

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Identification Number 200263X612 SSID

Eligible (SLD)

Student HAFNER LEO MI
Last First MI

Date of Birth: 16-SEP-2016

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: MONLUX EL District Name: Los Angeles Unified School Dis

Section B: Student Information

Date of Birth: 16-SEP-2016 Age: 6 Grade: 18
 Gender: Male Female Ethnic Code:
 Location of the Psych Folder: SP ED SVC CTR - NE Student has no Psych Folder:
 Location of the Cum Folder: MONLUX EL Student has no Cum Folder:
 Home Language: English Student Language: English Alternate Mode of Communication:
 Home Address of Student: 124017 Debby St.
 City: North Hollywood CA ZIP Code: 91606
 Home Telephone: 310-279-6619 Daytime Telephone: Emergency Telephone:
 School of Attendance: Private School Office (Location Code: 1536
 School of Residence: Monlux El Location Code: 5342
 Name of Parent/Guardian: Talia Hafner Telephone:
 Address:
 City: CA ZIP Code:
 Surogate Parent: Telephone:

Attends **CURRENT SCHOOL** as a result of one of the following: Private School Enrollment
 Private School: Emek Hebrew AcademyTeichman Family Torah Center

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

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 Last First MI

Date of Birth

Section C: Language Acquisition

Language Classification: Start Date:

Withdrawal by Parent Request: Yes No Reclassification Date:

ELPAC Performance Level and Performance Descriptor: Test Date:

Alternate ELPAC Performance Level and Performance Descriptor: Test Date:

Section D: Goal Achievement from Current IEP

Goal for: (example - Reading)	Achieved		If No, explain the reason the goal/objective was not achieved
	Yes	No	
1 <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Category <input type="text"/>			
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
Last
First
MIDate of Birth Meeting Date

Section E: Present Level of Performance

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

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

Current Level/Strengths: Cognitive ability is estimated to be in the broad average range with nonverbal skills more developed than verbal skills. Leo demonstrates average range visual perceptual skills including visual memory, discrimination, and spatial skills. He demonstrates significantly divergent simultaneous processing skills, involving skills to relate separate pieces of information into a group or see how parts are related to a whole. Leo exhibits significantly stronger nonverbal part to whole reasoning than verbal part to whole reasoning. He demonstrates average range auditory sound discrimination skills. Leo scored in the low average range on tasks including processing oral directions and auditory comprehension. He exhibits inconsistent attention skills with nonverbal tasks in the average range and tasks involving expressive skills significantly less well developed.

Challenges: Leo exhibits deficits in auditory processing, phonological skills, and variable attention. He struggles significantly on tasks involving phonological segmentation/deletion skills, ability to blend sounds to form words and ability to match sounds. Leo demonstrates below average working memory skills. He demonstrates well below average range Planning skills involving ability to select, apply and evaluate solutions. Leo's executive functioning skills fell in the below average range, demonstrating below average skills on tasks requiring control of thinking, behavior, and attention. He struggles with attention inconsistently and more prominently when verbal expressive skills are involved. Leo demonstrates well below average ability to follow verbal directions in sequence likely due to attention and auditory processing challenges.

continued below

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):

Impact: Leo's eligibility of Specific Learning Disability impacts his ability to be involved and progress in the general curriculum in areas of auditory processing, phonological skills, and attention. Deficits in auditory processing and phonological skills impact listening comprehension, learning early literacy skills including blending sounds and retaining information verbally presented. Variable attention impacts all areas of learning input, processing, and output of information.

Supports: Provide Leo with structure for academic activities whenever possible (e.g.: specific directions, formal routine for tasks, time units). It may be helpful to provide seating near instruction/teacher to access visual supports and reduce distractions. Tasks may be broken down into smaller components, which after individual success, might then be recombined with the original task when feasible. This may reduce frustration.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

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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):

Current Level/Strengths: Leo lives in a primarily English-speaking household but is also exposed to Hebrew in his home and school setting. English is Leo's dominant language. He speaks in complete sentences and responds on topic. On verbal analogy reasoning tasks such as a bird flies.... A fish ... Leo scored in the average range. On expressive picture vocabulary at the one-word level and on listening comprehension and ability to complete sentences using one word, Leo scored in the low average range. Basic oral language skills and receptive/comprehension skills were found to be in the low average range.

Challenges: Leo's speech is very often unclear and not easily understood by an unfamiliar listener. On oral language expressive tasks requiring use of directed words and picture cues, Leo scored in the below average range. On rating scales both Parent and Teacher rated Leo's Functional Communication in the At-Risk range. Areas of challenges in this area appear to be due in part to auditory processing challenges and inconsistent listening comprehension.

Impact: Leo's eligibility of Specific Learning Disability impacts his ability to be involved and progress in the general curriculum in areas of functional communication skills including inconsistent listening comprehension.

Supports: Provide adequate opportunities for repetition of information through different experiences to promote attention and comprehension as needed. Leo benefits from clear, consistent, and explicitly stated instructions with repetition as needed.

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):

Current Level/Strengths: Leo appears to demonstrate age-appropriate gross and fine motor skills consistent with Teacher reports. He is able to walk up and down stairs using alternating feet, throw a ball to someone standing at least 5 feet away and catch a ball from 5 feet away at least 80% of the time. Leo is able to run quickly, walk appropriately and kick a stationary or rolling ball with accuracy. He enjoys interactive play activities and games. Leo is able to participate and performs well in playground activities. Leo is right hand dominant with age-appropriate pencil grip., Leo scored in the average range in his ability to combine visual input with motor output (sensory motor skills). Fine and gross motor skills are age appropriate, and he does not exhibit a deficit in sensory motor skills.

Challenges: N/A Fine and gross motor skills are age appropriate, and he does not exhibit a deficit in sensory motor skills.

Impact: N/A Fine and gross motor skills are age appropriate, and he does not exhibit a deficit in sensory motor skills.

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Student HAFNER

LEO

Date of Birth 16-SEP-2016

Meeting Date 07-DEC-2022

Last

First

MI

Section E: Present Level of Performance

Performance Area:

Social-Emotional

Category:

Social Emotional

Assessment/Monitoring Process
Used:

Rating Scales, Observations, Record Review, Interviews

State/District Assessment Results:

N/A

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

Current Level/Strengths: In his home/community setting, Leo exhibits appropriate activity level and does not exhibit externalizing or internalizing problems. His self-help skills are age appropriate. Leo enjoys interacting with peers in his community and is interested in age-appropriate activities. He enjoys riding his bike, putting puzzles together, playing games with his family, swimming and going to the park. Parent does not endorse attention challenges in his home/community setting. Leo is able to adapt well to reasonable changes in his routine, makes friends easily and is able to be flexible in his play with peers in his home and community. Leo enjoys the social aspects of school. However, due to pre-academic challenges, he may become frustrated, and this is not atypical. In the home/community Leo exhibits appropriate social functioning and does not demonstrate atypical behaviors. Leo may present as stubborn to a mild degree but does not demonstrate externalizing problems such as defiant or aggressive behavior. He is calmed easily when upset or angry and does not exhibit rapid change in mood. Leo is not observed or reported to be overly sensitive to minor physical discomforts and does not exhibit symptoms of anxiety. Parent reports do not indicate characteristics associated with ADHD as noted by narrow or broad band measures.

Challenges: Teacher responses indicate Leo is observed and reported to exhibit much more problematic behavior in his school setting than in his home community setting. Teacher responses indicate higher than expected activity level, impulsivity, and aggression in school, inconsistent with Parent reports. Additionally, in the school setting he is observed to exhibit internalizing problems such as symptoms associated with depression and anxiety not observed/reported in his home/community setting. Teacher responses indicate that to a less prominent degree, Leo is observed to evade social contact at times, struggles to adapt to reasonable changes in routine, and may have difficulty with areas of social skills inconsistent with Parent reports. Teacher reports Leo struggled with following through on teacher instructions.

continued below

Performance Area:

Social-Emotional (continued)

Category:

Social Emotional

Assessment/Monitoring Process
Used:

Rating Scales, Observations, Record Review, Interviews

State/District Assessment Results:

N/A

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

At school Leo may struggle with flexibility in peer relations requiring play to be on his terms. Leo may become angry and require guidance to calm and regulate his emotions. However, this is not observed or reported by Parent in his homes setting. Parent reports indicated mild or at-risk Inattention/Hyperactivity with no other problematic areas noted. However, Teacher responses indicate Leo exhibits significantly higher than expected activity level, difficulty paying attention and following directives. At school he is reported to exhibit social challenges and aggression. At school he may present as bossy or inflexible in his socialization with peers which may result in conflict or frustration. At school, Leo is noted to have difficulty regulating his feelings including worry or anger and is reported to have rapid changes in mood. Overall, Teacher responses indicate characteristics associated with ADHD including restless/impulsive behavior, significantly high activity level and inattention. However, this is not observed/reported in his home community setting. This may be due in part to increased social and academic demands in the school setting.

Impact: Leo's eligibility of Specific Learning Disability impacts his ability to be involved and progress in the general curriculum in social-emotional areas including coping with academic frustration and sustaining attention consistently.

Supports: Leo should be reminded of the things he does well (socially and academically) as a method of encouragement/motivation. Praise Leo for beginning, continuing, and completing assigned tasks. Interact with Leo regularly to support task completion. He may benefit from being assigned a helping role in which he will also be provided a break. Leo may be provided short (at teacher discretion) scheduled/structured preferred activity breaks during his school day. Home/school collaboration should continue in order to reinforce praise for effort and reminders of consequences as appropriate across settings.

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Section E: Present Level of Performance

Performance Area: HEALTH
Category: Health
Assessment/Monitoring Process Used: Parent health questionnaire
State/District Assessment Results:

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

HEALTH SUMMARY: Initial Health Assessment was completed on 11/17/2022 with information provided by parent health questionnaire completed by mother Talia Hafner.
Mother reports uneventful pregnancy and his developmental milestones were within normal limits. There were no prenatal, birth or newborn complications.
STRENGTHS: General good health; normal growth and development; milestones within normal limits for both motor and speech. Mother has no hearing or vision concerns. No history of serious or chronic illness, allergies, injury, accident, surgery, hospitalization, psychiatric care; no daily medications or other known health problems.
AREAS OF NEED: Physical health is not an area of need. Mother's areas of concern is academics.
IMPACT OF DISABILITY: Physical health does not impact on student's participation, performance and access in the educational program.
ACCOMMODATIONS/MODIFICATIONS: None in health. He is being assessed and evaluated by IEP team committee for eligibility.
Jane Igna R.N., School Nurse 11/17/22

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):

[Empty text box for current performance/assessment summary]

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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):

Letter-Word Identification SS 60
Passage Comprehension SS 83

Strengths: Leo was able to name the letters 'L,' 'A,' 'S,' 'W,' and 'y.' He was able to match pictures to the correct symbols and match the words 'green frog' to the correct picture.

Areas of Need: Leo did not know all of his letters, nor was he able to read any words on either the letter-word identification or passage comprehension subtests. When asked to match words to the correct picture most of the time he replied, 'I don't know.'

Impact: Leo's specific learning disability effects all areas of reading instruction, input, processing, and output of information. This impacts his ability to be involved and progress in the general education 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):

Spelling SS 70
Writing Samples SS 72

Strengths: Leo was able to draw a horizontal line, trace a triangle, and copy an uppercase H on the spelling subtest. He was also able to write an uppercase A and an E when dictated to him. He was able to write his first name and the first letter of his last name.

Areas of Need: Leo was unable to write most of the letters dictated to him either uppercase or lowercase. He was also unable to write any words other than his name on either the spelling or writing samples subtests.

Impact: Leo's specific learning disability effects all areas of written language instruction, input, processing, and output of information. This impacts his ability to be involved and progress in the general education curriculum.

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Last

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Section E: Present Level of Performance

Performance Area: Mathematics

Category: Math

Assessment/Monitoring Process Used: Woodcock Johnson IV Tests of Achievement

State/District Assessment Results:

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

Calculation SS 79
Applied Problems SS 101

Strengths: Leo was able to write the numbers 1 and 3 when asked. He was also able to add 2+2 correctly without counters and write the correct answer. Leo was able to show one finger when asked and two hands. He was able to count given picture counters and add up different picture counters when asked. Leo was able to conceptualize subtraction when given picture counters and asked how many would be left if a certain number were taken away. He was able to read analog time by at least the hour and demonstrated some knowledge of coin value.

Areas of Need: Leo was unable to solve any basic calculation problems other than 2+2=4. He was unable to solve most of the math application problems without picture counters or ones that involved coin value.

Impact: Leo's specific learning disability effects all areas of mathematics instruction, input, processing, and output of information. This impacts his ability to be involved and progress in the general education 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 F: Eligibility

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

Cognitive/Processing, Academic, Motor, Language, Social-Emotional

For Initial IEP, interventions attempted prior to determining eligibility:

This school year, Leo receives small group support at times in his school setting. Speech and language services have begun funded through his insurance.

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:

Not Applicable, Blind or Partially Sighted

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

or

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

No Longer Eligible (Effective Date):

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

Final IEP Reason: Final IEP Effective Date:

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

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Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

Leo will demonstrate basic knowledge of one-to-one letter-sound correspondences by producing the primary sounds or many of the most frequent sounds for 12 consonants when reading words in isolation and in text in a small group setting as measured by work samples in 2 out of 3 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:

Leo will demonstrate basic knowledge of one-to-one letter-sound correspondences by producing the primary sounds or many of the most frequent sounds for 8 consonants when reading words in isolation and in text in a small group setting as measured by work samples in 1 out of 2 trials with 60% accuracy.

Incremental objective #2 related to the goal:

Leo will demonstrate basic knowledge of one-to-one letter-sound correspondences by producing the primary sounds or many of the most frequent sounds for 10 consonants when reading words in isolation and in text in a small group setting as measured by work samples in 1 out of 2 trials with 65% 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: <div style="border: 1px solid black; height: 100px; width: 100%;"></div>

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Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

Leo will recognize and name 26 upper and lowercase letters of the alphabet in a small group setting as measured by work samples and observations in 2 out of 3 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:

Leo will recognize and name 18 upper and lowercase letters of the alphabet in a small group setting as measured by work samples and observations in 1 out of 2 trials with 60% accuracy.

Incremental objective #2 related to the goal:

Leo will recognize and name 26 upper and lowercase letters of the alphabet in a small group setting as measured by work samples and observations in 1 out of 2 trials with 65% 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"/>

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Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

When given concrete objects, Leo will use these objects to add and subtract numbers (each number less than 10) with 70% accuracy in 3 consecutive trials as measured by teacher-charted observation/data.

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 concrete objects, Leo will use these objects to add and subtract numbers (each number less than 10) with 60% accuracy in 1 consecutive trial as measured by teacher-charted observation/data.

Incremental objective #2 related to the goal:

When given concrete objects, Leo will use these objects to add and subtract numbers (each number less than 10) with 65% accuracy in 2 consecutive trials as measured by teacher-charted observation/data.

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 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 HAFNER LEO MI Last First MI

Date of Birth 16-SEP-2016

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? Yes No Select Preferred Language:

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

Specify the Individual Pages to be translated:

Special Requests:

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

Pandemic Learning Loss Consideration of Compensatory and/or Recoupment Services

Compensatory Education Consideration:

- The IEP team has reviewed and discussed whether compensatory education is required due to the COVID-19 pandemic. The IEP team has determined: Student received all of their special education and related aids and services required by their IEP. Compensatory education is not required. Student did not receive all of their special education and related aids and services required by their IEP. Compensatory education offer details are documented in FAPE 2- Summary of Services. Student did not receive all of the special education and related aids and services required by their IEP. However, no compensatory education was warranted for the reasons documented by the IEP team in FAPE Part 2 Part 4. Compensatory education consideration was documented on IEP dated

Recoupment Services Consideration:

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

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

THIS SPACE DELIBERATELY LEFT BLANK.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student HAFNER LEO MI

Date of Birth 16-SEP-2016

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, Whom, When. Rows include notification methods (Email) to SARA LOPEZ-SILVA and SARA LOPEZ-LOPEZ on various dates.

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 10-JAN-2023

- 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 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="Talia Hafner (zoom)"/>	<input type="text" value="Talia Hafner"/>
Parent/Guardian	<input type="text"/>	<input type="text"/>
Student Age 18 - 21 years	<input type="text"/>	<input type="text"/>
Student Under Age 18 years	<input type="text"/>	<input type="text"/>
Surrogate Parent	<input type="text"/>	<input type="text"/>
Foster Parent	<input type="text"/>	<input type="text"/>
Family Foster Home Provider	<input type="text"/>	<input type="text"/>
Administrator	<input type="text" value="Arpineh Kourounian"/>	<input type="text" value="Arpineh Kourounian"/>
Administrative Designee	<input type="text"/>	<input type="text"/>
Special Education Teacher	<input type="text" value="David Visner"/>	<input type="text" value="David Visner"/>
General Education Teacher	<input type="text"/>	<input type="text"/>
School Psychologist	<input type="text" value="Jennifer Rose"/>	<input type="text" value="Jennifer Rose"/>
School Nurse	<input type="text" value="Jane Igna"/>	<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" value="Emek Representative"/>	<input type="text" value="Stephie Bregman"/>	<input type="text" value="Bregman"/>
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 HAFNER LEO Last First MI

Date of Birth 16-SEP-2016

Meeting Date 07-DEC-2022

LEAST RESTRICTIVE ENVIRONMENT ANALYSIS

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

Student's Current Placement Type:

Form with radio buttons for placement types: General Education Class/General Education Site, Special Day Program/General Education Site, Special Day Program/Special Education Center, Nonpublic School, 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.

Step A. Can the supports, services, accommodations and/or modifications in the student's IEP be made available in a general education classroom/setting? Includes Yes/No options and a text box for justification.

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? Includes Yes/No options and a text box for justification.

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 checked="" type="checkbox"/>	Diminished access to the full range of the curriculum
	<input checked="" type="checkbox"/>	Missed general education instruction taught by highly qualified staff
	<input 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="10-JAN-2023"/>	<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="MONLUX 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)"/>	<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)	Parent Counseling and Training (PCT)	<input type="radio"/> Yes <input checked="" type="radio"/> No	
	ESY Transportation	<input type="text"/>	
Accommodation, Modifications, Supports	Instructional Accommodations	<input type="text" value="Small group instruction, breaks as needed, counters, alphabet chart"/>	<input type="text"/>
	Instructional Modifications	<input type="text"/>	<input type="text"/>
	Other Supports, including Non-Academic and Extra-curricular Activities	<input type="text"/>	<input type="text"/>
Preparation for Three Year Review IEP (At the second Annual Review IEP Meeting, the team must discuss and document the decision to conduct or not conduct a three-year comprehensive reassessment.)	Do the Parent and the District (local educational agency) agree that a reassessment is unnecessary?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
	If the Parent does not agree, specify the area(s) to be reassessed.	<input type="text"/>	<input type="text"/>
Comments, as appropriate			
Low Incidence Equipment	<input type="text"/>		

**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 10-JAN-2023	
RSP	End Date:		
RSP	Service applies to:	Regular	
	Frequency:	1-5	
This service addresses the following goals :	Interval:	Weekly	
	Minutes/Interval:	150	
	Minutes/Interval (Pullout from Gen Ed):	150	
	Service Delivery Model:	Direct Service (By a Single Provider)*	
	RSP Area:	Math	
	Responsible Personnel:	Resource Specialist Teacher	

*

Service 2	Start Date:	Effective on Signature Date 10-JAN-2023	
RSP	End Date:		
RSP	Service applies to:	Regular	
	Frequency:	1-5	
This service addresses the following goals :	Interval:	Weekly	

1(Reading)	Minutes/Interval:	150	
2(Written Language)	Minutes/Interval (Pullout from Gen Ed):	150	
	Service Delivery Model:	RSP: Direct Instruction Services*	
	RSP Area:	Literacy/ELA/ELD	
	Responsible Personnel:	Resource Specialist Teacher	

*

Notes:

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

Part 3 - Percentage of Time Outside of General Education

	Effective With this IEP	Future Changes Related to this IEP
% of Time per Week outside of General Education	<input type="text" value="19"/>	

Part 4 - Compensatory Education/Recoupment Services Discussion

Since this is a private School compensatory and recoupment discussion was not necessary.

Part 4 - Additional Discussion (This section is optional)

Mom and EMEK school representative were present. The purpose of this IEP is to conduct an initial IEP meeting for Leo. The IEP team met on zoom. Introductions were made. IEP Statement was read, and IEP booklets were shared. Psychologist and Resource Specialist Teacher read their assessment reports and shared Leo's strengths and areas of need. Mom says she does see a learning problem but not behavior problem. Psychologist did not see any behavior problems either. He was very polite. Mom said there is a difference from last year to this year. Mom sees a big improvement. APEIS read the health report conducted by the nurse on 11/17/22. Leo's eligibility is Specific Learning Disability. IEP team agrees the FAPE for Leo will be to receive RSP services in language arts and Math. The IEP team is offering RSP services. Parents agree that a Free Appropriate Public Education (FAPE) has been offered and will be implemented upon enrollment in a public school. Mom Wanted to know if we can assess him again in a year or so.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

(SLD, pg. 1 of 1)

Student HAFNER LEO MI Last First MI

Date of Birth 16-SEP-2016

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

N/A

2. During the observation of the student in the general education setting, was behavior noted that relates to the student's general academic functioning? Yes

Yes No

If Yes, describe

Difficulty keeping up with the pace of instruction in English language arts.

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:	None	Low Incident Support:	None					
Date District Received	10-Jan-2023							
Parent Signature:								
Service Code	Service Desc	Start Date	Service Applies To	Interval	Frequency	Area	Total Minutes	Addresses Goal(s)
RSP	RSP	Effective on Signature Date	Regular	Weekly	1-5	RSP-Math	150	Mathematics
RSP	RSP	Effective on Signature Date	Regular	Weekly	1-5	RSP-Literacy/ELA/ELD	150	Reading, Written Language

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 type="checkbox"/>	<input 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 type="checkbox"/>	<input 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.