

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Identification Number 200206X338 SSID 6455710102

Eligible (OHI)

Student HELMANN MAYA H MI  
Last First MI

Date of Birth: 29-MAY-2016

Section A: Meeting Information

Pertinent Dates	Type of Meeting
Date of Initial IEP Team Meeting: 02-DEC-2022	<input checked="" type="radio"/> Initial <input type="radio"/> Amendment of IEP dated
Date of Present Meeting: 02-DEC-2022	<input type="radio"/> Annual Review <input type="radio"/> Early Start Transition
Annual Review to be conducted by: 02-DEC-2023	<input type="radio"/> Three Year Review <input type="radio"/> Expulsion Analysis
Next Three Year Review will be conducted by: 01-DEC-2025	<input type="radio"/> Other <input type="radio"/> Individual Transition Plan
Three Year Review or Evaluation was conducted on: 02-DEC-2022	
Transition to Kindergarten to be conducted by:	

Location of Meeting: CANFIELD AVE EL District Name: Los Angeles Unified School Dis

Section B: Student Information

Date of Birth: 29-MAY-2016 Age: 6 Grade: 1  
 Gender:  Male  Female Ethnic Code: White  
 Location of the Psych Folder: Student has no Psych Folder:   
 Location of the Cum Folder: CANFIELD AVE EL Student has no Cum Folder:   
 Home Language: English Student Language: English Alternate Mode of Communication:  
 Home Address of Student: 1114 S DOHENY DR  
 City: LOS ANGELES CA ZIP Code: 90035  
 Home Telephone: (310) 994-6772 Daytime Telephone: Emergency Telephone:  
 School of Attendance: Canfield Ave El Location Code: 2740  
 School of Residence: Canfield Ave El Location Code: 2740  
 Name of Parent/Guardian: Antonia Bennett Telephone:  
 Address: same  
 City: CA ZIP Code:  
 Surogate Parent: Telephone:  
 Attends CURRENT SCHOOL as a result of one of the following: Attends School of Residence

Canfield Ave El School

Is the student living in a Family Foster Home (FFH)?  No  Yes FFH#:  
 Is FFH Provider related to student?  No  Yes Relationship:  
 Licensed Children's Institution  No  Yes LCI Name:  
 LCI#:  
 Out of the home placement made by:  Regional Center  Department of Mental Health  Department of Children's Services  
 Superior Court  Other:  
 Child's family living within LAUSD's boundaries?  No  Yes  
 If the student is 18 years old or older or is an emancipated minor, does he/she have educational decision-making rights?  No  Yes

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Student HELMANN

MAYA

H

Date of Birth 29-MAY-2016

Last

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Section C: Language Acquisition

Language Classification:

English Only

Start Date:

15-AUG-2022

Withdrawal by Parent Request:

Yes  No

Reclassification Date:

ELPAC Performance Level and Performance Descriptor:

▼

Test Date:

Alternate ELPAC Performance Level and Performance Descriptor:

▼

Test Date:

Section D: Goal Achievement from Current IEP

Goal for: (example - Reading)	Achieved		If No, explain the reason the goal/objective was not achieved
	Yes	No	
<b>1</b>	<input type="radio"/>	<input type="radio"/>	N/A Initial IEP
<b>Category</b>	<input type="text"/> ▼		
Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>2</b>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>Category</b>	<input type="text"/> ▼		
Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>3</b>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>Category</b>	<input type="text"/> ▼		
Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>4</b>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>Category</b>	<input type="text"/> ▼		
Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>5</b>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>Category</b>	<input type="text"/> ▼		
Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>6</b>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>Category</b>	<input type="text"/> ▼		
Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>7</b>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>Category</b>	<input type="text"/> ▼		
Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>8</b>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>Category</b>	<input type="text"/> ▼		
Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>9</b>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>Category</b>	<input type="text"/> ▼		
Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>10</b>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>Category</b>	<input type="text"/> ▼		
Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

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Student HELMANN  
LastMAYA  
FirstH  
MI

Date of Birth 29-MAY-2016

Meeting Date 02-DEC-2022

## Section E: Present Level of Performance

Performance Area: General Ability / Cognition

Category: General Ability

Assessment/Monitoring Process Used: Standardized Measures/ Alternative Assessment

State/District Assessment Results: N/A

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

Strengths: Results of the current assessment indicate Maya is functioning within the Broad Average range of cognitive ability based upon alternative assessment procedures. Maya demonstrates areas of strength in her Visual-Motor Integration (the ability to combine input of sensory information with output of motor activity), Expression (the process of ordering thought in a form that can be understood by others including the ability to effectively communicate ideas through language), and Phonological Awareness skills (the ability to use and manipulate speech sounds and patterns to make meaning from spoken and written word). Maya demonstrates adequate ability in her Visual Processing (the ability to process and interpret visual stimuli), Attention Processing (the ability to attend to a cognitive task and resist distractions), Planning (the ability to strategize solutions to problems), Association (the ability to see similarities, memorize and learn by rote), and Auditory Processing (the ability to understand and process complex and simple information presented orally).

Areas of Need: Maya demonstrates weakness in her Conceptualization skills (the ability to see basic similarities and differences, draw conclusions, generalize information, classify, categorize, and summarize).

Impact of Disability: Overall, Maya's disability of Other Health Impairment with characteristics of ADHD, with a secondary processing challenge in the area of conceptualization, appear to be adversely impacting her educational access and performance at this time.

Performance Area: Social Emotional

Category: Social Emotional

Assessment/Monitoring Process Used: Rating scales, interviews, observations, review of records

State/District Assessment Results: N/A

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

Strengths: Results of the current assessment indicate Maya exhibits many social and emotional strengths. Per parent report, Maya is perceptive and excels in building things/ completing puzzles. Per teacher report, Maya is social, easy-going, and excels in making up stories, singing, and dancing.

Areas of Need: In regards to areas of weakness, per parent, Maya struggles with the following: tantrums, poor attention span, impulsivity, aggressiveness, low self-confidence (when it comes to learning), difficulty following directions, gives up easily, defiance, and difficulty getting along with parents and peers. Per teacher, Maya presents with difficulty in regards to keeping her hands to herself, taking responsibility for her actions, coping with frustration, and making appropriate decisions independently. Per parent BASC-3 rating scale information, both parent and teacher rated elevated concerns (At-Risk or Clinically Significant) in the areas of Hyperactivity, Aggression, Conduct Problems, and Attention Problems. Per Conners-3 rating scale information, both parent and teacher rated Very Elevated levels of concern in regards to Maya's Inattention, Hyperactivity/ Impulsivity, and Learning/ Executive Functioning. Additionally, Maya's teacher rated the areas of Defiance/ Aggression and Peer Relations as falling within the Very Elevated range and Maya's mother rated these areas as falling within the Elevated range. As such, Maya does present with various ADHD-like behaviors as seen in both the home and school settings.

Impact of Disability: Overall, Maya's disability of Other Health Impairment with characteristics of ADHD, in addition to her ADHD diagnosis, appear to be adversely impacting her educational access and performance at this time.



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Section E: Present Level of Performance

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

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

Health Summary: This is an initial health assessment for student Maya. All Information obtained from the parent (mom). Pregnancy was full term and birth was via C-section. Both mom and Maya were discharged home in good health. All developmental milestones were met on time per mom. Maya is a 7 year old with no significant health problems. Mom states that student has a diagnosis of ADHD, does not take meds at home or in school. Immunizations are up to date.  
Strengths: Parent states that student is a healthy child. Student is ambulatory with a steady gait and balance. Student is verbal with clear speech, able to perform self-help skills like toileting and dressing. Passed LAUSD vision screen on 11/8/22 with no corrections.  
Area of Need: Health is not an area of need.  
Impact of Disability: Health does not impact the student's participation, performance, and access in the educational program.  
Accommodation/ Modification: None  
School Nurse  
Latrice Lewis RN,BSN  
11/15/2022

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

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



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## Section E: Present Level of Performance

Performance Area: Reading

Category: Reading

Assessment/Monitoring Process Used: Woodcock Johnson IV, DIBELS, teacher input

State/District Assessment Results:

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

Woodcock Johnson Scores

## TEST AREAS STANDARD SCORE CLASSIFICATION

Reading 73 Low

Letter Word Identification 72 Low

Passage Comprehension 74 Low

STRENGTHS: On the Woodcock Johnson, Maya was able to identify the letters of the alphabet out of order. She could read 1 or 2 word phrases and match it to the corresponding picture inconsistently.

She read the following sight words: in, it, will. Informally, Maya was able to recite the letters of the alphabet. Her classroom teacher reports that Maya can recite the alphabet and knows some letter names and sounds. On the Beginning of the year dibels assessment, Maya was able to identify 31 letter names and 5 letter sounds. She was able to decode 13 nonsense word sounds and recognize 2 sight words.

NEEDS: Maya would benefit from practice with letter sound correspondence to assist her in blending sounds into words.

IMPACT ON DISABILITY: Maya's eligibility of OHI (Other health impaired) negatively impacts her ability to blend words and progress in the general education reading curriculum.

Performance Area: written language

Category: Writing

Assessment/Monitoring Process Used: Woodcock Johnson IV, writing samples

State/District Assessment Results:

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

Woodcock Johnson Test Areas

## TEST AREAS STANDARD SCORE CLASSIFICATION

Writing 93 Average

Spelling 87 Low Average

Writing Samples 97 Average

STRENGTHS: On the Woodcock Johnson test, Maya scored in the average range on all writing subtests. She was able to write the dictated letters. She was also able to spell the word hat on the spelling portion of the test. On the Writing samples subtest, she could spell her name and used phonetic spelling to fill in the missing words. Her classroom teacher reports that she can write her name and enjoys writing creative stories with pictures. However she has difficulty spelling the words to make the reader understand the story. she is able to copy words from a model close by.

NEEDS: Maya needs more practice with encoding words so that the sounds match the letters on the paper

IMPACT ON DISABILITY: Maya's eligibility of OHI (Other Health Impaired) negatively impacts his ability to encode words and progress in the general education writing curriculum.





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Section E: Present Level of Performance

Performance Area: Mathematics

Category: Math

Assessment/Monitoring Process Used: Woodcock Johnson IV, teacher inpt

State/District Assessment Results:

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

WOODCOCK JOHNSON SCORES

TEST AREAS STANDARD SCORE CLASSIFICATION  
 Broad Math 88 Low Average  
 Calculations 95 Average  
 Applied Problems 93 Average  
 Math Facts Fluency 81 Low Average

STRENGTHS: Maya scored in the low average to average range on all subtests in writing. She was able to write the dictated numbers presented. She was also able to add single digit numbers to 14 consistently. She could subtract single digit numbers to 10 inconsistently. On word problems, she was able to solve verbal word problems involving addition and subtraction to 10. Her classroom teacher reports that she can count to 15 . She is also able to skip count by 10s to 60. She can solve addition problems in algorithm form.

NEEDS: Mays needs more practice with solving word problems involving addition and subtraction.

IMPACT ON DISABILITY: Maya's eligibility of OHI (Other Health Impaired) negatively affects her ability to solve math word problems and progress in the general education math curriculum.

Performance Area:

Category:

Assessment/Monitoring Process Used:

State/District Assessment Results:

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



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## Section E: Present Level of Performance

Performance Area: Occupational Therapy - Visual Motor, Sensorimotor

Category: Visual Motor

Assessment/Monitoring Process Used: BOT-2, SPM

State/District Assessment Results:

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

Student's areas of strengths: Maya is a personable student who shows strength in various skills to access her education, as well as an eagerness to participate in dynamic classroom activities. She demonstrates adequate range of motion in her upper extremities to reach up to a shelf or down to the floor to retrieve a desired item. She demonstrates adequate postural control to transition between body positions such as seated on the floor, seated in a chair and standing without loss of equilibrium and protective extension to catch herself when falling. She also demonstrates adequate proximal stability to maintain weight bearing on her upper extremities. Per observation, Maya has adequate fine motor skills to interact with a variety of materials in the classroom setting including small objects. As revealed by her scores on the BOT-2, Maya demonstrates average manual dexterity during activities such as making dots in circles, transferring pennies, stringing beads, and placing pegs in a pegboard. Her assessment revealed adequate bilateral coordination to interact with small items and perform two-handed tasks within an age-appropriate amount of time, although her fluidity and accuracy with line adherence for cutting was below average. Per observation, Maya can copy letters and words from a near-point source with fair letter formation and sizing. She demonstrates good visual perception to match like pictures, and visual discrimination to identify items within a group of other items, with diminished speed.

Student's areas of need: Maya presents with a thumb wrap grasping pattern and increased gradation of pressure when writing. She will benefit from the use of pencil grips and such intrinsic hand strengthening /proprioceptive activities as playing with playdoh, putty, and other resistive materials as well as using such items as a squeeze water bottle, and tongs.

Performance Area: OT Cont.

Category: Visual Motor

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

Cont. As revealed by her scores on the BOT-2, Maya demonstrates below average skills in the areas of fine motor precision to stay within lines for various tasks including writing, cutting, and folding on a line. She also demonstrates below average skills with fine motor integration as it relates to copying images from a model. While she can approximate what she sees, her sizing, orientation, and initial formation is inconsistent which lends better understanding to why she struggles with line adherence and consistency with handwriting. Per results on the SPM-2 Maya demonstrates some issues with processing sensory input. She shows instances of under-responsiveness to proprioceptive and vestibular input, at times, which leads to her occasional rough play with peers and deep pressure on writing tools, as well as her excessive rocking and swaying in her chair. Maya is also noted to be distracted by visual and auditory stimuli and would benefit from the accommodations previously suggested in the sensory breakdown to manage these minor areas of concern. Additionally, Maya presents with some needs in the area of motor planning, as evidenced by SPM results and teacher report. Maya's ability to complete a multistep task was improved with one-on-one instruction with minimized external stimuli during her assessment. It is recommended that in addition to visual and proprioceptive accommodations, Maya receive motor planning accommodations including graphic organizers, visual aids, and step-by-step, one-on-one instruction following group facilitation of a multistep writing task or crafting project.

Impact of student's disability on academic and overall performance: Maya's visual motor and sensory processing skills deficits impact her ability to participate in her academic environment independently in some areas at this time. Occupational therapy services to be review by special education team during the IEP meeting to determine need for services.



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Section F: Eligibility

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

Specific Learning Disability (SLD)  
Other Health Impairment (OHI) due to ADHD like behaviors

For Initial IEP, interventions attempted prior to determining eligibility:

Literacy interventions to work on her early literacy skill development  
Visual aids, rules clarification, change grouping/seating, increase positive comments, routine schedule, use different learning approach, reduce degree of difficulty, provide immediate feedback, allow more time for task completion, proximal control, social/conflict, model appropriate behavior

Eligible as a student with the disability of:

Code: OHI Other Health Impairment

Not Applicable, Blind or Partially Sighted

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

Code:

Not Applicable, Blind or Partially Sighted

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

or

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

No Longer Eligible (Effective Date):

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

Final IEP Reason: Final IEP Effective Date:

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

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



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Section G: Annual Goals and Objectives

Performance Area: Reading Category: Reading Annual Goal #: 1

Maya will orally produce 45 single-syllable words by blending sounds (phonemes), including consonant blends with minimal assistance as measured in informal assessments 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
- Observation
- Other
- Norm Referenced
- Portfolio
- Criterion Referenced
- Work Samples
- Curriculum Based
- Informal

Incremental objective #1 related to the goal:

Maya will orally produce 15 single-syllable words by blending sounds (phonemes), including consonant blends with minimal assistance as measured in informal assessments in 4 out of 5 trials with 80% accuracy.

Incremental objective #2 related to the goal:

Maya will orally produce 30 single-syllable words by blending sounds (phonemes), including consonant blends with minimal assistance as measured in informal assessments in 4 out of 5 trials with 80% accuracy.

Date to be achieved: April 2023 MO/YR

Date to be achieved: August 2023 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:	2nd Reporting Period Date:	3rd Reporting Period Date:	4th Reporting Period (Secondary Only) Date:	Goal Achievement
Progress Mark:	Progress Mark:	Progress Mark:	Progress Mark:	Objective 1 Met: <input type="radio"/> Yes <input type="radio"/> No
Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Objective 2 Met: <input type="radio"/> Yes <input type="radio"/> No
If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other	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	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	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	If "No" please explain:





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Section G: Annual Goals and Objectives

Performance Area: Behavioral Support Category: Social Functioning Annual Goal #: 6

Maya will play cooperatively and be able to adjust to different social demands demonstrating appropriate impulse control (e.g. hands to herself, use of conflict resolution such as seeking adult support, taking breaks, etc.) in 4 out of 5 trials per school week with minimal adult support/reminders as measured by observation and teacher input.

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:

Maya will play cooperatively and be able to adjust to different social demands demonstrating appropriate impulse control (e.g. hands to herself, use of conflict resolution such as seeking adult support, taking breaks, etc.) in 2 out of 5 trials per school week with maximum adult support/reminders as measured by observation and teacher input.

Incremental objective #2 related to the goal:

Maya will play cooperatively and be able to adjust to different social demands demonstrating appropriate impulse control (e.g. hands to herself, use of conflict resolution such as seeking adult support, taking breaks, etc.) in 3 out of 5 trials per school week with moderate adult support/reminders as measured by observation and teacher input.

Date to be achieved: April 2023 MO/YR

Date to be achieved: August 2023 MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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



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Section G: Annual Goals and Objectives

Performance Area: Written Language Category: Writing Annual Goal #: 2

When given 10 three and four letter short-vowel words , Maya will spell the words with 80% accuracy in 4 of 5 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:

When given 10 three and four letter short-vowel words , Maya will spell the words with 40% accuracy in 2 of 5 trials as measured by student work samples.

Incremental objective #2 related to the goal:

When given 30 three and four letter short-vowel words , Maya will spell the words with 60% accuracy in 3 of 5 trials as measured by student work samples.

Date to be achieved: April 2023 MO/YR

Date to be achieved: August 2023 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 given manipulatives/pictures presenting a problem situation, Maya will write an addition or subtraction equation(to 20) expressing the number relationship depicted with 80% accuracy in 4 out of 5 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:

When given manipulatives/pictures presenting a problem situation, Maya will write an addition or subtraction equation expressing the number relationship depicted with 40% accuracy in 2 out of 5 trials as measured by student work samples.

Incremental objective #2 related to the goal:

When given manipulatives/pictures presenting a problem situation, Maya will write an addition or subtraction equation expressing the number relationship depicted with 60% accuracy in 3 out of 5 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"/>	Progress Mark: <input type="text"/>	Progress Mark: <input type="text"/>	Progress Mark: <input type="text"/>	Objective 1 Met: <input type="radio"/> Yes <input type="radio"/> No
Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Objective 2 Met: <input type="radio"/> Yes <input type="radio"/> No
If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please explain: <input type="text"/>



INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student HELMANN MAYA H  
Last First MI

Date of Birth 29-MAY-2016

Meeting Date 02-DEC-2022

Section G: Annual Goals and Objectives

Performance Area: Visual Motor Category: Visual Motor Annual Goal #: 4

Maya will demonstrate improved visual motor skills to copy 2-3 lines of written work with grade-appropriate sizing, alignment, and line adherence using adapted double lined paper with no more than 3 verbal cues in 4/5 opportunities as measured by work samples and observation.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

Maya will demonstrate improved visual motor skills to copy 1 line of written work with grade-appropriate sizing, alignment, and line adherence using adapted double lined paper with no more than 5 verbal cues in 3/5 opportunities as measured by work samples and observation.

Incremental objective #2 related to the goal:

Maya will demonstrate improved visual motor skills to copy 2 lines of written work with grade-appropriate sizing, alignment, and line adherence using adapted double lined paper with no more than 3 verbal cues in 3/5 opportunities as measured by work samples and observation.

Date to be achieved: April 2023 MO/YR

Date to be achieved: August 2023 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:	2nd Reporting Period Date:	3rd Reporting Period Date:	4th Reporting Period (Secondary Only) Date:	Goal Achievement
Progress Mark:	Progress Mark:	Progress Mark:	Progress Mark:	Objective 1 Met: <input type="radio"/> Yes <input type="radio"/> No
Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Objective 2 Met: <input type="radio"/> Yes <input type="radio"/> No
If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other	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	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	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	If "No" please explain:





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 #:

Maya will listen to the task being given ( repeat the directions back to the teacher) and attend to the assignment for 10 minutes with minimal prompts in 4 out of 5 activities as measured by teacher observation

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

Maya will listen to the task being given ( repeat the directions back to the teacher) and attend to the assignment for 5 minutes with minimal prompts from the teacher in 4 out of 5 activities as measured by teacher observation

Incremental objective #2 related to the goal:

Maya will listen to the task being given ( repeat the directions back to the teacher) and attend to the assignment for 7 minutes with minimal prompts from the teacher in 4 out of 5 activities as measured by teacher observation

Date to be achieved:   MO/YR

Date to be achieved:   MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

1st Reporting Period 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** HELMANN  
Last

MAYA  
First

H  
MI

**Date of Birth** 29-MAY-2016

**Meeting Date** 02-DEC-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.

**No assessment tests found.**



INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student HELMANN MAYA H MI  
Last First MI

Date of Birth 29-MAY-2016

Meeting Date 02-DEC-2022

Section N: Procedural Safeguards and Follow-up Actions



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



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



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

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

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

Specify the Individual Pages to be translated:

Special Requests:

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

Pandemic Learning Loss Consideration of Compensatory and/or Recoupment Services

Compensatory Education Consideration:

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

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

Recoupment Services Consideration:

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

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

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

THIS SPACE DELIBERATELY LEFT BLANK.



INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student HELMANN MAYA H MI Last First MI

Date of Birth 29-MAY-2016

Meeting Date 02-DEC-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

Method Whom When

I (PARENT) acknowledge that the IEP meeting was rescheduled to this date at my request. (Parent initials here ONLY if the PARENT requested that the IEP meeting be rescheduled.)

Parent/Student (18-21) Agreement to Components of the Proposed IEP

A Parent/Student (18-21) may agree to all or some of the components of a proposed IEP. The District will implement those portions of the IEP to which the parent/student (18-21) agrees so as to not delay providing instruction and services.

- Parent/Student (18-21) AGREES to all components of the IEP.
Parent/Student (18-21) AGREES to all components of the proposed IEP WITH THE SPECIFIC EXCEPTION(S) stated below:
Assessment Specify
Eligibility Specify
Instructional Setting Specify
Services Specify

- The Parent/Student (18-21) DOES NOT AGREE with any of the components of the proposed IEP.

A Parent/Student (18-21) is not required to initiate any form of dispute resolution as to components of the proposed IEP to which the parent does not agree. If a parent/student (18-21) does wish to initiate a form of dispute resolution as to the components of the proposed IEP, the parent can find information on dispute resolution processes in the District's publication, A Parent's Guide to Special Education Services (Including Procedural Rights and Safeguards).

Parent Concerns and Comments

Signature(s)

Signature(s)

Date

- Parent Guardian Student age 18-21 years age 18-21 years Surrogate Parent Emancipated Minor Foster Parent

Did the school district facilitate parent involvement as a means of improving services and results for your child? Yes No No Response

I certify that I have received a copy of the Parent Input Survey regarding the IEP process. I understand that my completion of the form is voluntary and can be done at anytime after the IEP meeting

Signature(s)

Signature(s)

Date 02-DEC-2022

## PARENT INPUT SURVEY

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

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

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

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

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



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

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



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

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

POSTAGE WILL BE PAID BY ADDRESSEE

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



**PARENT INPUT SURVEY**  
**English**

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Reconvened Meeting Date

Student HELMANN MAYA H  
Last First MI

Date of Birth 29-MAY-2016

Meeting Date 02-DEC-2022

Section R: Names and Signatures (Signatures on File)

Team Member	Print Name	Signature
Parent/Guardian	Antonia Bennett	<i>AB</i>
Parent/Guardian		
Student Age 18 - 21 years		
Student Under Age 18 years		
Surrogate Parent		
Foster Parent		
Family Foster Home Provider		
Administrator	Geraldina Barillas	Geraldina Barillas
Administrative Designee		
Special Education Teacher	Colette Moore	<i>CM</i>
General Education Teacher	Jamie Devore	<i>JD</i>
School Psychologist	Rachel Weber- Intern	<i>RW</i>
School Nurse		
Related Service Staff <input type="text" value="OT"/>	Skyre Ritvo	<i>SR</i>
Related Service Staff <input type="text" value="District Psychologist"/>	Angela Deterville	<i>AD</i>
Related Service Staff <input type="text"/>		
Interpreter		
Sign Language Interpreter		
Agency Representative		
Agency Representative		
Agency Representative		
Other <input type="text"/>		
Other <input type="text" value="Clinical Psychologist"/>	Beth Levy	<i>Beth Levy</i>
Other <input type="text"/>		
Other <input type="text"/>		



INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student HELMANN MAYA H  
Last First MI

Date of Birth 29-MAY-2016

Meeting Date 02-DEC-2022

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?

Yes  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.

Yes  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.

**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?

Yes  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.

Yes  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.

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

Student     
 Last First MI

Date of Birth

Meeting Date

**ANNUAL LEAST RESTRICTIVE ENVIRONMENT ANALYSIS (Continued)**

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

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

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

<b>Step E.</b>	Can the supports, services, accommodations and/or modifications in the student's IEP be made available in a residential care facility?	
	<input type="radio"/> Yes <input type="radio"/> No	If not currently available, articulate in the IEP what supports, accommodations and/or modifications are required for the student in this setting.
	<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student HELMANN  
Last

MAYA  
First

H  
MI

Date of Birth 29-MAY-2016

Meeting Date 02-DEC-2022

ANNUAL LEAST RESTRICTIVE ENVIRONMENT ANALYSIS (Continued)

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 1 - Eligibility, Placements and Supports

Student     
 Last First MI

Date of Birth  Meeting Date

		Effective With this IEP	Future Changes Related to this IEP
	As of Date:	<input type="text"/>	<input type="text"/>
Eligibility: (from Page 4)		<b>Eligible (OHI)</b>	
	Final IEP Reason Final IEP Effective Date:		
Curriculum		<input type="text" value="General Education"/>	<input type="text"/>
Placement	Type of School	<input type="text" value="District Resident School"/>	<input type="text"/>
	Name of School	<input type="text" value="CANFIELD AVE EL"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Instructional Setting	Setting	<input type="text" value="General Education"/>	<input type="text"/>
	Program	<input type="text" value="GE"/>	<input type="text"/>
	Special Day Minutes/Wk	<input type="text"/>	<input type="text"/>
	Addresses Goals	<input type="text" value="1(Reading),2(Written Language),3(Mathematics),4(Visual Motor),5(Voc Ed),6(Behavioral Support)"/>	<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="preferential seating, frequent checks for understanding, chunking of assignments, visual schedule, solving circles to help with problem solving with friends, accommodated work, opportunity to work in small groups. test in smaller settings as needed, extended time on assignments as needed, movement breaks, sensory accommodations as needed."/>	<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 type="radio"/> Yes <input checked="" type="radio"/> No	
	If the Parent does not agree, specify the area(s) to be reassessed.	<input type="text" value="full comp"/>	<input type="text"/>

Comments, as appropriate

**Low Incidence  
Equipment**

--

**Assistive Technology  
Equipment**

--

**Participation in  
General Education**

--







## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student HELMANN

MAYA

H

Date of Birth 29-MAY-2016

Meeting Date 02-DEC-2022

Last

First

MI

## FAPE Summary Grid

<b>Program:</b>	GE	<b>Setting:</b>	General Education						
<b>Eligibility:</b>	Eligible (OHI)	<b>Curriculum:</b>	General Education						
<b>Transportation:</b>	None	<b>Low Incident Support:</b>	None						
<b>Date District Received</b>									
<b>Parent Signature:</b>									
Service Code	Service Desc	Start Date	Service Applies To	Interval	Frequency	Area	Total Minutes	Addresses Goal(s)	No Consent
16	Occupational Therapy	Effective on Signature Date	Regular	Monthly	1-5	~	60	Visual Motor	--
RSP	RSP	Effective on Signature Date	Regular	Weekly	1-5	RSP- Multiple Academic Areas	120	Reading, Written Language, Mathematics, Voc Ed, Behavioral Support	--

## 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.

# 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 **HELMANN MAYA H** Date of Birth **29-MAY-2016** Meeting Date **02-DEC-2022**

**1** The behavior impeding learning is: **difficulty with peer interaction** Describe what it looks like: **lack of impulse control (overly physical, inappropriate vocal)**  
**2** It impedes learning because: **lack of work production**  **disrupts other students**  **requires instruction to stop**   
**3** instructional time is lost  **negative interaction with peers**   
other

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

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

**4** **3** **weekly** **medium** **5**  
 Reported by **school staff** and/or  observed by **school staff**

## 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).  
 Disruption in routines  Work level higher than student's ability  Verbal directives  Lack of predictability  
 Time of day  Internal physical/emotional state  Peer conflict  Over stimulation  
 Unstructured time  Lack of freedom, choice, desirable activities, friends  Room conditions  Specific room arrangement  
 Events from previous environments  Under stimulation  
 Other Describe: \_\_\_\_\_

**6** Observation Analysis 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:  Classroom seating arrangement  Noise levels  Interactions (adult and/or peers) (e.g., size, etc.)  
Missing in the environment:  Peer status gained for misbehavior  Inappropriate materials (age-appropriate)  Conflict resolution skills  
 Transition skills  Schedule  Effective communication with parent  
 Re-teaching  Task structuring  Communications system  
 Social skills instruction  Consequences not clear to student  
 Choices  
 Other (Missing/Present): \_\_\_\_\_

## REMOVE STUDENT'S NEED TO USE THE PROBLEM BEHAVIOR

**7** Intervention 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:  Give more time on tasks  Allow completion in parts  Teach a closure system  
Space Changes:  Signal transition  Provide a break  Give less time on tasks  
Material Changes:  Preferred seating  Different work areas  Study carrels  
Interaction:  Personal space  Hands-on learning  Tasks organized  
 Accommodated work  Notebook organizer  Enlarged print size books  
 High interest materials  Cue the student  Model  
 Use specific supportive words  Praise successes  Peer Models  
 Verbally praise student  Use calm, de-escalating language  
 Use specific support communications  
 Other \_\_\_\_\_  
Who will establish? **RST, general education teacher** Who will monitor? **RST** Frequency **at least weekly**



### 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 HELMANN MAYA H  
Last First MI

Date of Birth 29-MAY-2016 Meeting Date 02-DEC-2022

#### 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:

Observation Analysis 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?)

Maya will play appropriately and use impulse control by seeking supportive adults to resolve peer conflicts.

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? RST and general education teacher Who will monitor? RST Frequency: at least weekly

Intervention 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  Recognition of student's ...  Peer recognition
- Contingent Access:  Use specific praises  Listen to music
- Time on the computer  Free time
- Preferred activity Describe:
- 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: student preferred and adult approved  reinforcer for using replacement behavior  reinforcer for general increase in positive behaviors

By whom? RST and general education teacher Frequency: at least weekly

#### 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)

1. Prompt student to switch to the replacement behavior, 2. Positive discussion with student after behavior ends, 3. Any necessary further classroom or school consequences

Personnel?  
School staff

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. 3 of 3)

Student HELMANN MAYA H  
Last First MI

Date of Birth 29-MAY-2016

Meeting Date 02-DEC-2022

OUTCOMES

PART IV

BEHAVIORAL GOALS

13 Behavioral Goal: Goal #: 6

Maya will play cooperatively and be able to adjust to different social demands demonstrating appropriate impulse control (e.g. hands to herself, use of conflict resolution such as seeking adult support, taking breaks, etc.) in 4 out of 5 trials per school week with minimal adult support/reminders as measured by observation and teacher input.

- 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:  
 Phone calls  Email  
 Daily reports  Daily charting  
 Weekly reports  
 Other \_\_\_\_\_

Written notes  
 Behavioral logs

Between? Teacher, RST, and parent Frequency? at least weekly