

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Identification Number 200305X322 SSID

Eligible (AUT)

Student TZEMACH AVIV S Last First MI

Date of Birth: 18-JAN-2020

Section A: Meeting Information

Pertinent Dates	Type of Meeting
Date of Initial IEP Team Meeting: 13-DEC-2022	<input checked="" type="radio"/> Initial <input type="radio"/> Amendment of IEP dated
Date of Present Meeting: 13-DEC-2022	<input type="radio"/> Annual Review <input type="radio"/> Early Start Transition
Annual Review to be conducted by: 13-DEC-2023	<input type="radio"/> Three Year Review <input type="radio"/> Expulsion Analysis
Next Three Year Review will be conducted by: 01-MAY-2024	<input type="radio"/> Other <input type="radio"/> Individual Transition Plan
Three Year Review or Evaluation was conducted on: 13-DEC-2022	
Transition to Kindergarten to be conducted by: 01-MAY-2024	
Location of Meeting: SP ED INF/PRE (1017)	District Name: Los Angeles Unified School Dis

Section B: Student Information

Date of Birth: 18-JAN-2020 Age: 2 Grade: -1

Gender: Male Female Ethnic Code: White

Location of the Psych Folder: SUPPORT UNIT NOF Student has no Psych Folder:

Location of the Cum Folder: Student has no Cum Folder:

Home Language: Hebrew Student Language: Hebrew Alternate Mode of Communication:

Home Address of Student: 8109 SUNNYBRAE AVE

City: WINNETKA CA ZIP Code: 91306

Home Telephone: (310) 596-0470 Daytime Telephone: Emergency Telephone:

School of Attendance: Sp Ed Inf/Pre (1017) Location Code: 1017

School of Residence: Sunny Brae Ave El Location Code: 6986

Name of Parent/Guardian: Maya Segal & Nir Tze Telephone:

Address: 8109 SUNNYBRAE AVE

City: WINNETKA CA ZIP Code: 91306

Surogate Parent: Telephone:

Attends **CURRENT SCHOOL** as a result of one of the following: Preschool Program

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 Superior Court Department of Mental Health Department of Children's Services

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

Other: Other

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

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" value=""/> ▼			
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" value=""/> ▼			
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" value=""/> ▼			
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" value=""/> ▼			
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" value=""/> ▼			
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" value=""/> ▼			
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" value=""/> ▼			
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" value=""/> ▼			
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" value=""/> ▼			
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" value=""/> ▼			
Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

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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):

BACKGROUND: Aviv is an adorable 2 year, 9 month old girl who is currently a client of NLACRC and receives Early Intervention on the medical service delivery model. Her primary language was reported to be Hebrew, with exposure to English. Mother reported having concerns with Aviv's language skills as she is not yet making sentences and her speech is not always clear.

STRENGTHS: Mother stated familiar listeners understand Aviv's speech 90% of the time, and unfamiliar listeners understand her about 70% of the time. The unfamiliar listeners during this assessment understood her at least 75+% of the time in either Hebrew or English. Aviv demonstrated the ability to produce the following phonemes in at least 1-word position (initial, medial, final) during spontaneous utterances, simple sentences, and/or period episodes of echolalia: /m, n, p, b, t, d, k, g, j, h, w, s, z, l, f, v, sh/. Her consonant and vowel productions were void of variability.

Please refer to the school psychologist's, Marcella Lightfoot, report for Aviv's MSEL Receptive/Expressive Language scores, as well as DP-3 Communication score. The ROWPVT-4, EOWPVT-4, and PLS-5 were all attempted and then forfeited due to limited attention, refusal of non-preferred tasks, and/or avoidance behaviors.

Aviv engaged in joint attention, non-verbal turn-taking, and intentional communication. She localized to speakers, responded to her name, and demonstrated understanding of inhibitory words. Receptively, she gave toys on verbal request, demonstrated understanding of the preposition 'in,' and followed simple 1-step directions/commands. Parent reported Aviv is able to follow 2-step directions on her terms. She is not yet identifying objects/pictures or locating objections in response to 'where' questions. Expressively, Aviv communicated her wants/needs by using a communicative point, yes/no head nods/shakes, gestures, and up to 3-word phrases/utterances in either Hebrew or English; however, most of her extended utterances were in Hebrew. She also produced some echolalia and verbal stereotypies. (continue...)

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):

(...continue)

Pragmatically, Aviv requested, greeted others, labeling only 1 picture of a 'dog,' responding to direct questions on her terms, and called attention to things occurring within her immediate environment by pointing. She was not observed asking questions or engaging in reciprocal conversational exchanges.

Aviv's voice and fluency skills did not appear to be impacted at this time, but should continue to be monitored as she increases expressive language.

NEEDS: Aviv evidences some delays with pragmatic language at this time.

IMPACT OF DISABILITY ON ACADEMIC AND OVERALL EDUCATIONAL PERFORMANCE: Based on chart review, parent reporting, observation, elicitations, and standardized/qualitative measures, Aviv's overall communication abilities may interfere with successfully accessing a preschools core curriculum in the areas of expressing her wants and needs, socialization, and/or oral language at this time.

Shannon Broussalian, MS, CCC-SLP
Speech-Language Pathologist
LAUSD Preschool Intake Assessor - Lokrantz El.

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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):

Area of strengths: Aviv demonstrates functional motor planning skills as she is able to maneuver through a novel classroom environment and playground without bumping into objects or falling. She is aware of her surroundings and moves around with reasonable caution. She demonstrates momentary single limb standing balance required for kicking a ball, stepping over low obstacles, and marching. She can walk independently on level and uneven surfaces. She runs with an early-stage pattern where forward lean and periods of flight are emerging. She bends her knees in attempt to jump. She can track moving objects with her eyes and briefly engages in a reciprocal play with an adult. She demonstrates good preparatory skills and catches an 8-inch light ball gently thrown to her from 3 feet away (inconsistently). She throws an 8-inch ball, using two-handed underhand pattern, for a distance of 4-5 feet. She throws a small ball/ beanbag for a distance of 6 feet, using her right hand preferably. She kicks a stationary ball, using her right foot, with good power and coordination. Aviv enjoys movement and music, and demonstrates functional endurance to access a preschool physical education curriculum. When focused and motivated, she can imitate movements and follow one step directions. Her performance and attention increases when she participates in activities of her interest.

Area of needs: Aviv is not yet able to jump with her feet off the floor and does not display age-appropriate running movements. She approaches higher- level balance tasks with caution and relies on external support (hand, rail, furniture, etc) for security.

Impact of Disability on Academic and Overall Educational Performance: Aviv's disability of (to be determined) and related need for intervention affects her perceptual motor skills, which impacts her involvement and progress in a general physical education curriculum.

~ Victoria Bondar, APE Specialist, NBCT

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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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):

According to the HELP Gross Motor Strands, the majority of Aviv's gross motor skills are at least at the 24+ month level.

Student's areas of strengths: Aviv is independent with her floor mobility, transfers to standing and ambulation (though with immature patterns). She can sit independently on the floor or in typical preschool chairs with adequate balance to participate in table top activities. She walks independently in the classroom as well as outside, on level/slightly uneven concrete, grass and soft playground surface. She walks for distances of at least 300 feet and can navigate the playground apparatus with general supervision. Aviv is able to get on/off a ride on toy/tricycle and propel it with her feet on the ground. Additionally, she can walk backwards and sideways at least 5-10 feet, step over a 3.5 inch high pole (cautiously), and has emergent (but immature) running skills. Aviv can catch a ball, kick a stationary ball with her right foot, and throw a ball with an underhand or overhand pattern.

Student's areas of need: Aviv demonstrates immature movement patterns and mildly decreased strength/balance. This impacts her ability to step on/off single steps or multiple steps without bilateral hand support. She may need extra supervision/assistance at least initially, on stairs and in crowded areas

Impact of student's disability on academic and overall performance: Aviv's special education eligibility impacts her ability to safely navigate single and multiple steps, which impacts her involvement and progress in the general education curriculum. Barie Spiegel, MSPT, Board Certified Pediatric Specialist

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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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):

Student's areas of Strength: Aviv exhibited functional muscle tone as she demonstrated functional strength with active range of motion to retrieve different play items from different levels, i.e. from a seated position or from the floor or different shelves. She demonstrated the ability to maintain an upright posture when moving from sitting to standing. Aviv demonstrated functional balance and equilibrium reactions to move within the classroom setting of carpet to floor and around various obstacles of furniture, as well as access playground apparatus. Aviv scored a scale score of 7 on the Bayley 4 Fine Motor Subtest, which is in the average range (average range 7-13). She displayed additional school readiness for functional visual perceptual and visual motor skills of match shapes on a formboard, insert coins into a slot, tower blocks, and imitate simple lines and a circle. During assessment, she can demonstrate some functional motor planning skills as needed to access an educational setting. She engaged with various assessors for 1 step fine motor and gross motor activities. Aviv participates in various sensory experiences, for example, she will access the playground equipment (vestibular) and she did not overly seek proprioceptive input by excessively jumping, etc. Aviv is presenting self-help skills needed to access an educational setting. She can finger feed, drink from a cup, as well as she scored on the Typical range for Taste and Smell on the SPM-2: Preschool Home form. Aviv also scored on the Typical range for Social Participation on the SPM-2: Preschool Home form.

Student's areas of need: On the SPM-2: Preschool Home form, Aviv scored in the Moderate Difficulties range for Sensory Total, as well as Planning and Ideas. Although she can engage in a 1 step fine motor and gross motor activity it was noted Aviv required maximum assistance to sustain attention and block distraction to improve her engagement during adult directed tasks.

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):

A behavior approach of first/then was noted to help with participation and engagement for adult directed tasks. In general, an educational setting can provide routine and consistent opportunities to learn to follow a task step by step and with teacher/peer model, as well as assistance. In regard to sensory processing differences in modulation noted, such as hesitant to access a small slide and/or sensory seeking behaviors. In general, sensory based activities within the preschool school setting provide children with opportunities to move and explore that naturally improve a student's body awareness and may provide organization to the body as needed, as well as consultation/collaboration with school occupational therapy.

Impact of student's disability on academic and overall performance: Aviv demonstrates differences in sensory processing that can affect motor planning which may impact her ability to be involved and progress in the general education curriculum.

Catherine Torres, OTR/L
LAUSD School Occupational Therapist

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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):

Aviv's overall current functioning in cognition/general ability cannot be adequately estimated at this time. Aviv's cognitive functioning, based upon parent's responses on the DP3, was rated within the average range. Due to Aviv's limited joint attention, self-directed behaviors, and task refusal, standardized scores could not be obtained on the MSEL. Therefore, the results of this assessment should be interpreted with caution as results may an underestimate of her true cognitive abilities.

Aviv evidences the following relative strengths: Based on parent's responses on the DP3, Aviv points to at least one body part, uses writing utensil in definite attempts to make marks on surface, correctly identifies an object in a book/magazine, gives or takes 'one more' of something, understands that an inanimate object may represent a living thing, names or points to at least 20 objects/pictures, uses size words (big/little) often and correctly, copies a circular form, draws a cross, and knows the difference between living and nonliving things.

Aviv does not appear to evidence areas of need/challenge in general ability/cognition.

Potential factors impacting the validity of the findings include limited joint attention, self-directed behavior, and task avoidance.

Educational Impact: A cognitive/general ability impact was not identified at this time.

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):

Overall, Aviv's current functioning in school readiness is developing not as expected given the student's chronological age and school experience to date, based on performance on the Mullen Scales of Early Learning (MSEL) and information gathered via observation and parent responses on the Developmental Profile 3rd Edition (DP3).

Aviv demonstrates relative strengths in pre-mathematics, pre-reading, and pre-writing skills. Aviv identifies body parts, clothing items, and gives her name. In pre-mathematics, she labels shapes, distinguishes by size (big/little), uses size words, uses concept of more, and rote counts. In terms of pre-reading, Aviv attends to labels pictures/items, and describes what is happening in a book. In the area of pre-writing skills, Aviv copies a vertical line, horizontal line, and a circle.

Aviv evidences area of weakness in general fund of knowledge, and does not understand number concepts, does not demonstrate 1:1 correspondence, or recognize numerals. Furthermore, Aviv's fleeting joint attention, self-directed behavior, and task avoidance may impact her ability to attend to, comply with, and participate in adult directed activities including those involving development and acquisition of school readiness skills.

Educational Impact: An academic performance/school readiness impact was identified at this time.

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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):

Aviv's home languages are English and Hebrew. A Hebrew interpreter was used during the assessment, as parent reported Hebrew is Aviv's dominant language. Aviv's language classification will be determined in kindergarten with appropriate measures.

Overall, Aviv's language skills are found to be in the average range.

Aviv evidences the following strengths: Aviv's receptive and expressive language skills fall within the average range on the MSEL. Aviv's rating on the communication scale falls within the average range based on parent's responses on the Developmental Profile 3. During an interview, her parents indicated that Aviv has a vocabulary of over 200 words. She communicates with words and gestures.

Aviv evidences the following needs/challenges: Per parent, familiar listeners understand 70 percent of Aviv's speech and unfamiliar listeners about 10 percent of her speech. On the ASRS, her parent rated Aviv within the very elevated range in the area of atypical language, indicating Aviv's spoken communication may be repetitive, unstructured, or unconventional. Furthermore, during the assessment, Aviv exhibited fleeting eye-contact, inconsistently responded to her name, did not engage in reciprocal conversation, and engaged in atypical language (ex. spontaneously said words out of context and made repetitive vowel-consonant sounds [ex. teek teek teek]). Aviv exhibits difficulty with her overall pragmatic/social communication skills.

Educational Impact: A communication impact was identified at this time.

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):

Overall, Aviv's motor abilities are found to be in the low average to below average range.

Based on the rater's responses on the Developmental Profile 3, Aviv evidences the following relative strengths: Aviv demonstrates age-appropriate fine motor skills, including the movement and coordination of small body parts such as the wrists, hands, and fingers (e.g., writing and drawing).

Aviv evidences needs/challenges in her gross motor abilities. Aviv's gross motor skills including the movement and coordination of the arms, legs, and other large body parts and movement (e.g., walking, climbing, and jumping) are emerging. However, according to the physical therapy assessment, Aviv demonstrates immature movement patterns and mildly decreased strength/balance. Aviv has difficulty with climbing/ascending stairs and with the ability to jump.

Educational Impact: A gross motor impact was identified at this time.

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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):

Overall, Aviv's social-emotional skills are found to be in the average to below average range.

Based on observations, informal interviews and the rater's responses on formal rating scales, Aviv evidences the following relative strengths: Aviv relates to her family in a loving manner. She enjoys singing and dancing. Aviv initiates social games such as peek-a-boo or hide and seek. Aviv will engage in pretend play and will play alongside other children. Aviv is very curious about other children and will play well, although she can be aggressive when she doesn't get what she wants. Parent reports Aviv is able to transition without difficulty if she is given sufficient warnings/notice.

Aviv evidences the following needs/challenges: Per parent, Aviv repeatedly mouths non-food items, throws things, spits food on floor, and incessantly repeats new words. Based on her mother's responses to the ASRS Parent form, Aviv engages in unusual behaviors, has difficulty relating to adults, uses language in an atypical manner, engages in stereotypical behaviors, has difficulty tolerating changes in routine, overreacts to sensory stimulation, and has problems with inattention and/or motor and impulse control. Based on parent rating scales, areas of concern were also noted in aggressive/defiant behaviors (ex. may be argumentative, defiant, destructive, or dishonest), atypical behaviors (ex. may have unusual language, engages in repetitive play, hurts herself, eats non-food items, and often seems to be in her own world), mood and affect (mood problems may include irritability, sadness, negativity, and anhedonia) anxiety (ex. may be fearful, may be clingy and/or easily frightened) and physical symptoms including sleep problems. During the assessment, Aviv exhibited fleeting joint attention, self-directed behaviors, and task refusal.

Educational Impact: A social emotional impact was identified at this time.

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):

Overall, Aviv's self-help/adaptive behavior is found to be in the average range, based on parent's responses on the Developmental Profile 3.

Aviv evidences the following relative strengths: Aviv can drink from a child-sized cup without assistance, is able to adequately use eating utensils for self-feeding tasks and is able to independently puts 3 things away.

Areas of weakness: Though her parent rated Aviv within the average range in her self-help/adaptive behaviors, parent reports Aviv still requires assistance with basic hygiene tasks, dressing and undressing, and toileting, which are emerging and should continue to be monitored. Her mother added that Aviv has the adaptive skills but only demonstrates them on her own terms.

Educational Impact: Aviv does not evidence significant weakness/needs in her adaptive skills. A self-help/adaptive behavior educational impact was not identified at this time, which would negatively impact her access to the general education preschool curriculum.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student TZEMACH
Last

AVIV
First

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MI

Date of Birth 18-JAN-2020

Meeting Date 13-DEC-2022

Section E: Present Level of Performance

Performance Area: Health and Development including Vision and Hearing

Category: Health

Assessment/Monitoring Process Used: Health Assessment; Parent Interview; Record Review

State/District Assessment Results:

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

LAUSD Initial Health Assessment was completed by Teresa Bernaldo, RN, CSN with health information gathered from a review of health records and a conference with the parent/guardian, Maya Segal on 12/21/2022.

HEALTH SUMMARY: Aviv is a thirty-five-month-old student (during the health assessment), born premature at twenty-seven-weeks gestation and with significant prenatal, birth, and newborn histories. Student was admitted to Neonatal Intensive Care Unit (NICU) for ten weeks requiring oxygen support, feeding difficulties, and jaundice treated with blue light therapy. Avis was discharged home with parents in stable health and no home medication or medical equipment needed. Developmental milestones as reported by parent were delayed for both motor skills and speech development. Student is not toilet trained. Aviv has constipation and with treating medication at home as needed. Otherwise, no other known significant health problems and does not take any medication on a daily or routine basis. No allergies to food and medication. No recent history of accident, injury, surgery, or hospitalization.

STRENGTH: Student is generally in stable health. Aviv eats a regular diet with limited food choices, self-feeds using utensils, and drinks from an open cup. Student communicates by using words, pointing at the desired object, pulling parent/adult, and gestures. Aviv walks independently. Student passed LAUSD audiometric screening and vision screening using Spot screener on 12/21/2022.

AREAS OF NEED: Student is not toilet trained. Parent reports that during feeding, Aviv food pockets and overstuff mouth with food. Parent reports that student needs handheld assist when navigating stairs.

IMPACT OF DISABILITY: Health does not impact student's participation, performance, and access to the educational program.

ACCOMMODATIONS/MODIFICATIONS: Trained staff to assist student with toileting, diapering, and navigating stairs. Trained staff to supervise during meals, remind not to overstuff mouth and swallow food properly.

Teresa Bernaldo, RN, BSN, Credentialed School Nurse
Early Childhood Special Education
12/21/2022

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):

[Empty text box for current performance/assessment summary]

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Meeting Date 13-DEC-2022

Section F: Eligibility

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

health, general ability, academic function, motor ability, language and speech, social/emotional, self-help adaptive

For Initial IEP, interventions attempted prior to determining eligibility:

Aviv has received PT, OT, Speech, and Child Development.

Eligible as a student with the disability of:

Code: AUT Autism

Not Applicable, Blind or Partially Sighted

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

Code:

Not Applicable, Blind or Partially Sighted

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

or

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

No Longer Eligible (Effective Date):

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

Final IEP Reason: Final IEP Effective Date:

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

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

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Student
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Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

To increase communication, Aviv will use 3-4 word phrases/simple sentences to request to have her needs/wants met, comment, and/or ask/answer simple questions during curriculum related activities in 4/5 opportunities, following minimal prompts/cues.

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:

To increase communication, Aviv will use 2-3 word phrases/simple sentences to request to have her needs/wants met, comment, and/or ask/answer simple questions during curriculum related activities in 4/5 opportunities, following maximum to moderate prompts/cues and models as needed.

Incremental objective #2 related to the goal:

To increase communication, Aviv will use 2-4 word phrases/simple sentences to request to have her needs/wants met, comment, and/or ask/answer simple questions during curriculum related activities in 4/5 opportunities, following moderate prompts/cues and models as needed.

Date to be achieved: MO/YR

Date to be achieved: MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
 Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

Will be able to jump in place 3 consecutive times, without support, 3/5 trials, in 85% of attempts.

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:

Will be able to jump in place 3 consecutive times, with bilateral support, 3/5 trials, in 85% of attempts.

Incremental objective #2 related to the goal:

Will be able to jump in place 3 consecutive times, with unilateral support, 3/5 trials, in 85% of attempts.

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 #:

In collaboration with classroom staff, Aviv will walk up and down a single 4-6 inch high step without hand support, 3/5 opportunities.

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:

In collaboration with classroom staff, Aviv will walk up 3-4 steps on the playground apparatus and/or campus, with one handrail and two feet per step, at least 3/5 opportunities.

Incremental objective #2 related to the goal:

In collaboration with classroom staff, Aviv will walk up a single 4-6 inch high step without hand support, 3/5 opportunities.

Date to be achieved: MO/YR

Date to be achieved: MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
 Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

In collaboration with teacher and staff of sensory strategies as needed for improved motor planning skills, Aviv will complete a 1 step fine motor task to string 3 beads with minimal verbal cues, 3/5 opportunities.

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:

In collaboration with teacher and staff of sensory strategies as needed for improved motor planning skills, Aviv will complete a 1 step fine motor task to string 3 beads with moderate verbal and visual cues, 3/5 opportunities.

Incremental objective #2 related to the goal:

In collaboration with teacher and staff of sensory strategies as needed for improved motor planning skills, Aviv will complete a 1 step fine motor task to string 3 beads with minimum verbal and visual cues, 3/5 opportunities.

Date to be achieved: MO/YR

Date to be achieved: MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
 Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

With minimal (1-2) prompts and reminders, Aviv will attend and participate in a small group activity (i.e. reading a book with the teacher, participating in nursery rhymes or finger plays) for 10 minutes, demonstrating joint attention skills, in 4 out of 5 opportunities

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 maximum (5-6) prompts and redirection, Aviv will attend and participate in a small group activity (i.e. reading a book with the teacher, participating in nursery rhymes or finger plays) for 4 minutes, demonstrating joint attention skills, in 4 out of 5 opportunities.

Incremental objective #2 related to the goal:

With moderate (3-4) prompts and redirection, Aviv will attend and participate in a small group activity (i.e. reading a book with the teacher, participating in nursery rhymes or finger plays) for 7 minutes, demonstrating joint attention skills, in 4 out of 5 opportunities.

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 #:

Aviv will independently follow changes in daily schedules and routines, on 3 out of 4 occasions.

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:

Aviv will follow changes in daily schedules and routines with adult assistance and modeling, on 3 out of 4 occasions.

Incremental objective #2 related to the goal:

Aviv will follow changes in daily schedules and routines with adult prompts, on 3 out of 4 occasions.

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 minimal (1-2) prompts and reminders, Aviv will decrease aggressive (i.e. hitting, pulling, pushing, grabbing) behaviors during peer interactions by using her words to initiate interactions, request desired toys, and/or request to join child(ren) in play in 4 out of 5 opportunities.

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 maximum (5-6) models and redirection, Aviv will decrease aggressive (i.e. hitting, pulling, pushing, grabbing) behaviors during peer interactions by using her words to initiate interactions, request desired toys, and/or request to join child(ren) in play in 2 out of 5 opportunities.

Incremental objective #2 related to the goal:

With moderate (3-4) prompts and redirection, Aviv will decrease aggressive (i.e. hitting, pulling, pushing, grabbing) behaviors during peer interactions by using her words to initiate interactions, request desired toys, and/or request to join child(ren) in play in 3 out of 5 opportunities.

Date to be achieved: MO/YR

Date to be achieved: MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student TZEMACH
Last

AVIV
First

S
MI

Date of Birth 18-JAN-2020

Meeting Date 13-DEC-2022

Section K: Participation in State and District-wide Assessments

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

DRDP-A - (Adaptations identified below are applicable)

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student TZEMACH
Last

AVIV
First

S
MI

Date of Birth 18-JAN-2020

Meeting Date 13-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:

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 Last: TZEMACH, First: AVIV, MI: S

Date of Birth: 18-JAN-2020

Meeting Date: 13-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. Row 1: Other, ECSE, 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: 20-JAN-2023

- 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: 20-JAN-2023

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
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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="Maya Segal (via Zoom)"/>	<input type="text"/>
Parent/Guardian	<input type="text" value="Nir Tzemach (via Zoom)"/>	<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"/>	<input type="text"/>
Administrative Designee	<input type="text" value="Cindy Kwan"/>	<input type="text" value="C.K."/>
Special Education Teacher	<input type="text" value="Jodi Brown"/>	<input type="text" value="Jodi Brown"/>
General Education Teacher	<input type="text" value="Evelyn Carlos via zoom"/>	<input type="text"/>
School Psychologist	<input type="text" value="Marcella Lightfoot"/>	<input type="text" value="ML"/>
School Nurse	<input type="text"/>	<input type="text"/>
Related Service Staff <input type="text" value="LAS"/>	<input type="text" value="Shannon Broussalian"/>	<input type="text" value="SB"/>
Related Service Staff <input type="text" value="OT"/>	<input type="text" value="Catherine Torres"/>	<input type="text" value="C Torres"/>
Related Service Staff <input type="text" value="PT"/>	<input type="text" value="Kimberly MacDonald"/>	<input type="text" value="Kimberly Mac Donald"/>
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="APE"/>	<input type="text" value="Victoria Bondar via zoom"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Reconvened Meeting Date

20-JAN-2023

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="Maya Segal via zoom"/>	<input type="text"/>
Parent/Guardian	<input type="text"/>	<input type="text"/>
Student Age 18 - 21 years	<input type="text"/>	<input type="text"/>
Student Under Age 18 years	<input type="text"/>	<input type="text"/>
Surrogate Parent	<input type="text"/>	<input type="text"/>
Foster Parent	<input type="text"/>	<input type="text"/>
Family Foster Home Provider	<input type="text"/>	<input type="text"/>
Administrator	<input type="text"/>	<input type="text"/>
Administrative Designee	<input type="text" value="Jodi Brown"/>	<input type="text" value="Jodi Brown"/>
Special Education Teacher	<input type="text" value="Elizabeth DiMartino"/>	<input type="text" value="Elizabeth DiMartino"/>
General Education Teacher	<input type="text" value="Wendy Cruz"/>	<input type="text" value="Wendy Cruz"/>
School Psychologist	<input type="text" value="Marcella Lightfoot"/>	<input type="text" value="Marcella Lightfoot"/>
School Nurse	<input type="text"/>	<input type="text"/>
Related Service Staff <input type="text"/>	<input type="text"/>	<input type="text"/>
Related Service Staff <input type="text"/>	<input type="text"/>	<input type="text"/>
Related Service Staff <input type="text"/>	<input type="text"/>	<input type="text"/>
Interpreter	<input type="text"/>	<input type="text"/>
Sign Language Interpreter	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
Last First MI

Date of Birth

Meeting Date

LEAST RESTRICTIVE ENVIRONMENT ANALYSIS

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

Student's Current Placement Type:

<input 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 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; width: 100%;"></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; width: 100%;"></div>	

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
 Last First MI

Date of Birth

Meeting Date

ANNUAL LEAST RESTRICTIVE ENVIRONMENT ANALYSIS (Continued)

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

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

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

Step E.	Can the supports, services, accommodations and/or modifications in the student's IEP be made available in a residential care facility?	
	<input type="radio"/> Yes <input type="radio"/> No	If not currently available, articulate in the IEP what supports, accommodations and/or modifications are required for the student in this setting.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
Last

First

MI

Date of
Birth

Meeting
Date

ANNUAL LEAST RESTRICTIVE ENVIRONMENT ANALYSIS (Continued)

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

Step F.	The student's needs as reflected in the contents of this IEP, and the placement being considered by the IEP team, outweigh any potential harmful effects at this time, including (check all that apply):	
	<input type="checkbox"/>	Diminished access to the full range of the curriculum
	<input type="checkbox"/>	Missed general education instruction taught by highly qualified staff
	<input type="checkbox"/>	Rate at which student may earn credits for graduation
	<input type="checkbox"/>	Lack of opportunity for social interaction
	<input type="checkbox"/>	Lack of opportunities for age-appropriate peer role models
	<input type="checkbox"/>	Amount of socialization opportunities with typical peers
	<input type="checkbox"/>	Limited access to peers in student's home community
	<input type="checkbox"/>	Lack of exposure to appropriate behavioral models from peers
	<input 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="20-JAN-2023"/>	<input type="text"/>
Eligibility: (from Page 4)		Eligible (AUT)	
	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 Non-Resident School"/>	<input type="text"/>
	Name of School	<input type="text" value="MELVIN AVE EL"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Instructional Setting	Setting	<input type="text" value="Special Education"/>	<input type="text"/>
	Program	<input type="text" value="PAL"/>	<input type="text"/>
	Special Day Minutes/Wk	<input type="text" value="1350"/>	<input type="text"/>
	Addresses Goals	<input type="text" value="1(Communication),2(Perceptual Motor),3(Functional Mobility),4(Sensorimotor),5(Cognitive Developmen),6(Social Emotional),7(Social Emotional)"/>	<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="Home to School"/>	<input type="text"/>
	Extended School Year/Intersession	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Parent Counseling and Training (PCT)	Parent Counseling and Training (PCT)	<input checked="" type="radio"/> Yes <input type="radio"/> No	
	ESY Transportation	<input type="text" value="Home to School"/>	
Accommodation, Modifications, Supports	Instructional Accommodations	<input type="text" value="peer and adult models, schedules, visual and verbal cues, small group instruction, break down tasks, signal transitions, redirection"/>	<input type="text"/>
	Instructional Modifications	<input type="text"/>	<input type="text"/>
	Other Supports, including Non-Academic and Extracurricular Activities	<input type="text" value="Trained staff to assist student with toileting, diapering, and navigating stairs. Trained staff to supervise during meals, remind not to overstuff mouth and swallow food properly."/>	<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**

--

**Assistive Technology
Equipment**

--

**Participation in
General Education**

--

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student **TZEMACH** **AVIV** **S**
 Last First MI

Date of Birth **18-JAN-2020**

Meeting Date **13-DEC-2022**

		Effective With This IEP	Future Changes Related To This IEP
Service 1	Start Date:	Effective as of 3rd Birthday with Parent Signature 18-Jan-2023	
09	End Date:		
Adapted PE	Service applies to:	Regular	
	Frequency:	1-5	
This service addresses the following goals:	Interval:	Weekly	
2(Perceptual Motor)	Minutes/Interval:	20	
	Minutes/Interval (Pullout from Gen Ed):	0	
	Service Delivery Model:	Direct Service (Collaborative)*	
	Responsible Personnel:	Licensed/Credentialed Provider	
		Special Education Teacher	
	*		
Service 2	Start Date:	Effective as of 3rd Birthday with Parent Signature 18-Jan-2023	
09	End Date:		
Adapted PE	Service applies to:	ESY	
	Frequency:	1-5	
This service addresses the following goals:	Interval:	Yearly	

2(Perceptual Motor)	Minutes/Interval:	80	
	Minutes/Interval (Pullout from Gen Ed):	0	
	Service Delivery Model:	Direct Service (By a Single Provider)*	
	Responsible Personnel:	Licensed/Credentialed Provider	
*			
Service 3	Start Date:	Effective as of 3rd Birthday with Parent Signature 18-Jan-2023	
16	End Date:		
Occupational Therapy	Service applies to:	ESY	
	Frequency:	1-10	
This service addresses the following goals :	Interval:	Yearly	
4(Sensorimotor)	Minutes/Interval:	60	
	Minutes/Interval (Pullout from Gen Ed):	0	
	Service Delivery Model:	Direct Service (Collaborative)*	
	Responsible Personnel:	Licensed/Credentialed Provider	
		Special Education Teacher	
*			
Service 4	Start Date:	Effective as of 3rd Birthday with Parent Signature 18-Jan-2023	
13	End Date:		

Service 6	Start Date:	Effective as of 3rd Birthday with Parent Signature 18-Jan-2023	
13	End Date:		
Physical Therapy	Service applies to:	Regular	
	Frequency:	10-20	
This service addresses the following goals:	Interval:	Yearly	
3(Functional Mobility)	Minutes/Interval:	450	
	Minutes/Interval (Pullout from Gen Ed):	0	
	Service Delivery Model:	Direct Service (Collaborative)*	
	Responsible Personnel:	Licensed/Credentialed Provider	
		Special Education Teacher	
		Other Provider(s)	

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="85"/>	

Part 4 - Compensatory Education/Recoupment Services Discussion

N/A - Preschool Initial IEP

Part 4 - Additional Discussion (This section is optional)

The Preschool for All Learners is an educationally based specialized program that operates 4 hours and 30 minutes, 5 days a week. The preschool curriculum is delivered through evidence-based practices.

Aviv's goals, included in the IEP, will be supported by a multidisciplinary on-site team comprised of an early childhood special education teacher, district special education assistants, and a speech-language pathologist. The Speech Language Pathologist will provide 2 hours of support in the classroom each week.

At IEP mom reported that she feels Aviv's left side is weaker than her right. Family has been referred to neurologist and is awaiting an appointment for further follow up.

The PAL @ Melvin El is being offered based on student's daycare location (Mickey Mouse Wee Care; 19902 Haynes St, Woodland Hills, CA 91367; 818-452-2842). Student would need district transportation drop-off to this location at the end of the PAL school day.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student
 Last First MI

Date of Birth Meeting Date

FAPE Summary Grid

Program:	PAL	Setting:	Special Education
Eligibility:	Eligible (AUT)	Curriculum:	General Education
Transportation:	Home to School	Low Incident Support:	None
Date District Received	20-Jan-2023		
Parent Signature:			

Service Code	Service Desc	Start Date	Service Applies To	Interval	Frequency	Area	Total Minutes	Addresses Goal(s)	No Consent
09	Adapted PE	Effective as of 3rd Birthday with Parent Signature	ESY	Yearly	1-5	~	80	Perceptual Motor	--
09	Adapted PE	Effective as of 3rd Birthday with Parent Signature	Regular	Weekly	1-5	~	20	Perceptual Motor	--
16	Occupational Therapy	Effective as of 3rd Birthday with Parent Signature	Regular	Yearly	10-20	~	600	Sensorimotor	--
16	Occupational Therapy	Effective as of 3rd Birthday with Parent Signature	ESY	Yearly	1-10	~	60	Sensorimotor	--
13	Physical Therapy	Effective as of 3rd Birthday with Parent Signature	ESY	Yearly	1-5	~	45	Functional Mobility	--
13	Physical Therapy	Effective as of 3rd Birthday with Parent Signature	Regular	Yearly	10-20	~	450	Functional Mobility	--

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):

<input type="checkbox"/>	Teacher-posted lessons, asynchronous (online or other media)	<input type="checkbox"/>	Virtual class meetings, synchronous	<input type="checkbox"/>	Personalized learning tools (virtual or paper packets, as available)	<input type="checkbox"/>	Scheduled teacher appointments (virtual or in-person, as available)	<input type="checkbox"/>	Scheduled email check-ins (parent or student)	<input type="checkbox"/>	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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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.