

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Identification Number 030410M053 SSID 6032358213

Eligible (AUT)

Student AZOULAY IZCHAK I MI Last First MI

Date of Birth: 04-MAR-2010

Section A: Meeting Information

Table with 2 columns: Pertinent Dates, Type of Meeting. Includes fields for meeting dates and meeting types like Initial, Annual Review, etc.

Location of Meeting: VILLAGE GLEN SCH (VALLEY) District Name: Los Angeles Unified School Distri

Section B: Student Information

Student information fields including Date of Birth, Gender, Ethnic Code, Home Address, City, Telephone, School of Attendance, etc.

Placement and family information fields including FFH#, LCI Name, LCI#, and decision-making rights.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Date of Birth

Last First

Section C: Language Acquisition

Language Classification: Start Date:

Withdrawal by Parent Request: Yes No Reclassification Date:

ELPAC Performance Level and Performance Descriptor: Test Date:

Alternate ELPAC Performance Level and Performance Descriptor: Test Date:

Section D: Goal Achievement from Current IEP

Goal for: (example - Reading)	Achieved		If No, explain the reason the goal/objective was not achieved
	Yes	No	
1 <input type="text" value="Language 1"/>	<input checked="" type="radio"/>	<input type="radio"/>	
Category <input type="text" value="Language"/>			
Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
2 <input type="text" value="Behavioral Support"/>	<input type="radio"/>	<input checked="" type="radio"/>	at 3 minutes
Category <input type="text" value="Language – Pragmatics"/>			
Objective 1 met	<input type="radio"/>	<input checked="" type="radio"/>	at 3 minutes
Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	at 3 minutes
3 <input type="text" value="Language 3"/>	<input checked="" type="radio"/>	<input type="radio"/>	
Category <input type="text" value="Language – Pragmatics"/>			
Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
4 <input type="text" value="Reading"/>	<input type="radio"/>	<input checked="" type="radio"/>	Assignments not completed, regression
Category <input type="text" value="Reading"/>			
Objective 1 met	<input type="radio"/>	<input checked="" type="radio"/>	Assignments not completed, regression
Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	Assignments not completed, regression
5 <input type="text" value="Writing"/>	<input type="radio"/>	<input checked="" type="radio"/>	Regression
Category <input type="text" value="Writing"/>			
Objective 1 met	<input type="radio"/>	<input checked="" type="radio"/>	Regression
Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	Regression
6 <input type="text" value="Math"/>	<input type="radio"/>	<input checked="" type="radio"/>	Regression
Category <input type="text" value="Math"/>			
Objective 1 met	<input type="radio"/>	<input checked="" type="radio"/>	Regression
Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	Regression
7 <input type="text" value="Social skills"/>	<input type="radio"/>	<input checked="" type="radio"/>	Requires 6+ prompts
Category <input type="text" value="Social Functioning"/>			
Objective 1 met	<input type="radio"/>	<input checked="" type="radio"/>	Requires 6+ prompts
Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	Requires 6+ prompts
8 <input type="text" value="Prevocational"/>	<input type="radio"/>	<input checked="" type="radio"/>	Beings within 3 minutes with 6+ prompts
Category <input type="text" value="Vocational Education"/>			
Objective 1 met	<input type="radio"/>	<input checked="" type="radio"/>	Beings within 3 minutes with 6+ prompts
Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	Beings within 3 minutes with 6+ prompts
9 <input type="text" value="Language 2"/>	<input checked="" type="radio"/>	<input type="radio"/>	
Category <input type="text" value="Language – Expressive"/>			
Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
10 <input type="text"/>	<input type="radio"/>	<input type="radio"/>	
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 AZOULAY

IZCHAK

I

Date of Birth 04-MAR-2010

Meeting Date 11-APR-2023

Last

First

MI

Section E: Present Level of Performance

Performance Area: Language- Language, Expressive + Pragmatics

Category: Language

Assessment/Monitoring Process Used: SLP data and observation

State/District Assessment Results: n/a

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

Summary of Services: Izchak is a 13 year old student at Village Glen School. He receives 60 minutes of weekly language and speech services in a group setting during both regular and extended school year as part of the Village Glen School collaborative model. Therapy has primarily focused on responding to questions, engaging in conversations, and using appropriate word and sentence structure.

Strengths: Izchak is kind, patient, and is always eager to attend speech therapy sessions. Izchak has made substantial progress and has achieved all of his annual language and speech goals this year. He can respond appropriately to When, Where and Why questions related to a variety of speech and language activities in 60% of observed opportunities, given 2-3 verbal/visual cues. He also engages in reciprocal conversations regarding a subject of his communication partner's choice while refraining from introducing non-salient information in 70% of observed opportunities, given 2-3 verbal/visual prompts. Lastly, he uses age appropriate syntax and morphemes (e.g. verb tense, pronoun use, word order, etc.) during structured tasks with 80% accuracy given 2-3 visual/verbal cues.

by Gina Doles, MS, SLP, Village Glen Speech Therapist

Performance Area: Language- Language, Expressive+Pragmatics (continued)

Category: Language

Assessment/Monitoring Process Used: SLP data and observation

State/District Assessment Results: n/a

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

Areas of Needs: Although Izchak has made substantial progress on his language and speech goals, he continues to require support to ensure carryover and generalization of skills while increasing complexity and accuracy with less prompting. Izchak is not yet responding to 'when', 'where', 'why', and 'how' questions with detailed responses given less than 2 verbal or visual prompts. He also does not engage in conversations with adults and peers on a nonpreferred topic with relevant responses, questions, or comments for more than 3 reciprocal exchanges given less than 2 verbal or visual prompts. Lastly, he does not yet use more sophisticated word and sentence structure to expand or combine sentences during structured speech tasks by using coordinating or subordinating conjunctions (i.e., but, yet, so, or, although, in order to, because, unless, etc.) with less than 2 verbal or visual prompts.

Impact: Due to Izchak's difficulties with responding to questions, engaging in conversations, and using appropriate word/sentence structure, he may have difficulties participating in the curriculum.

by Gina Doles, MS, SLP, Village Glen Speech Therapist

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Section E: Present Level of Performance

Performance Area: Health Review

Category: Health

Assessment/Monitoring Process Used: Parent interview; student's observation; school health record review

State/District Assessment Results:

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

HEALTH SUMMARY: Health Assessment/information was completed for the re-evaluation IEP with health information obtained from review of electronic school health records and phone conference with father, Avshalom Azoulay. Izchak is a thirteen-year-and-zero-month-old male student in the 7th grade enrolled at Village Glen School (NPS) with an AUT eligibility. Student has a condition that affects mood, thoughts, and/or behavior. Student takes daily four treating medications at home to assist in the management of the medical condition. Student started taking medications six months ago as reported. Student has no known history of serious/chronic illness, injury, accident, surgery, and hospitalization in the past year. Student is in the 50th percentile for height and the 50th percentile for weight for their age group. No allergies to food and medication.

STRENGTHS: Student passed LAUSD hearing and vision screenings without correction on 03/03/2023. Student communicates by using words. Student is independent in performing self-help skills in the school setting. Student walks independently without any assistance.

AREAS OF NEED: Health is not an area of need.

IMPACT OF DISABILITY: Physical health does not impact student's access, participation, and performance in the educational program.

ACCOMMODATIONS/MODIFICATIONS: None based on physical health.

Vivian Caro, RN, BSN, Credentialed School Nurse
LAUSD Special Education Nurse Itinerant 03/06/2023

Performance Area:

Category:

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

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Section E: Present Level of Performance

Performance Area: Language

Category: Language

Assessment/Monitoring Process Used: Informal assessment, observation, language sample

State/District Assessment Results:

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

Izchak is a 13-year-old 7th grader at Village Glen Non-Public School. He participated in a Language and Speech (LAS) assessment per parent request. This assessment is to determine present level of performance and appropriate level of support.

Areas of Strength: Izchak makes comments and asks questions, which are largely observations about his environment and topics of interest. He appears to want to communicate with others and appears to enjoy speaking aloud to share thoughts and ideas. He has a working understanding and use of English sentence structure and grammar.

Areas of Need: Izchak often makes grammatical errors that can be understood in context but at times the errors can also impact the listener's ability to understand his language content (e.g., There's a squirrel is now roping. He's riding and going on the rope). Izchak tends to perseverate on topics, talking about them in a repetitive manner. For example, when talking about a favorite movie, he just described how the characters looked one by one and then repeated himself again starting with the first character's description. He had difficulty answering wh- questions, such as if he would recommend the movie to others or if his parents enjoyed the movie. Izchak also asked questions or made comments that were irrelevant and/or inappropriate and appeared to be part of his perseverating. His questions often seem to be rhetorical. Even if the conversation partner responds to his questions, he continues to just express his own thoughts.

Impact of Disability: Izchak's disability of autism is accompanied by a language disorder that affects his ability to communicate which impacts his involvement and progress in the general education curriculum.

Joy Lee, M.A., CCC-SLP
Speech and Language Pathologist
LAUSD NPS Assessor

Performance Area:

Category:

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

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Section E: Present Level of Performance

Performance Area: Reading

Category: Reading

Assessment/Monitoring Process Used: Observation, Informal

State/District Assessment Results:

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

Strengths: With prompting, Izchak has the ability to listen to a text that is being read aloud. He has the ability to read CVC and CVCC words. He demonstrates appropriate letter identification. With prompting, he is able to respond to whether he likes or dislikes a text that is being read. Areas of Need: Izchak demonstrates difficulty with reading and comprehension above his independent level. He has difficulty reading more than 3 syllable words and does not demonstrate knowledge of grammar concepts. He requires frequent prompting to follow along during lessons. Impact of Disability: Izchak's eligibility of Autism impacts his ability to attend and attain skills/concepts in reading and language arts, which impedes her involvement and progress in the general education curriculum.

Performance Area: Writing

Category: Writing

Assessment/Monitoring Process Used: Observation, Informal

State/District Assessment Results:

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

Strengths: Izchak has the ability to write his name and utilize different writing instruments appropriately. With prompting, he is able to copy accurately from the board. He has the ability to write CVC words using a word bank to fill in simple sentences. He is able to orally dictate a simple sentence on a preferred topic with guidance. Areas of Need: Izchak continues to perform below grade level expectations. He requires maximum support to complete writing assignments as he cannot work independently. He has difficulty with spelling, grammar, capitalization, and punctuation. Impact of Disability: Izchak's eligibility of Autism impacts his ability to attend and attain skills/concepts in language arts, which impedes his involvement and progress in the general education curriculum.

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Section E: Present Level of Performance

Performance Area: Math

Category: Math

Assessment/Monitoring Process Used: Observation, Informal

State/District Assessment Results:

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

Strengths: With prompting and support, Izchak is able to add and subtract between digits 0-12 with the use of manipulatives. He has a basic understanding of time of day.

Areas of Need: Izchak demonstrates difficulty with most math concepts and is currently working well below grade level. He requires frequent prompting to stay on task during his math assignments. He has difficulty using and understanding the four operations to solve math problems.

Impact of Disability: Izchak's eligibility of Autism impacts his ability to attend to and retain early math concepts, which impedes his involvement and progress in the general education curriculum.

Performance Area: Social Skills

Category: Social Functioning

Assessment/Monitoring Process Used: Observation

State/District Assessment Results:

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

Strengths: Izchak has the ability to greet others and ask them 1 simple question. He is kind and polite towards staff and peers. With maximum support and guidance, he is able to appropriately engage with his peers for up to 2 minutes.

Areas of Need: Izchak has difficulty engaging with his peers in an appropriate manner. He will often script when he is with staff and peers and repeat 'Is Izchak doing good?' or 'Izchak is bad' several times. He will often engage in negative self-talk throughout the day.

Impact of Disability: Izchak's eligibility of Autism impacts his ability to ability in social behavior functioning, which impedes his involvement and progress in the general education curriculum.

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Section E: Present Level of Performance

Performance Area: Pre-vocational

Category: Vocational Education

Assessment/Monitoring Process Used: Observation

State/District Assessment Results:

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

Strengths: With prompting, Izchak has the ability to follow 1 step directions when they are modeled. With maximum support and prompting, Izchak is able to follow along and copy from the board. He reacts positively towards praise and positive reinforcement.
Areas of Need: Izchak has difficulty completing tasks or assignments independently. He requires maximum support to complete simple tasks and to begin his assignments. When dysregulated, he has difficulty following directions. He is often inattentive and requires frequent prompting to follow along during a lesson.
Impact of Disability: Izchak's eligibility of Autism impacts his ability to complete vocational tasks, which impedes his involvement and progress in the general education curriculum.

Performance Area: Behavior Support

Category: Behavior Intervention

Assessment/Monitoring Process Used: Observation

State/District Assessment Results:

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

Strengths: When calm and motivated, Izchak has the ability to follow simple directions. When the activity is preferred, Izchak is able to participate with maximum support and prompting. He is able to respond well to redirections when he is earning a preferred tangible.
Areas of Need: When dysregulated, Izchak has difficulty follow directions. He will often make disruptive, off-topic, and repetitive comments. When upset, Izchak will scream, throw himself on the ground, hit his head, and engage in negative self-talk. He requires frequent prompting to have a safe and calm body.
Impact of Disability: Izchak's eligibility of Autism impacts his ability to engage in appropriate behaviors, which impedes his involvement and progress in the general education curriculum.

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Section F: Eligibility

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

[Empty text box for disability discussion]

For Initial IEP, interventions attempted prior to determining eligibility:

[Empty text box for interventions]

Eligible as a student with the disability of:

Code: AUT Autism
[Not Applicable] [Blind or] [Partially Sighted]

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

Code: [] []
[Not Applicable] [Blind or] [Partially Sighted]

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

or

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

No Longer Eligible (Effective Date): []

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

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

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

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Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

By annual review 2024, Izchak will respond to 'when', 'where', 'why', and 'how' questions with detailed responses in 80% of trial opportunities given no more than 2 verbal or visual prompts over 3 consecutive sessions as measured by SLP data and observation.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

Izchak will respond to 'when', 'where', 'why', and 'how' questions with detailed responses in 60% of trial opportunities given no more than 2 verbal or visual prompts over 3 consecutive sessions as measured by SLP data and observation.

Incremental objective #2 related to the goal:

Izchak will respond to 'when', 'where', 'why', and 'how' questions with detailed responses in 70% of trial opportunities given no more than 2 verbal or visual prompts over 3 consecutive sessions as measured by SLP data and observation.

Date to be achieved: MO/YR

Date to be achieved: MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

EXPLANATION OF MARKS				Goal Achievement
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)	
Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	
Progress Mark: <input type="text"/> Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	Progress Mark: <input type="text"/> Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	Progress Mark: <input type="text"/> Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	Progress Mark: <input type="text"/> Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	Objective 1 Met: <input type="radio"/> Yes <input type="radio"/> No Objective 2 Met: <input type="radio"/> Yes <input type="radio"/> No If "No" please explain: <input type="text"/>

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Student

Last

First

MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area:

Category:

▼

Annual Goal #:

To decrease time scripting on the yard, Izchak will participate and interact with peers for 10 minutes with no more than 2 prompts in 3 out of 5 opportunities as measured by staff observations.

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 decrease time scripting on the yard, Izchak will participate and interact with peers for 8 minutes with no more than 4 prompts in 1 out of 5 opportunities as measured by staff observations.

Incremental objective #2 related to the goal:

To decrease time scripting on the yard, Izchak will participate and interact with peers for 9 minutes with no more than 3 prompts in 2 out of 5 opportunities as measured by staff observations.

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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Section G: Annual Goals and Objectives

Performance Area:

Language- Pragmatics

Category:

Language - Pragmatics

Annual Goal #:

2

By annual review 2024, Izchak will engage in conversations with adults/peers on a non-preferred topic with relevant responses, questions, or comments for 3+ reciprocal exchanges in 80% of trial opportunities given no more than 2 verbal or visual prompts over 3 consecutive sessions as measured by SLP data and observation.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

Izchak will engage in conversations with adults/peers on a non-preferred topic with relevant responses, questions, or comments for 3+ reciprocal exchanges in 60% of trial opportunities given no more than 2 verbal or visual prompts over 3 consecutive sessions as measured by SLP data and observation.

Incremental objective #2 related to the goal:

Izchak will engage in conversations with adults/peers on a non-preferred topic with relevant responses, questions, or comments for 3+ reciprocal exchanges in 70% of trial opportunities given no more than 2 verbal or visual prompts over 3 consecutive sessions as measured by SLP data and observation.

Date to be achieved:

July

2023

MO/YR

Date to be achieved:

November

2023

MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

Table with 5 columns: 1st Reporting Period, 2nd Reporting Period, 3rd Reporting Period, 4th Reporting Period (Secondary Only), Goal Achievement. Includes progress marks, sufficiency questions, and reasons for 'No'.

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Section G: Annual Goals and Objectives

Performance Area:

Category:

Annual Goal #:

When a text has been read aloud to him, Izchak will answer WH questions (who, what, where, when, why, and how) to show understanding of the reading as measured by work samples or teacher/staff observations with 70% accuracy in 3 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:

When read a text aloud, Izchak will answer WH questions (who, what, where, when, why, and how) to show understanding of the reading as measured by work samples or teacher/staff observations with 50% accuracy in 1out of 5 opportunities.

Incremental objective #2 related to the goal:

When read a text aloud, Izchak will answer WH questions (who, what, where, when, why, and how) to show understanding of the reading as measured by work samples or teacher/staff observations with 60% accuracy in 2 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 Objective 2 Met: <input type="radio"/> Yes <input type="radio"/> No If "No" please explain: <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"/>	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"/>	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"/>	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"/>	

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 visual supports and 1-2 prompts, Izchak will write CVC words, sight words, and high frequency words correctly as measured by work samples or teacher/staff observations with 70% accuracy in 3 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 visual supports and 3-4 prompts, Izchak will write CVC words, sight words, and high frequency words correctly as measured by work samples or teacher/staff observations with 50% accuracy in 1 out of 5 opportunities.

Incremental objective #2 related to the goal:

With visual supports and 2-3 prompts, Izchak will write CVC words, sight words, and high frequency words correctly as measured by work samples or teacher/staff observations with 60% accuracy in 2 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

EXPLANATION OF MARKS				Goal Achievement
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)	
Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	
Progress Mark: <input type="text"/> Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	Progress Mark: <input type="text"/> Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	Progress Mark: <input type="text"/> Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	Progress Mark: <input type="text"/> Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	Objective 1 Met: <input type="radio"/> Yes <input type="radio"/> No Objective 2 Met: <input type="radio"/> Yes <input type="radio"/> No If "No" please explain: <input type="text"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student

Last

First

MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

When provided with visual aids, Izchak will demonstrate the ability to format addition and subtraction math questions with sums larger than 10 with 70% accuracy in 3 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:

When provided with visual aids, Izchak will demonstrate the ability to format addition and subtraction math questions with sums larger than 10 with 50% accuracy in 1 out of 5 opportunities.

Incremental objective #2 related to the goal:

When provided with visual aids, Izchak will demonstrate the ability to format addition and subtraction math questions with sums larger than 10 with 60% accuracy in 2 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

EXPLANATION OF MARKS				Goal Achievement
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)	
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 #:

Izchak will refrain from engaging in negative self-talk by having positive conversations with peers or staff with no more than 3 prompts in 3 out of 5 opportunities measured by staff observations.

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:

Izchak will refrain from engaging in negative self-talk by having positive conversations with peers or staff with no more than 5 prompts in 1 out of 5 opportunities measured by staff observations.

Incremental objective #2 related to the goal:

Izchak will refrain from engaging in negative self-talk by having positive conversations with peers or staff with no more than 4 prompts in 2 out of 5 opportunities measured by staff observations.

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 no more than 4 prompts from staff assistance, Izchak will begin his classwork within 1 minute of being assigned and show progress throughout the day in 3 out of 5 opportunities as measured by staff observations.

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 no more than 6 prompts from staff assistance, Izchak will begin his classwork within 2 minutes of being assigned and show progress throughout the day in 1 out of 5 opportunities as measured by staff observations.

Incremental objective #2 related to the goal:

With no more than 5 prompts from staff assistance, Izchak will begin his classwork within 2 minutes of being assigned and show progress throughout the day in 2 out of 5 opportunities as measured by staff observations.

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 Objective 2 Met: <input type="radio"/> Yes <input type="radio"/> No If "No" please explain: <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"/>	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"/>	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"/>	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"/>	

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student AZOULAY
Last

IZCHAK
First

I
MI

Date of Birth 04-MAR-2010

Meeting Date 11-APR-2023

Section K: Participation in State and District-wide Assessments

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

<p>Student will participate in Regular State and District Assessments. <i>(Designated Supports and/or Accommodations identified below are applicable)</i></p>	<p>CAASPP Subject ELA and Math</p>
<p>Designated Supports:</p> <ul style="list-style-type: none"> - Noise Buffers - Test in a separate/smaller setting 	
<p>Accommodations:</p> <ul style="list-style-type: none"> - Multiplication table for single digits 1-9 (paper-based; not allowed for Grade 3; non-embedded accommodation) 	

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student AZOULAY IZCHAK I MI Last First MI

Date of Birth 04-MAR-2010

Meeting Date 11-APR-2023

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 AZOULAY IZCHAK I MI

Date of Birth 04-MAR-2010

Meeting Date 11-APR-2023

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 Student, Email, and Whom (Claribel Birrueta) with corresponding 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

Large empty text box for parent concerns and comments.

Signature(s) [] [] Date []

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

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

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

Signature(s) [] [] Date 11-APR-2023



Parent IEP Experience Survey
Encuesta sobre la experiencia de los padres en el IEP.

Please take a moment to complete the survey below by scanning the QR code with your smart phone camera. You can also take the survey at this link:

Por favor tómese un momento para completar la siguiente encuesta escaneando el código QR con la cámara de su teléfono inteligente. También puede realizar la encuesta en este enlace:

<http://lausd.PARENT-IEP-EXPERIENCE.alchemer.com/s3/>

Please ask your school staff if in need of assistance.

En caso que necesite asistencia, por favor solicitesela al personal de la escuela.



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"/>	<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="Christine Kazandjian"/>	<input type="text" value="Christine Kazandjian"/>
Special Education Teacher	<input type="text" value="Brianna Plasencia"/>	<input type="text" value="B.P."/>
General Education Teacher	<input type="text"/>	<input type="text"/>
School Psychologist	<input type="text"/>	<input type="text"/>
School Nurse	<input type="text"/>	<input type="text"/>
Related Service Staff <input type="text" value="Language and Speech (LAS) Assessor"/>	<input type="text" value="Joy Lee"/>	<input type="text" value="Joy Lee"/>
Related Service Staff <input type="text" value="LAS Provider"/>	<input type="text" value="Gina Doles"/>	<input type="text" value="Gina Doles"/>
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" value="Debbie Lazer"/>	<input type="text" value="Deborah Lazer"/>
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 checked="" type="radio"/> Nonpublic School
<input type="radio"/> Home/Hospital or Residential Care Facility	

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

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

Step A.	Can the supports, services, accommodations and/or modifications in the student's IEP be made available in a general education classroom/setting?	
	<input type="radio"/> Yes <input checked="" type="radio"/> No	If the answer is YES, then a general education classroom/setting is the appropriate placement. If the answer is NO, go to the question below.
	<input type="radio"/> Yes <input checked="" type="radio"/> No	If not currently available, can the required supports, services, accommodations and/or modifications be made available in a general education classroom/setting? If YES, all required supports, services, accommodations and/or modifications must be provided within a reasonable timeline. If the answer is NO, please articulate why in the box below. Then go to Step B.
<input type="text" value="Reviewed data determines that the student continues to require support from special education provided in a small group setting to allow access to the curriculum."/>		

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 checked="" 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 checked="" type="radio"/> No	If not currently available, can the required supports, services, accommodations and/or modifications be made available in a special day program on a general education site? If YES, all required supports, services, accommodations and/or modifications must be provided within a reasonable timeline. If the answer is NO, please articulate why in the box below. Then go to Step C.
<input type="text" value="Reviewed data determines that the student continues to require special education supports and services in a small, structured environment to meet needs due to disability, including distractibility and difficulty using coping skills to manage frustration, and to allow maximum progress toward grade level standards."/>		

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

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Last AZOULAY

IZCHAK

I

Date of Birth 04-MAR-2010

Meeting Date 11-APR-2023

Last

First

MI

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 checked="" type="checkbox"/>	Rate at which student may earn credits for graduation
	<input checked="" type="checkbox"/>	Lack of opportunity for social interaction
	<input checked="" type="checkbox"/>	Lack of opportunities for age-appropriate peer role models
	<input checked="" type="checkbox"/>	Amount of socialization opportunities with typical peers
	<input checked="" type="checkbox"/>	Limited access to peers in student's home community
	<input checked="" type="checkbox"/>	Lack of exposure to appropriate behavioral models from peers
	<input type="checkbox"/>	Other: <input type="text"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 1 - Eligibility, Placements and Supports

Student

Date of Birth

Meeting Date

Last

First

MI

		Effective With this IEP	Future Changes Related to this IEP
	As of Date:	<input type="text"/>	<input type="text"/>
Eligibility: (from Page 4)		Eligible (AUT)	
	Final IEP Reason Final IEP Effective Date:		
Curriculum		General Education	
Placement	Type of School	Nonpublic School	
	Name of School	VILLAGE GLEN SCH (VALLEY) (NPS)	
Instructional Setting	Setting	Special Education	
	Program	NPS	
	Special Day Minutes/Wk	1500	
	Addresses Goals	1(Language),2(Language-Pragmatics),4(Reading),5(Writing),6(Math),7(Social Skills),8(Pre-vocational),9(Behavioral Support)	
Additional Factors	Low Incident Support	None	
	Assistive Technology Support	No	
	Transportation	NPS Only - NPS Transportation	
	Extended School Year/Intersession	<input checked="" type="radio"/> Yes <input type="radio"/> No	
	Parent Counseling and Training (PCT)	<input type="radio"/> Yes <input checked="" type="radio"/> No	
	ESY Transportation	Home to School	
Accommodation, Modifications, Supports	Instructional Accommodations	small group instruction, offer choices, assignments broken down into smaller parts, reading material at independent and instruction level, re-teaching, graphic organizers, show examples, preferential seating, extended time on assignments, access to keyboard, calculator access, use of visuals and manipulatives, pre-teaching, breaking math problems into simpler parts, and visual demonstrations, repeated demonstrations, tasks explained in small and sequential manner, instruction in social skills, reinforce appropriate behavior, reduce/minimize distractions, modeling positive social interactions.	
	Instructional Modifications		
	Other Supports, including Non-Academic and Extra-curricular Activities		
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.		
Comments, as appropriate			

Low Incidence Equipment	
Assistive Technology Equipment	
Participation in General Education	<p>The above mentioned NPS school (100% of the school-day) is the least restrictive environment to meet Student's needs at this time due to behavioral needs and limited academic progress. Every effort will be made to re-integrate Student into the general education environment when feasible and appropriate. Areas of consideration for least restrictive environment, i.e. return to regular education setting include but are not limited to: behavior; attendance; and academic progress.</p>

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	End Date:	11-APR-2024	
Language/Speech	Service applies to:	ESY	
	Frequency:	1-5	
This service addresses the following goals :	Interval:	Weekly	
	Minutes/Interval:	60	
<input type="text" value="1(Language)"/>	Minutes/Interval (Pullout from Gen Ed):	0	
<input type="text" value="2(Language- Pragmatics)"/>	Service Delivery Model:	Direct Service (Collaborative)*	
	Area:	School-Based	
	Responsible Personnel:	Nonpublic School Provider (for nonpublic school students only)	

*

Service 2	Start Date:	Effective on Signature Date	
10	End Date:	11-APR-2024	
Language/Speech	Service applies to:	Regular	
	Frequency:	1-5	
This service addresses the following goals :	Interval:	Weekly	

1(Language)	Minutes/Interval:	60	
2(Language- Pragmatics)	Minutes/Interval (Pullout from Gen Ed):	0	
	Service Delivery Model:	Direct Service (Collaborative)*	
	Area:	School-Based	
	Responsible Personnel:	Nonpublic School Provider (for nonpublic school students only)	

*

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="96"/>	

Part 4 - Compensatory Education/Recoupment Services Discussion

--

Part 4 - Additional Discussion (This section is optional)

Parent sent an email prior to the meeting stating they will not make it but we can proceed without them. Team met and discussed how they can help Izchak. We will meet again when the re-evaluation report is completed.

--

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:	NPS		Setting:	Special Education					
Eligibility:	Eligible (AUT)		Curriculum:	General Education					
Transportation:	NPS Only - NPS Transportation		Low Incident Support:	None					
Date District Received									
Parent Signature:									
Service Code	Service Desc	Start Date	Service Applies To	Interval	Frequency	Area	Total Minutes	Addresses Goal(s)	No Consent
10	Language/Speech	Effective on Signature Date		Weekly	1-5	School-Based	60	Language, Language-Pragmatics	--
10	Language/Speech	Effective on Signature Date		Weekly	1-5	School-Based	60	Language, Language-Pragmatics	--

Alternative Remote/Distance Learning Services During Emergency Conditions

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

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

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

As soon as practicable following the determination that instruction or services, or both, cannot be provided either at the school or in person for more than 10 days due to a qualifying state of emergency, the parent will be notified as to the specific means by which the student's IEP will be provided, in light of the emergency circumstances present at that time. The IEP will be provided by alternative means as necessitated during the period of emergency conditions, only.

Comments above do not constitute a change to the District's offer of FAPE or IEP. Because the nature of any future emergency cannot be known in advance, the specific means by which the IEP shall be provided in a future emergency will be determined at the time, in light of the circumstances.

For IEP Team Information

By clicking this box the IEP team has reviewed the FAPE Summary Page to ensure that it reflects the IEP Team decisions.

INDIVIDUALIZED EDUCATION PROGRAM Behavior Intervention Plan

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

Los Angeles Unified School District

(Behavior Intervention Plan, pg. 1 of 3)

Student **AZOULAY** **IZCHAK** **I** Date of Birth **04-MAR-2010** Meeting Date **11-APR-2023**
Last First MI

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

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

other

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

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

 Reported by and/or observed by

PREVENTION PART 1 ENVIRONMENTAL FACTORS AND NECESSARY CHANGES

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

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

Other Describe:

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

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

Other (Missing/Present):

REMOVE STUDENT'S NEED TO USE THE PROBLEM BEHAVIOR

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

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

Other

Who will establish? Who will monitor? Frequency

INDIVIDUALIZED EDUCATION PROGRAM Behavior Intervention Plan

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

Los Angeles Unified School District

(Behavior Intervention Plan, pg. 2 of 3)

Student **AZOULAY** **IZCHAK** **I** **MI** Date of Birth **04-MAR-2010** Meeting Date **11-APR-2023**

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

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

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

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

Sensory input Attention (peer) Attention (staff)

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

Describe: _____

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

to get sensory input, Izchak will seek more discrete forms of self-stimulatory behaviors and instead, will engage in conversations with peers and staff appropriately.

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

Better communication skills Anger management Communication system Self-management systems

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

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

Other _____

Who will establish? _____ Who will monitor? _____ Frequency: _____

teacher teacher and staff daily

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

Physical: High-fives Smiles Handshake

Pat on the back Recognition of student's str... Peer recognition

Verbal: Use specific praises Listen to music

Contingent Access: Time on the computer Free time

Preferred activity Describe: _____ Other _____

Positive phone calls or notes to home Certificate sent home Seating Location

Tangibles Tokens Points

Tokens and Points: Exempt assignment Extra test points

Privileges: _____

Other ideas: _____

Selection of reinforcer based on: student preferences

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

By whom? _____ Frequency _____

teacher daily

EFFECTIVE REACTION PART III REACTIVE STRATEGIES

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

1. Prompt Izchak to engage in conversation with peers or staff. 2. Model what Izchak can say/do instead of scripting. 3. Have a positive conversation with him regarding alternative behaviors.

Personnel? _____

teacher

INDIVIDUALIZED EDUCATION PROGRAM
Behavior Intervention Plan

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

Los Angeles Unified School District

(Behavior Intervention Plan, pg. 3 of 3)

Student AZOULAY IZCHAK I
Last First MI

Date of Birth 04-MAR-2010

Meeting Date 11-APR-2023

OUTCOMES

PART IV

BEHAVIORAL GOALS

13 Behavioral Goal: Goal #: 9

To decrease time scripting on the yard, Izchak will participate and interact with peers for 10 minutes with no more than 2 prompts in 3 out of 5 opportunities as measured by staff observations.

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

Observation and Analysis Conclusion

Are curriculum accommodations or modifications also necessary? Where described?

Yes No

Are environmental supports/changes necessary?

Yes No

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

Yes No

Are both teaching of new replacement behavior AND reinforcement needed?

Yes No

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

Yes No

Person responsible for contact between agencies.

COMMUNICATION

PART V

COMMUNICATION PROVISIONS

14 Manner and content of communication:

- Phone calls Email Written notes
 Daily reports Daily charting Behavioral logs
 Weekly reports
 Other _____

Between? teacher and parent Frequency? as needed

INDIVIDUALIZED EDUCATION PROGRAM
LANGUAGE AND SPEECH SERVICES CERTIFICATION (LAS CERTIFICATION)

Los Angeles Unified School District

Attachment B

Student: ZCHAK I. AZOULAY

Date of Birth: 04-MAR-2010

Meeting Date: 11-APR-2023

This page is to be completed for students with Special Education eligibility other than SLI when determining the need for LAS services to support the provision of FAPE.

Complete Step 1a or 1b

Step 1a. General Education Interventions - Check items as completed

- Intervention strategies implemented, including English Language Instruction or RtI2 prevention support (including but not limited to school staff development regarding language standards in the curriculum and referral for Special Education, consultation between the classroom teacher and school speech therapist for appropriate classroom accommodations, consultation with the SSPT that includes an EL expert if student is identified as an English Learner).
- Intervention support monitored over several weeks, and modified interventions as necessary based on student response.
- Interventions were not successful, student referred for special education assessment .
- Screening by a speech therapist or a Student Success Team meeting (including a speech therapist) with the focus being speech and language concerns OR an approved screening instrument for non-LAUSD enrolled preschoolers.

Step 1b. Interventions Not Applicable

- Interventions not applicable for non-LAUSD enrolled preschoolers or when determined unnecessary by the speech therapist.

Step 2. Review of Pre-referral Information - Check items as applicable

- The speech or language delay does not appear to be due to unfamiliarity with English.
- The delay does not appear to be due to a lack of instruction in English, dialectical factors or limited language experience.
- The delay does not appear to be due to environmental factors.
- The delay does not appear to be due to economic factors.
- The delay does not appear to be due to social or cultural factors.

Step 3. Assessment - Check either A or B, and complete the remaining items

- A. Student has received an assessment by a school psychologist that gives an indication of where the student's general ability lies. (if a language impairment is suspected)
- OR**
- B. A Psychological Assessment is not required if the suspected area of disability is voice, fluency or articulation.
- Student has received a health assessment that rules out whether an inability to communicate effectively is a result of a health or sensory condition.
- A credentialed or licensed speech therapist has conducted a comprehensive evaluation, including assessment in the student's primary language, that consists of multiple measures of assessment, including but not limited to standardized test instruments (or alternate forms of assessment if necessary), formal speech/language sample, parent interview or checklist, teacher interview or checklist, and observation in various communication settings.

Step 4. Determination of the Need for LAS Service (for students with Special Education eligibility *other than SLI*):

- The IEP team has determined that speech and language related services and support are necessary for the student to benefit from Special Education. Speech and Language Services are necessary due to the results of a formal assessment, which indicates that the student demonstrates difficulty understanding or using spoken language to such an extent that it adversely affects his/her educational performance and cannot be corrected without speech and language related services.
- The presenting need for LAS service is not due to: social maladjustment, health factors, poor school attendance, environmental, economic, or social disadvantage, or lack of instruction or the unfamiliarity with the English language.
If the above is so, identify the area(s) of difficulty:
- Language disorder
- Articulation disorder
- Fluency disorder
- Voice disorder

If the student is eligible, the IEP Team must consider service delivery models based on the student's identified needs and appropriate placement in the least restrictive environment. The IEP team should also include teacher and parent participation in the implementation of goals and supports and accommodations to ensure achievement of goals and objectives in a time-efficient manner and carry-over to multiple communication contexts.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

(ITP, pg. 1 of 3)

Student
 Last First MI

Date of Birth

Meeting Date

INDIVIDUAL TRANSITION PLAN (ITP)

- Student was invited to IEP meeting: Yes
- Student received mentoring:^{info} Yes No
- Student referred and placed in an outside agency:^{info} Yes No
- If yes, name of agency:
- Student participated in Work Experience Education:^{info} Yes No
- Student received college awareness preparation:^{info} Yes No
- Student received career awareness:^{info} Yes No

Achievement of Transition Activities from Current ITP (not if first ITP)

Area	Completed	If no, indicate reason
Education/Training Activity	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> First ITP	<input type="text"/>
Employment Activity	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> First ITP	<input type="text"/>
Independent Living Skills Activity (as needed)	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A	<input type="text"/>

Section 1: Education/Training

Assessment (at least one assessment must be completed in this area).	Date	Assessment Name and Results: Indicate interests/abilities and area(s) of need (if applicable)
<input type="text" value="Transition Surveys, Checklists, or Informal Questionnaires"/> <input type="text"/> If other? <input type="text"/>	<input type="text" value="11-APR-2023"/>	Based on informal question asked during an interview, Izchak is unsure if he would like to continue his education.
<input type="text"/> <input type="text"/> If other? <input type="text"/>	<input type="text"/>	

Education/Training Postsecondary Goal

Upon completion of high school, the student will:	If other?
<input type="text" value="Other - (textbox)"/>	<input checked="" type="checkbox"/> Izchak is unsure if he would like to continue his education.

Education/Training Activity to Support Goal	Timeline	Person/Agency Responsible
<input type="text" value="transition between tasks independently or with identified supports"/> If other? <input type="text"/>	<input type="text" value="10-APR-2024"/>	<input type="text" value="Student"/> <input type="text"/> <input type="text" value="Special Education Teacher"/> <input type="text"/> <input type="text" value="Parent/Guardian/Family"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Student

Date of Birth

Meeting

Last

First

MI

Date

INDIVIDUAL TRANSITION PLAN (ITP)

Section 2: Employment

Assessment (at least one assessment must be completed in this area).	Date	Assessment Name and Results: Indicate interests/abilities and area(s) of need (if applicable)
<input type="text" value="Transition Surveys, Checklists, or Informal Questionnaires"/> <input type="button" value="v"/> If other? <input type="text"/>	<input type="text" value="11-APR-2023"/>	Based on informal questions asked during an interview, Izchak is unsure of what he would like to do after high school.
<input type="text"/> <input type="button" value="v"/> If other? <input type="text"/>	<input type="text"/>	

Employment Postsecondary Goal

Upon completion of high school, the student will:

If other?

Izchak is unsure of what he would like to do after high school.

Other - (textbox)

Employment Activity to Support Goal	Timeline	Person/Agency Responsible
<input type="text" value="research career interests and write about likes/dislikes and requirements of the job"/> If other? <input type="text"/>	<input type="text" value="10-APR-2024"/>	<input type="text" value="Student"/> <input type="button" value="v"/> <input type="text" value="Special Education Teacher"/> <input type="button" value="v"/> <input type="text" value="Parent/Guardian/Family"/> <input type="button" value="v"/> <input type="text"/> <input type="button" value="v"/> <input type="text"/> <input type="button" value="v"/> <input type="text"/> <input type="button" value="v"/>

Section 3: Independent Living (as needed)

Assessment (at least one assessment must be completed in this area).	Date	Assessment Name and Results: Indicate interests/abilities and area(s) of need (if applicable)
<input type="text" value="Transition Surveys, Checklists, or Informal Questionnaires"/> <input type="button" value="v"/> If other? <input type="text"/>	<input type="text" value="11-APR-2023"/>	Based on informal questions asked during an interview, Izchak would like to continue living at home with his family.
<input type="text"/> <input type="button" value="v"/> If other? <input type="text"/>	<input type="text"/>	

Independent Living Postsecondary Goal

Upon completion of high school, the student will:

If other?

live with family/relatives

Independent Living Activity to Support Goal	Timeline	Person/Agency Responsible
<input type="text" value="practice self management skills (e.g. accepting feedback and making changes, prioritizing tasks, managing time to accomplish goals)"/> If other? <input type="text"/>	<input type="text" value="10-APR-2024"/>	<input type="text" value="Student"/> <input type="button" value="v"/> <input type="text" value="Special Education Teacher"/> <input type="button" value="v"/> <input type="text" value="Parent/Guardian/Family"/> <input type="button" value="v"/> <input type="text"/> <input type="button" value="v"/> <input type="text"/> <input type="button" value="v"/> <input type="text"/> <input type="button" value="v"/>

Student AZOULAY

IZCHAK

I

Date of Birth 04-MAR-2010

Meeting

11-APR-2023

Last

First

MI

Date

INDIVIDUAL TRANSITION PLAN (IEP)

Course of study: A multi-year description of student's coursework from current year to anticipated exit year, in order to enable the student to meet their postsecondary goal.

A course of study (or IGP) was reviewed with parent and student in relation to:

Courses completed: Yes No

Courses currently enrolled in: Yes No

Courses still needed: Yes No

IGP or course of study was provided to the parent or student over age 18 as required: Yes

Student is working towards: Certificate of Completion Diploma

Additional courses/activities discussed that may support post secondary goals (e.g. SLC participation, electives or instruction related to postsecondary goals, community experiences, participation in other school clubs or organizations, etc.) NOTE: these are suggestions and contingent to availability:

Izchak will continue to take the required courses to complete the 7th grade.

Future Agency Involvement:

Are there agencies currently or prospectively providing or paying for transition services? Yes No

Do you give permission to the District to invite these agencies to the next IEP in which transition services will be reviewed? Yes No

Agency Name:

Agency Name:

Agency Name:

1. Does the student's IEP include appropriate measurable postsecondary goals that cover education/training, employment and, as needed, independent living? *info*

1. Yes

2. Are the postsecondary goals updated annually? *info*

2. Yes

3. Is there evidence that the measurable postsecondary goals were based on age appropriate transition assessment? *info*

3. Yes

4. Are there transition services that will reasonably enable the student to meet their postsecondary goals? *info*

4. Yes

5. Do the transition services include a course of study that is a multi-year description of coursework from the student's current year to anticipated exit year and that is designed to help the student achieve the identified postsecondary goals? *info*

5. Yes

6. Is (are) there annual IEP goal(s) related to the student's transition services needs? *info*

6. Yes

7. Is there evidence that the student was invited to the IEP team meeting where transition services were discussed? *info*

7. Yes

8. If appropriate, is there evidence that a representative of any participating agency was invited to the IEP team meeting with the prior consent of the parent or student who has reached the age of majority? *info*

8. Yes N/A