attention (staff)

Task (too difficult) Task (too easy) Task (too long)

Describe:

9 What team believes the student should do INSTEAD of the problem behavior? (How should the student escape/protest/avoid or get his/her need met in an acceptable way?)

To avoid task too difficult, Liel will ask clarifying questions to assignments that are not clear to her or on assignments that are more difficult for her to work on independently.

10 What teaching Strategies/Necessary Curriculum/Materials are needed?

Better communication skills Anger management Communication system Self-management systems

Following schedules & routines Learning new social skills Learning how to negotiate Learning structured choice

Learning new scripts Learning notebook organization Learning to use conflict resolution Learning to request breaks

Other

Who will establish? Who will monitor? Frequency:

11 What are reinforcement procedures to use for establishing, maintaining, and generalizing the replacement behavior(s)?

Physical: High-fives Smiles Handshake

Verbal: Pat on the back Use specific praises Recognition of student's st... Peer recognition

Contingent Access: Time on the computer Free time Listen to music

Preferred activity

Positive phone calls or notes to home Other

Tangibles Certificate sent home Seating Location

Tokens and Points: Tokens Points

Privileges: Exempt assignment Extra test points

Other ideas:

Selection of reinforcer based on:

reinforcer for using replacement behavior reinforcer for general increase in positive behaviors

By whom? Frequency

EFFECTIVE REACTION PART III REACTIVE STRATEGIES

12 What strategies will be employed if the problem behavior occurs again. (1. Prompt student to switch to the replacement behavior, 2. Describe how staff should handle the problem behavior if it occurs again, 3. Positive discussion with student after behavior ends, 4. Any necessary further classroom or school consequences)

Prompt Liel to switch to the replacement behavior. Describe how staff should handle the problem behavior if it occurs again. Positive discussion with Liel after behavior ends. Discuss any necessary further classroom or school consequences

Personnel?

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OUTCOMES

PART IV

BEHAVIORAL GOALS

13 Behavioral Goal: Goal #:

Liel will demonstrate self-advocacy through skills taught by the teacher (ex. raising the hand) by requesting for teacher prompts and clarification both visual and verbal cues on assignments when needed 4 out of 5 times with 80% accuracy.

- The above behavioral goal is to: Increase use of replacement behavior and may also include:
 Reduce frequency of problem behavior Develop new general skills that remove student's need to use the problem behavior

Observation and Analysis Conclusion

Are curriculum accommodations or modifications also necessary? Where described?

Yes No

Are environmental supports/changes necessary?

Yes No

Is reinforcement of replacement behavior alone enough? (no new teaching is necessary)?

Yes No

Are both teaching of new replacement behavior AND reinforcement needed?

Yes No

This BIP to be coordinated with other agency's service plans? Agency?

Yes No

Person responsible for contact between agencies.

COMMUNICATION

PART V

COMMUNICATION PROVISIONS

14 Manner and content of communication:

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Phone calls | <input checked="" type="checkbox"/> Email | <input type="checkbox"/> Written notes |
| <input type="checkbox"/> Daily reports | <input type="checkbox"/> Daily charting | <input type="checkbox"/> Behavioral logs |
| <input type="checkbox"/> Weekly reports | | |
| <input checked="" type="checkbox"/> Other <input type="text" value="report cards and progress reports"/> | | |

Between? Frequency?