

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Identification Number 200121X450 SSID 5315805088

Eligible (SLD)

Student Last BEN First JOEY MI Y

Date of Birth: 03-FEB-2014

Section A: Meeting Information

Pertinent Dates	Type of Meeting
Date of Initial IEP Team Meeting: 07-DEC-2022	<input checked="" type="radio"/> Initial <input type="radio"/> Amendment of IEP dated
Date of Present Meeting: 07-DEC-2022	<input type="radio"/> Annual Review <input type="radio"/> Early Start Transition
Annual Review to be conducted by: 07-DEC-2023	<input type="radio"/> Three Year Review <input type="radio"/> Expulsion Analysis
Next Three Year Review will be conducted by: 06-DEC-2025	<input type="radio"/> Other <input type="radio"/> Individual Transition Plan
Three Year Review or Evaluation was conducted on: 07-DEC-2022	
Transition to Kindergarten to be conducted by:	

Location of Meeting: District Name: Los Angeles Unified School Dis

Section B: Student Information

Date of Birth: 03-FEB-2014 Age: 8 Grade: 3
 Gender: Male Female Ethnic Code: White
 Location of the Psych Folder: LOCAL DISTRICT N Student has no Psych Folder:
 Location of the Cum Folder: COLFAX EL(CHART Student has no Cum Folder:
 Home Language: English Student Language: English Alternate Mode of Communication:
 Home Address of Student: 5136 WILKINSON AVE
 City: VALLEY VILLAC CA ZIP Code: 91607
 Home Telephone: (310) 800-0861 Daytime Telephone: (818) 800-0146 Emergency Telephone:
 School of Attendance: Colfax El(Charter) Location Code: 3164
 School of Residence: Colfax El(Charter) Location Code: 3164
 Name of Parent/Guardian: Telephone:
 Address: City: CA ZIP Code:
 Surogate Parent: Telephone:
 Attends CURRENT SCHOOL as a result of one of the following: Attends School of Residence

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Date of Birth

Last First

MI Section C: Language Acquisition

Language Classification: Start Date:

Withdrawal by Parent Request: Yes No Reclassification Date:

ELPAC Performance Level and Performance Descriptor: Test Date:

Alternate ELPAC Performance Level and Performance Descriptor: Test Date:

Section D: Goal Achievement from Current IEP

Goal for: (example - Reading)	Achieved		If No, explain the reason the goal/objective was not achieved
	Yes	No	
1 <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Category <input type="text"/>			
Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
2 <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Category <input type="text"/>			
Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
3 <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Category <input type="text"/>			
Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
4 <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Category <input type="text"/>			
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

BEN

JOEY

Y

Date of Birth

03-FEB-2014

Meeting Date

07-DEC-2022

Last

First

MI

Section E: Present Level of Performance

Performance Area:

Health

Category:

Health



Assessment/Monitoring Process Used:

review of health records/interview with parent

State/District Assessment Results:

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

HEALTH SUMMARY:

Joey is an 8 year old student, a product of a full term pregnancy and was born via vaginal delivery. No prenatal, birth and newborn complication reported. Student went home with mother after delivery. Developmental milestone reported normal. Student is not taking medication in school and at home on a daily basis. No health history of serious/chronic illness, allergies, injury, accident, surgery, hospitalization and counseling reported. Last physical exam was November 2021 with no reported health conditions.

STRENGTHS:

General good health and development. Able to verbalize needs and wants effectively. Student is independent with his activities of daily living. Ambulatory with normal gait and balance. Joey passed LAUSD audio screening on 05/11/2022 and passed LAUSD vision screening on 06/01/2022.

NEEDS:

Student's physical health is not an area of need.

IMPACT OF DISABILITY:

Student's health does not impact student's participation, performance and access in educational program.

ACCOMMODATION:

None in the area of health.

Samantha Stratman, RN, Credentialed School Nurse
11/30/2022

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):

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student

BEN

JOEY

Y

Date of Birth 03-FEB-2014

Meeting Date 07-DEC-2022

Last

First

MI

Section E: Present Level of Performance

Performance Area:

General Ability/Cognitive Ability

Category:

General Ability

Assessment/Monitoring Process
Used:

CAS-2, TAPS-3, CTOPPS-2, MVPT-4, VMI-6, WJ 4 TOL, record review

State/District Assessment Results:

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

Strengths: Results of the current assessment indicate Joey is functioning within the Average range of cognitive ability based upon alternative assessment procedures. He demonstrated strength in with average range skills in planning (his ability to develop a plan of action, apply the plan, and modify the plan as needed); simultaneous planning (his ability to synthesize separate elements into an interrelated group using both verbal and nonverbal content); attention processing (his ability to sustain attention, as well as selectively focus on particular stimuli while ignoring other competing stimuli); executive functioning (on tasks that required control of thinking, behavior, and attention); auditory memory (basic memory processes, including sequencing); listening comprehension (processing oral directions and auditory comprehension); rapid symbolic naming (retrieving phonological information from long-term or permanent memory); visual processing (capacity to interpret or give meaning to what is seen); Association (e.g. acquiring basic units of information in memory, establishing systems for relating these units to each other as in matching same/different, pattern or logical groups); and Conceptualization (e.g. the analysis, classification, organization, transformation and synthesis of information/concepts to figure out verbal and non-verbal problems). Joey performed in the low average range in visual-motor integration (eye-hand coordination); working memory (tasks that required evaluating and working with information that had to be remembered for a short period of time); and executive functioning with working memory (completing tasks that involved the control of thinking, behavior, and attention when working with information that had to be evaluated and remembered for a short period of time).

Needs: He demonstrated areas of need with below average range skills in successive processing (short term memory and ability to process and derive meaning from information that was presented orally and in a specific order);

Performance Area:

continued

Category:

General Ability

Assessment/Monitoring Process
Used:

State/District Assessment Results:

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

Needs continued:

Expression (e.g., the ability to organize and use verbal information to express his thoughts orally and in writing, the production of meaningful speech and communication); phonological awareness (the individual's awareness of and access to the phonological structures of oral language); and phonological memory (ability to code information for temporary storage in the working or short-term memory, as well as brief verbatim storage of auditory information).

Impact of Disability: Joey's Specific Learning Disability with processing deficits in the areas of phonological processing and expression adversely impact educational access and performance at this time in his general education curriculum to the degree that he requires Special Education Services.

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Section E: Present Level of Performance

Performance Area:

Category: ▼

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

Strengths: Results of the current assessment indicate Joey exhibits strengths at home in that he is a good boy and a good friend. In the home, Joey's behavior was described as good. He helps around the house when needed and is caring. At school, Joey is confident socially and/or popular with peers. His family is supportive of school and meet with his teacher regularly. He has strong peer relations. Joey makes and keeps friends easily. He has good relations with adults at school. He is very polite and respectful. His classroom behavior was described as excellent and that he is a joy to have in class. Joey is mature and able to cope with frustration. He works well in groups and is accepted by his peers. He demonstrates stable emotions.

Needs: He is very quiet and shy. On a measure of social-emotional functioning, Joey's mother and teacher were inconsistent in their responses reflecting that Joey exhibits different concerns at home versus school. In the home environment, Joey exhibits slightly problematic withdrawal, social skills, and leadership skills. In the school environment, Joey exhibits slightly problematic attention problems, leadership skills and functional communication; and problematic learning problems. Joey's self-ratings indicated poor sense of inadequacy, suggesting he perceives himself as being unsuccessful in school and unable to achieve his goals.

Impact of Disability: Joey does not evidence social, emotional and/or behavioral needs which adversely impact educational access and performance at this time. His needs can be supported within his general education classroom.

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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JOEY

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Last

First

MI

Section E: Present Level of Performance

Performance Area:

Reading

Category:

Reading

Assessment/Monitoring Process
Used:

State/District Assessment Results:

Dibels, Woodcock Johnson

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

Reading:

CLUSTER/Test Standard Score (SS) Classification

READING 65. Very Low

BROAD READING 64 Very Low

Letter-Word Identification 68 Very Low

Passage Comprehension 68 Very Low

Sentence Reading Fluency 59 Very Low

Strengths: On the Woodcock Johnson assessment, Joey was able to identify all of the letters asked. He was able to decode 19/33 of the words presented to him (car, sun, dog, the, at, and, no, man, she, cup, have, into, keep, them, going, people, animal, become, often). Joey is able to identify letters and primary letter sounds. He is able to blend sounds together to read CVC words, but does require extra processing time. He was able to decode some multi syllabic words : going, people, animal and become, but did require a lot of processing time. On the Passage Comprehension section of the test, Joey was able to fill in the correct word for the passages that he could read. On the Sentence Reading Fluency Section, Joey was able to read 2 sentences and answer correctly if they were true or false within the 3 minute time limit.

Needs: Joey is not yet able to read most words with automatic recognition which impacts his fluency and comprehension. Joey could use intervention and more practice with foundational reading skills to be able to sound out and read words more quickly. Currently Joey is scoring in the Very Low range when compared to peers in the area of reading. In class Joey struggles reading CVC words and has difficulty following along when text is read aloud. Comprehension is also below grade level even when read aloud.

Impact of Disability: Joey's eligibility of SLD impacts his ability to access the general education reading curriculum.

Performance Area:

Written Language

Category:

Writing

Assessment/Monitoring Process
Used:

informal, observation

State/District Assessment Results:

Woodcock Johnson

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

Written Language:

CLUSTER/Test Standard Score (SS) Classification

WRITTEN LANGUAGE 67 Very Low

BROAD WRITTEN LANG 71 Low

WRITTEN EXPRESSION 75 Low

Spelling 65 Very Low

Writing Samples 74 Low

Sentence Writing Fluency 86 Low Average

Strengths: On the Sentence Writing fluency section Joey was required to write sentences in response to pictures that included a set of three words. Joey wrote 6/7 sentences correctly using the words given. Joey was not penalized for spelling or punctuation. Joey was able to write 3 of the spelling words correctly on the spelling section of the test. On the Writing Samples section, Joey was able to spell some of the words correctly and some of the words phonetically when writing sentences. Joey also does well with note taking in the class. In class, Joey is able to use a thinking map to write sentences with mostly decipherable spelling.

Needs: Joey has difficulty writing full coherent sentences. Although he is able to sound out some words phonetically, some words are difficult to decipher. Teacher reports that his conventions get in the way of understanding his writing.

Impact of Disability: Joey's eligibility of SLD impacts his ability to access the general education writing curriculum.

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Last

First

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Section E: Present Level of Performance

Performance Area:

Math

Category:

Math

Assessment/Monitoring Process Used:

informal, observation, work samples

State/District Assessment Results:

Woodcock Johnson

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

Math:

CLUSTER/Test Standard Score (SS) Classification

MATHEMATICS 90 Average

BROAD MATHEMATICS 96 Average

MATH CALC SKILLS 102 Average

Applied Problems 81 Low Average

Calculation 98 Average

Math Facts Fluency 106 Average

Strengths: Joey scored in the average range for the Calculation test and Math Fluency section. On the calculation test, Joey was able to solve basic addition, subtraction and multiplication problems. He was also able to solve multi digit addition and subtraction problems. Joey scored in the low average range for the applied problems portion which required more critical thinking skills. On the applied portions section, Joey was able to answer one step questions involving counting, addition, subtraction, time and money. In class, Joey is able to do procedural math well. He can solve basic problems with all four operation.

Needs: Joey has difficulty solving multi step problems and word problems in the classroom even when word problems are read aloud.

Impact of Disability: Joey's eligibility of SLD impacts his ability to access 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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Student Last: BEN, First: JOEY, MI: Y

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Section F: Eligibility

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

Specific Learning Disability

For Initial IEP, interventions attempted prior to determining eligibility:

[Empty box for interventions]

Eligible as a student with the disability of:

Code: SLD Specific Learning Disability

- Not Applicable, Blind or Partially Sighted

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

Code: [Empty]

- Not Applicable, Blind or Partially Sighted

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

or

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

No Longer Eligible (Effective Date): [Empty]

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

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

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
 Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

Joey will decode regularly spelled one-syllable words when reading words in isolation and in text (including consonant blends and vowel teams) with minimal support as measured by informal teacher monitoring and assessments, in 3/4 trials with 70% 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:

Joey will decode regularly spelled one-syllable words when reading words in isolation and in text (including consonant blends and vowel teams) with moderate support as measured by informal teacher monitoring and assessments, in 3/4 trials with 50% accuracy.

Incremental objective #2 related to the goal:

Joey will decode regularly spelled one-syllable words when reading words in isolation and in text (including consonant blends and vowel teams) with moderate support as measured by informal teacher monitoring and assessments, in 3/4 trials with 60% accuracy.

Date to be achieved: MO/YR

Date to be achieved: MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
 Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

With guidance and support from adults, Joey will write 4 sentences in which the development/ organization are appropriate to the task and/ or purpose with minimal support as measured in 3 out of 4 trials with 70% accuracy.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

With guidance and support from adults, Joey will write 4 sentences in which the development/ organization are appropriate to the task and/ or purpose with moderate support as measured in 3 out of 4 trials with 50% accuracy.

Incremental objective #2 related to the goal:

With guidance and support from adults, Joey will write 4 sentences in which the development/ organization are appropriate to the task and/ or purpose with moderate support as measured in 3 out of 4 trials with 60% accuracy.

Date to be achieved: MO/YR

Date to be achieved: MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

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Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

Joey will solve one to two-step word problems using the four operations with moderate support as measured in 3 out of 4 trials with 70% 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:

Joey will solve one to two-step word problems using the four operations with maximum support as measured in 3 out of 4 trials with 50% accuracy.

Incremental objective #2 related to the goal:

Joey will solve one to two-step word problems using the four operations with moderate support as measured in 3 out of 4 trials with 60% accuracy.

Date to be achieved: MO/YR

Date to be achieved: MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

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Section K: Participation in State and District-wide Assessments

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

<p>Student will participate in Regular State and District Assessments. <i>(Designated Supports and/or Accommodations identified below are applicable)</i></p>	<p>CAASPP Subject ELA and Math</p>
<p>Designated Supports:</p> <ul style="list-style-type: none"> - Simplified or paraphrased test directions (non-embedded designated support) - Text-to-speech software enabled (for math items and ELA items except for reading passages) - Test in a separate/smaller setting 	
<p>Accommodations:</p> <ul style="list-style-type: none"> - Streamlined version of text presented in a more sequential format - Speech-to-Text voice recognition software enabled for ELA performance writing tasks only (non-embedded accommodation)...Can be used for note-taking-preparation for the assessment task and/or for the writing assessment task. - Text-to-Speech software enabled for ELA reading passages (embedded accommodation). 	

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Last: BEN, First: JOEY, MI: Y

Date of Birth: 03-FEB-2014

Meeting Date: 07-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? No. Select Preferred Language: [dropdown]

Is the parent/guardian requesting official translation? Yes. Select Preferred Language: Hebrew

Specify the Individual Pages to be translated: [text box]

Special Requests: [text box]

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 07-DEC-2022 (Active) Initial

Recoupment Services Consideration:

- The IEP team has reviewed and discussed student's progress/achievement and considered factors that may have impacted student's learning during the school facility closures as a result of the COVID-19 pandemic. The IEP team has determined:
- Student has made expected progress toward IEP goals and/or progress is in alignment with expectations of progress/goal achievement. No recoupment services are recommended.
- Student experienced learning loss as a result of the school facility closures caused by the COVID-19 pandemic and recoupment services are necessary. The IEP team discussed recoupment services to address past learning loss. Recoupment services offer details are included in FAPE Part 2, Part 4 of the IEP (including completion of a service grid, as necessary).
- Recoupment services consideration was documented on IEP dated 07-DEC-2022 (Active) Initial

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

THIS SPACE DELIBERATELY LEFT BLANK.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Last: BEN, First: JOEY, MI: Y

Date of Birth: 03-FEB-2014

Meeting Date: 07-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

Table with 3 columns: Method (Email), Whom (Linda Palacios), When (15-NOV-2022)

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

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

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

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

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

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

Parent Concerns and Comments

Signature(s)

Signature(s)

Date: 14-DEC-2022

- Parent (checked), 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 (checked) 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: 7-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. Regarding your child's previous IEP (if relevant):			
20. I am satisfied that my child received the services described on the previous IEP. (If your answer to this question is "No", please write concerns below.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Comments			

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

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



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

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

POSTAGE WILL BE PAID BY ADDRESSEE

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



PARENT INPUT SURVEY
English

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Reconvened Meeting Date

Student
 Last First MI

Date of Birth

Meeting Date

Section R: Names and Signatures (Signatures on File)

Team Member	Print Name	Signature
Parent/Guardian	<input type="text" value="Amit Ben"/>	<input type="text"/>
Parent/Guardian	<input type="text" value="Ami Ben"/>	<input type="text"/>
Student Age 18 - 21 years	<input type="text"/>	<input type="text"/>
Student Under Age 18 years	<input type="text"/>	<input type="text"/>
Surrogate Parent	<input type="text"/>	<input type="text"/>
Foster Parent	<input type="text"/>	<input type="text"/>
Family Foster Home Provider	<input type="text"/>	<input type="text"/>
Administrator	<input type="text" value="Sandra Riggs"/>	<input type="text"/>
Administrative Designee	<input type="text"/>	<input type="text"/>
Special Education Teacher	<input type="text" value="Ashley Shapiro"/>	<input type="text"/>
General Education Teacher	<input type="text" value="Jana Reuben"/>	<input type="text"/>
School Psychologist	<input type="text" value="Laurie Hallman"/>	<input type="text"/>
School Nurse	<input type="text" value="Samantha Stratman"/>	<input type="text"/>
Related Service Staff <input type="text"/>	<input type="text"/>	<input type="text"/>
Related Service Staff <input type="text"/>	<input type="text"/>	<input type="text"/>
Related Service Staff <input type="text"/>	<input type="text"/>	<input type="text"/>
Interpreter	<input type="text"/>	<input type="text"/>
Sign Language Interpreter	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
Last First MI

Date of Birth

Meeting Date

LEAST RESTRICTIVE ENVIRONMENT ANALYSIS

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

Student's Current Placement Type:

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

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

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

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
 Last First MI

Date of Birth

Meeting Date

ANNUAL LEAST RESTRICTIVE ENVIRONMENT ANALYSIS (Continued)

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

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

Student
Last

First

MI

Date of
Birth

Meeting
Date

ANNUAL LEAST RESTRICTIVE ENVIRONMENT ANALYSIS (Continued)

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

Step F.	The student's needs as reflected in the contents of this IEP, and the placement being considered by the IEP team, outweigh any potential harmful effects at this time, including (check all that apply):	
	<input type="checkbox"/>	Diminished access to the full range of the curriculum
	<input 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" value="14-DEC-2022"/>	<input type="text"/>
Eligibility: (from Page 4)		Eligible (SLD)	
	Final IEP Reason Final IEP Effective Date:		
Curriculum		<input type="text" value="General Education"/>	<input type="text"/>
Placement	Type of School	<input type="text" value="District Resident School"/>	<input type="text"/>
	Name of School	<input type="text" value="COLFAX EL(CHARTER)"/> <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(Writing),3(Math)"/>	<input type="text"/>
Additional Factors	Low Incident Support	<input type="text" value="None"/>	<input type="text"/>
	Assistive Technology Support	<input type="text" value="No"/>	<input type="text"/>
	Transportation	<input type="text" value="School to School"/>	<input type="text"/>
	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="small group, sentence starters, breaks as needed, shortened assignments as needed, assignments broken down into parts as needed, frequent clarification checks, reteach concepts, assignments read aloud, graphic organizer, ask him to paraphrase, repeat back, or explain with directions and assignments"/>	<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="Student will require an assessment at the next triennial."/>	<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
 Last First MI

Date of Birth Meeting Date

		Effective With This IEP	Future Changes Related To This IEP	
Service 1	Start Date:	Effective on Signature Date 14-DEC-2022		
RSP	End Date:			
RSP	Service applies to:	Regular		
	Frequency:	1-5		
This service addresses the following goals: <input type="text" value="3(Math)"/>	Interval:	Weekly		
	Minutes/Interval:	60		
	Minutes/Interval (Pullout from Gen Ed):	0		
	Service Delivery Model:	RSP: Direct Instruction Services*		
	RSP Area:	Math		
	Responsible Personnel:	Resource Specialist Teacher		
		General Education Teacher		
*				
Service 2	Start Date:	Effective on Signature Date 14-DEC-2022		
RSP	End Date:			
RSP	Service applies to:	Regular		
	Frequency:	1-5		
This service addresses the following goals:	Interval:	Weekly		

1(Reading)	Minutes/Interval:	90	
2(Writing)	Minutes/Interval (Pullout from Gen Ed):	0	
	Service Delivery Model:	RSP: Direct Instruction Services*	
	RSP Area:	Literacy/ELA/ELD	
	Responsible Personnel:	Resource Specialist Teacher	
		General Education Teacher	

*

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

Part 3 - Percentage of Time Outside of General Education

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

Part 4 - Compensatory Education/Recoupment Services Discussion

A discussion regarding compensatory education and recoupment services occurred during the IEP team meeting. It was determined by the team that compensatory services are not required. The team considered factors that may have impacted student learning due to the COVID-19 pandemic and determined current goals, services, and accommodations address the student needs and recoupment services are not recommended.

Part 4 - Additional Discussion (This section is optional)

12/07/22 This is an initial IEP for Joey Ben. IEP was held In Person.
Health report was read by school nurse. Psychologist reviewed the full comprehensive assessment. Parent participated in the discussion. Resource Teacher reviewed the academic assessments. General education teacher shared current updates. Parent participated in the discussion. The school psychologist led the discussion in eligibility. Eligibility in the area of Specific Learning Disability was discussed. Joey meets the criteria for eligibility for special education services in the area of Specific Learning Disability. Parents are in agreement. Team worked collaboratively on goals. Parents are in agreement with the purposed goals. Section K (Testing Accommodations) and classroom accommodations were reviewed. Parent participated in the discussion. When asked for further input, the parent stated they do not have any additional concerns at this time. The offer of FAPE for the 2023-2024 school year is Colfax Charter's Inclusion program. As an option in Colfax's continuum of program options, special education teachers and paraprofessionals work collaboratively with general education teachers to meet the needs of students with IEPs in an inclusion model as determined by student's IEP team. Based on a student's unique needs as identified by student's IEP team, a self-contained class may also be utilized as an option to support student's needs. Inclusion models offer a wide range of supports and services to be delivered in the student's least restrictive environment.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

(SLD, pg. 1 of 1)

Student Last: BEN, First: JOEY, MI: Y

Date of Birth: 03-FEB-2014

Meeting Date: 07-DEC-2022

SPECIFIC LEARNING DISABILITIES CERTIFICATION

Use this form at Initial, Three Year Reviews and comprehensive assessments for students eligible as having a Specific Learning Disability, including but not limited to students with characteristics of dyslexia. This form is not required at Annual Review meetings. It is the consensus of the IEP Team that the student meets the eligibility criteria for Specific Learning Disability based upon the information which follows. This form serves as the written report of the IEP Team consensus.

1. Are there educationally relevant medical conditions which should be considered by the IEP Team? No

If Yes, describe

Empty text box for describing medical conditions.

2. During the observation of the student in the general education setting, was behavior noted that relates to the student's general academic functioning? No

If Yes, describe

Empty text box for describing behavior noted in general education setting.

3. A severe discrepancy exists in one or more of the following academic areas: (Check all that apply)

- Listening Comprehension, Basic Reading Skills, Oral Expression, Reading Comprehension, Written Expression, Math Calculation, Math Reasoning, Reading Fluency

4. The discrepancy is the result of a disorder in one or more of the following psychological processes: (Check all that apply)

- Attention, Visual Processing, Auditory Processing, Sensory Motor Skills, Cognitive abilities including association, conceptualization and expression, Phonological Processing

5. The Team agrees that the discrepancy is not primarily the result of:

- Limited school experience, Poor school attendance, Environmental, economic or cultural disadvantage, Social maladjustment, Intellectually Disabled, Visual, hearing or motor impairment, Unfamiliarity with the English language

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student
Last First MIDate of Birth Meeting Date

FAPE Summary Grid

Program:	GE	Setting:	General Education						
Eligibility:	Eligible (SLD)	Curriculum:	General Education						
Transportation:	School to School	Low Incident Support:	None						
Date District Received	14-Dec-2022								
Parent Signature:									
Service Code	Service Desc	Start Date	Service Applies To	Interval	Frequency	Area	Total Minutes	Addresses Goal(s)	No Consent
RSP	RSP	Effective on Signature Date	Regular	Weekly	1-5	RSP-Math	60	Math	--
RSP	RSP	Effective on Signature Date	Regular	Weekly	1-5	RSP-Literacy/ELA/ELD	90	Reading, Writing	--

Alternative Remote/Distance Learning Services During Emergency Conditions

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

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

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