

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Identification Number 200247X466 SSID 8639974765
 Student GOLDBERG SHAYELL I MI
 Last First MI

Eligible (AUT)

Date of Birth: 30-OCT-2017

Section A: Meeting Information

Pertinent Dates	Type of Meeting
Date of Initial IEP Team Meeting: 02-JUN-2022	<input type="radio"/> Initial <input type="radio"/> Amendment of IEP dated <input type="radio"/> Annual Review <input type="radio"/> Early Start Transition <input checked="" type="radio"/> Three Year Review <input type="radio"/> Expulsion Analysis <input type="radio"/> Other <input type="radio"/> Individual Transition Plan
Date of Present Meeting: 02-JUN-2023	
Annual Review to be conducted by: 02-JUN-2024	
Next Three Year Review will be conducted by: 01-JUN-2026	
Three Year Review or Evaluation was conducted on: 02-JUN-2023	
Transition to Kindergarten to be conducted by: 02-JUN-2023	
Location of Meeting: SP ED INF/PRE (1989)	District Name: Los Angeles Unified School Distri

Section B: Student Information

Date of Birth: 30-OCT-2017	Age: 5	Grade: -1
Gender: <input checked="" type="radio"/> Male <input type="radio"/> Female	Ethnic Code: White	
Location of the Psych Folder: SP ED INF/PRE (1989)	Student has no Psych Folder: <input type="checkbox"/>	
Location of the Cum Folder:	Student has no Cum Folder: <input checked="" type="checkbox"/>	
Home Language:	Student Language:	Alternate Mode of Communication:
Home Address of Student: 5514 MASON AVE		
City: WOODLAND HILL CA	ZIP Code: 91367	
Home Telephone: (310) 925-6257	Daytime Telephone:	Emergency Telephone:
School of Attendance: Sp Ed Inf/Pre (1989)	Location Code: 1989	
School of Residence: Calvert Ces	Location Code: 2712	
Name of Parent/Guardian: Doran and Orly Goldber	Telephone: (310) 925-6257	
Address: same as Shayel		
City: CA	ZIP Code:	
Surogate Parent:	Telephone:	
Attends CURRENT SCHOOL as a result of one of the following: Preschool Program		
Is the student living in a Family Foster Home (FFH)? <input checked="" type="radio"/> No <input type="radio"/> Yes FFH# : Is FFH Provider related to student? <input type="radio"/> No <input type="radio"/> Yes Relationship : Licensed Children's Institution <input checked="" type="radio"/> No <input type="radio"/> Yes LCI Name : LCI# : Out of the home placement made by <input type="radio"/> Regional Center <input type="radio"/> Department of Mental Health <input type="radio"/> Department of Children's Services <input type="radio"/> Superior Court <input type="radio"/> Other : Child's family living within LAUSD's boundaries? <input type="radio"/> No <input checked="" type="radio"/> Yes If the student is 18 years old or older or is an emancipated minor, does he/she have educational decision-making rights? <input type="radio"/> No <input type="radio"/> Yes		

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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="COGNITIVE"/>	<input checked="" type="radio"/>	<input type="radio"/>	
Category <input type="text" value="Cognitive Development"/> ▼			
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="SOCIAL EMOTIONAL"/>	<input type="radio"/>	<input checked="" type="radio"/>	increased level of support still required
Category <input type="text" value="Social Emotional"/> ▼			
Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	increased level of support still required
3 <input type="text" value="SOCIAL EMOTIONAL"/>	<input type="radio"/>	<input checked="" type="radio"/>	increased level of support still required
Category <input type="text" value="Social Emotional"/> ▼			
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="SOCIAL EMOTIONAL"/>	<input type="radio"/>	<input checked="" type="radio"/>	increased level of support still required
Category <input type="text" value="Social Emotional"/> ▼			
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"/>
5 <input type="text" value="PRAGMATICS (LAS)"/>	<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"/>
6 <input type="text" value="SENSORY PROCESSING (OT)"/>	<input checked="" type="radio"/>	<input type="radio"/>	
Category <input type="text" value="Sensorimotor"/> ▼			
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"/>
7 <input type="text" value="VISUAL MOTOR (OT)"/>	<input checked="" type="radio"/>	<input type="radio"/>	
Category <input type="text" value="Visual Motor"/> ▼			
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"/>
8 <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"/>
9 <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"/>
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"/>

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Section E: Present Level of Performance

Performance Area: Health

Category: Health

Assessment/Monitoring Process Used: Parent health questionnaire and review of records

State/District Assessment Results: N/A

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

This health assessment is a review of the information obtained from the Health Questionnaire For School Enrollment form. This information was obtained from the parent Orly Goldberg .

STRENGTHS: Parent reports no current health condition or past major medical diagnosis such as diabetes, chronic ear infections, seizure/convulsions, or severe allergies. Parent reports no current use of prescription medication or medical treatments/procedures. No history of surgery or hospitalizations in the last 2-3 years. Parent reports no vision problem and does not require corrective lenses. Parent reports no hearing problems. He is alert, active and ambulatory.

AREAS OF NEED: Student has asthma and may occasionally experience coughing, wheezing or shortness of breath. He needs assistance with feeding and wiping/dressing after toileting.

IMPACT OF DISABILITY: Health does not impact their ability to access, participate or progress in the educational program.

ACCOMMODATIONS: : Notify parent promptly if student is coughing, wheezing or experiencing shortness of breath, first aid provided by trained staff as needed. Call 911 if student is in respiratory distress. Trained staff to provide assistance with feeding and wiping/dressing after toileting.

Completed by Adelaida Gokim, RN
5/26/23

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: review of records, parent interview

State/District Assessment Results: n/a

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

BACKGROUND: Shayel is a 5-year 7-month old child referred for a comprehensive evaluation and possible placement into a school based intervention program. Parents reported concerns about verbal language and overall communication. Per parent report, Shayel's primary language is Hebrew. Currently, Shayel receives speech and language services two times a week through the private insurance. Additionally, Shayel has an adult 'shadow' when at school due to safety concerns. He has been working on the following goal: Student will use a multimodal communication system (signs, words, word approximations, gestures, etc.) to greet, request, label, respond to communicative bids of others and/or answer simple questions that are familiar or part of a routine on 7/10 occasions throughout the school day given minimal-moderate models, prompting and cues.

STRENGTHS: Shayel is an active child with emerging language. He is a speaking child. In the area of expressive language, he uses a combination of words, gestures, and actions to communicate and his vocabulary is growing. According to parents, Shayel uses words, physical manipulation (e.g. pulling, bringing items), and gestures (e.g., pointing) to communicate his wants and needs, to request, and to refuse (e.g., walking away, pushing items away). He labels objects and actions, colors, and body parts (e.g., eyes, nose) spontaneously and when asked a question (e.g., What's this? What doing? What color?). He can answer simple wh- questions and infrequently asks questions. The clinician reported he requested with the utterance 'What do you have in the present?' in a recent therapy session. However, Shayel's responses to verbal prompts and questions depends on his level of motivation and engagement in the activity. His spontaneous verbalizations are mostly single words though parents noted that they have observed an increase of him combining words. Shayel's private speech therapist reported that he demonstrates more expanded language during her structured speech sessions.

Performance Area: Language

Category: Language

Assessment/Monitoring Process Used: review of records, parent interview

State/District Assessment Results: n/a

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

In terms of receptive language, Shayel demonstrates some non-verbal turn-taking, knowledge of cause and effect, goal directed behavior, and knowledge of object function. Shayel follows simple one-step directions with repetitions, locates objects in response to 'where' questions and gives toys on verbal request often supported by prompts and redirection. He identifies common objects in the environment and in pictures (e.g. show me the ball, show me the bird). In the area of pragmatic use of language, Shayel demonstrates some functional play (e.g. feeding baby dolls, building with blocks). Shayel displays mostly solitary play. Parents noted that he appears to be starting to show interest in other kids by saying hi to them; however, sometimes he will run away from other kids. His private speech clinician reported that he enjoys books especially Pete the Cat books.

AREAS OF CONCERN: Shayel's functional language is significantly limited and he typically uses 1-word utterances in his spontaneous output. Additionally, the number of communicative functions for which he uses verbal language is limited. At this time Shayel produces verbalizations mostly to greet and bid farewell to familiar people when prompted, to request, and to refuse (e.g., 'no!') an object or action. He also relies on preverbal means of communication (e.g., pointing and physical manipulation) to make requests. Review of records indicate that Shayel displays difficulties with use of appropriate eye contact, joint attention, non-verbal turn-taking, and intentional communication skills. Shayel displays self-directed behavior and engages in self-directed play. Shayel has been working on using pronouns and sequencing in his private speech therapy. The clinician reported that he continues to use these skills inconsistently.

IMPACT ON EDUCATION: Shayel'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.

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Section E: Present Level of Performance

Performance Area: Social Emotional

Category: Social Emotional Development

Assessment/Monitoring Process Used: CTAR, Parent Report, Gen Ed teacher, Student Observation

State/District Assessment Results:

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

Areas of Strengths:
 When Shayel is upset, he will go to an adult for support (hugs, sitting on lap). When Shayel receives adult support to regulate self-control, he is generally responsive. Shayel can give and share upon request. He says 'hi' to adults and can engage with adults by sitting on laps, and converse. With peers, he can say 'hi' or interact when prompted to do so.

Areas of Weakness:
 Shayell continues to benefit from support to reduce impulsivity and demonstrate self-control of feelings and behaviors. on sustaining longer and meaningful play with peers around a shared idea. He needs support to provide language models to help him express his feelings, and negotiate conflicts. Shayel will grab things from others, specifically when the items were items that he typically plays or belonging to his BIL. Shayel benefits from support to follow classroom rules and engage in safe behavior in the classroom, such as not to climb on furniture to look out the window.
 Per ABA progress report submitted by family; Current concerns include; loud screaming/crying, Elopement in the community , not safety awareness, transitional difficulty, self-stimulatory (twirling, a repeated running back and forth, and tensing body), and oral seeking behavior (licking no edible items, and exploring his environment with his mouth).

Impact of Disability on Educational Performance: Shayel demonstrates challenges with social emotional skills that affect his ability to maintain optimal participation within the school setting, which impacts his involvement and progress in the general education curriculum.

Performance Area: Language Development

Category: Language Development

Assessment/Monitoring Process Used: CTAR, Parent Report, Gen Ed teacher, Student Observation

State/District Assessment Results:

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

Areas of Strengths:
 Shayel shows understanding of a variety of phrases or sentences. He can carry out familiar 1 step commands, and occasionally two step, familiar, related commands. Expressively, Shayel communicates with a combination of gestures, short phrases and simple sentences. He can engage in simple back and forth conversations, typically about his schedule or preferred topics.

Areas of Needs: Shayel is still working on expanding his sentences and ability to understand more complex sentences. For example, He requires questions to be broken down in order to increase comprehension.

Impact of Disability on Educational Performance: Shayel demonstrates challenges with expressive and receptive communication skills that affect his ability to maintain optimal participation within the school setting, which impacts his involvement and progress in the general education curriculum.

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Section E: Present Level of Performance

Performance Area:

Category: ▼

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

The following information is based on a Progress Summary provided by Shayel's occupational therapist, Ms. Roxanne Benjamin, MA, OTRL:

Areas of Strength: Shayel works very hard during his OT sessions. He enjoys his routine, and requests to start each session the same way, singing two familiar songs with movement (Slippery Fish and 5 Green and Speckled Frogs). Shayel is able to participate in the movements for these songs independently, although he benefits from prompts to sustain engagement in the movement for the duration of each verse, or to improve the quality of his movements. Shayel tends to want to rush through activities, and focus on what is coming next, rather than what he is working on in the moment. Therefore, he will often move through songs and their actions quickly, but responds well to cues to slow down. Shayel demonstrates good attention for preferred activities - these include his preferred songs (including a few others than those mentioned above); making 'pizza' with playdoh; or using specific toys he requests.

Areas of Need: Shayel's attention for non-preferred tasks can fluctuate. These include visual motor tasks such as coloring, drawing, writing, and cutting. During these tasks, he at times responds well to positive reinforcement to redirect and sustain his attention for several minutes to complete portions independently. At other times, he demonstrates increased distractibility and avoidance, with difficulty being redirected, including when provided sensory breaks prior to the task. With regard to multi-step tasks, Shayel can complete a simple 2-4 step obstacle course for several repetitions, with minimal verbal cues. However, he does have difficulty generalizing this ability to more complex tasks such as completing a multi-step arts and crafts activity, without maximal support and assistance.

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):

Shayel's fine motor and visual motor integration skills have improved over the last several months. When coloring, drawing, or writing, Shayel is able to use a quadrupod grasp on a crayon. He does at times revert to a fist grip, but can easily be redirected to use a more mature grasp. With moderate to maximal cues to attend, Shayel is able to make a good effort to color on a specific target on a picture. However, his movements are typically large and static, with poor control to use smaller, more dynamic movements. This challenge is also noted when practicing writing his name. Shayel understands and is able to demonstrate the correct movement patterns to write the uppercase letters of his name. However, due to poor fine motor control, his letters are typically large and have no clear start or stop point. He does respond well to visual and physical cues. These include providing him boxes with dots for start points to write each letter in, as well as stabilizing his hand and wrist to help provide him more control when practicing writing. These challenges are also noted when imitating strokes or drawing in a path. When using scissors, Shayel does require minimal assistance to don the scissors correctly. He is able to open and close them independently, but requires maximal assistance to control his movements and stabilize the paper with his left hand, in order to cut on a line.

Impact of disability on academic and overall performance: Shayel's disability of Autism impairs his fine motor, visual motor and sensory processing skills which impacts his involvement and progress in the general education curriculum.

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Section E: Present Level of Performance

Performance Area: Literacy Developmnet
Category: Literacy Development
Assessment/Monitoring Process Used: CTAR, Gen Ed teacher, Student Observation
State/District Assessment Results:

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

Areas of Strength:
Shayel enjoys reading books of his own preference (Daniel the Tiger, Wheels on the Bus). He can sing along and respond to simple questions about those particular books. He can identify many letters He can label what he sees in the book and point to pictures when asked.
Areas of Need:
Shayel does not yet demonstrate consistent interest in literacy. He resists reading new books and engaging in conversations about them.
Impact of Disability on Educational Performance: Shayel demonstrates challenges with literacy development in both reading and writing, that affect his ability to maintain optimal participation within the school setting, which impacts his involvement and progress in the general education curriculum.

Performance Area: Mathematic Development
Category: Math
Assessment/Monitoring Process Used: CTAR,, Gen Ed teacher, Student Observation
State/District Assessment Results:

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

Areas of Strength:
Shayel is able to rote count until 10 . He can give 1-4 items upon request with some consistency. He knows basic colors and shapes.
Areas of need:
Shayel does benefits from support with measurement language. He does not yet demonstrate number sense of quantity with consistency, as he does not consistently count using 1:1 correspondence or give items upon request with consistency. He does not yet respond to questions about '1 more.'
Impact of Disability on Educational Performance: Shayel demonstrates challenges with mathematic development in numeric awareness, measurement and basic math skills, that affect his ability to maintain optimal participation within the school setting, which impacts his involvement and progress in the general education curriculum.

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Section E: Present Level of Performance

Performance Area:

Category:

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

BEHAVIOR INTERVENTION PLAN:

Caregivers and adults working with Shayel will use specific strategies based in ABA to reduce maladaptive behaviors and increase adaptive and functional behaviors. The following strategies will be implemented into Sayles's behavioral program: Beautiful Minds Center implements an in-home behavioral therapy program based in Applied Behavior Analysis. A primary diagnosis of autism spectrum disorder made by a licensed mental health professional (Psy.D. or Ph.D.) or a licensed medical professional (M.D.) must be in place prior to the start of treatment as an admission requirement. Upon authorization, a Board-Certified Behavior Analyst (BCBA) or a licensed mental health professional conducts the initial assessment and functional behavior analysis, which is then submitted to the appropriate insurance carrier for authorization of services. A paraprofessional provides direct 1:1 service to clients and families who are supervised by a BCBA or licensed mental health professional. The paraprofessional will carry out the behavior treatment plan and will be supervised by a BCBA or licensed mental health professional. Services are provided on a regular or daily basis according to client and family availability. Parent participation will be included in the treatment plan and parents will be trained and instructed on how to manage client's maladaptive behaviors. Once mastery is attained, new learning will be generalized in the community. The program supervisor will monitor and oversee the treatment plan, as well identify when additional services that the agency does not provide are needed (e.g., speech therapy, occupational therapy, social skills group, etc...). Supervisor will initially discuss appropriate additional services with parents and upon verbal and/or written consent will coordinate contact with appropriate referral.

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):

Continued.....

COORDINATION OF CARE:

Given that all the appropriate release documentation has been filled out by Shayel's legal guardian's program supervisor and team will meet regularly with other care providers to ensure consistency and continuity of treatment plan implementation. This includes, but is not limited to: Occupational Therapy, Speech Therapy, Physical Therapy, therapist and/or school personnel. Program supervisor will also work with school care providers on adapting behavioral interventions for the school setting and will teach school care providers how to implement interventions in the school setting.

GENERALIZATION:

The arrangement for generalization will include generalization of every goal across 3 different settings, 3 different people, and using 3 different stimuli to target each skill. Shayel will receive behavioral intervention from a team of 1- 3 therapists, program supervisor, and caregivers. Caregivers will be trained in modeling appropriate behavior, following through on instructions presented, and taught intervention strategies to help address Shayel's maladaptive behaviors. In addition, setting-generalization will be provided throughout Shayel's home, school setting, and on community outings.

FAMILY INVOLVEMENT:

Family involvement and participation in services is a critical component of in-home ABA therapy. All parent(s), legal guardians, and authorized caregivers are required to be present during behavior therapy sessions and participate both during and outside of sessions to ensure maximum treatment efficacy. Failure to participate in treatment or noncompliance of services may result in reduced treatment success and possible discontinuation of services. Beautiful Minds will work closely with Shayel's family to develop the skills necessary to implement the behavior intervention plan in a consistent manner for the purpose of treatment efficacy, generalization and enhancing family members' interactions with Shayel.

continued on the next page.....

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Section E: Present Level of Performance

Performance Area: Social Emotional-Behavioral continued....
Category: Social Emotional
Assessment/Monitoring Process Used: Parent Provided ABA Progress Report
State/District Assessment Results:

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

Parent involvement will be documented in the progress note. Parents will be taught how to manage maladaptive behaviors, how to use reinforcement strategies, the functions of behaviors, the levels, and types of prompting, how to set limits and consequences, how to recognize appropriate developmental milestones, and how to place behaviors on extinction. Homework assignments, role-plays, and in vivo instructions will be utilized. Parents will also be provided with literature, as necessary. Modifications to the treatment plan will be made when Shayel and family have met the specific goals and/or skills outlined in the treatment plan. All treatment plans and functional behavior assessments will be reviewed with the family. Shayel's parents and any additional caretakers will be targeted for treatment. There are no outside organizations and/or community resources that the family utilizes for support.
BARRIERS TO TREATMENT:
Client and family do not currently present with any barriers to treatment. Both parents and additional caretakers are committed to implementing the behavior intervention plan on a consistent basis. There is no presence of relevant legal issues pertaining to the client and/or family (e.g., divorce, child custody, orders of protection, etc....). In addition, there are no cultural or spiritual variables that may impact treatment. Shayel's parents are open to making changes that might support their son's ability to function appropriately in the home and community environment.
TRANSITION PLAN:
Initially Shayel will require intensive in-home services in which parent(s) and caregiver(s) will participate actively with therapists and supervisor in daily sessions. Shayel's sessions will occur after school and on weekends. Once basic compliance and initial stages of goals are reached, the number of sessions per week will reduce. The level of prompting and support will also be gradually reduced as independence and mastery is reached.

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):

Continued....
Caregivers will begin to take the lead in session and manage the behaviors. Therapists will fade out the level of assistance. Sessions will also extend to the community when appropriate under the supervision of caregiver(s). The number of hours and sessions will decrease, and goals will be adjusted as determined necessary by supervisor and team. Shayel will achieve 80% mastery of current goals before discharge. Additional goals may be developed as necessary for age appropriate functioning. If client is not meeting goals and/or the treatment plan does not appear to be suitable for client's behaviors and needs, client will be referred to the appropriate service provider and will be transitioned to the appropriate level of care or different intensity of service.
DISCHARGE CRITERIA:
Individuals who exit the Beautiful Minds Center program leave for a variety of reasons, which include:
• Complete outcome of service: Client's referred excesses and deficits have been addressed and remediated. All problem behaviors identified at entry of service have been addressed and are exhibited within typical ranges.
• May also include age-appropriate ranges of development on standardized testing in the areas of diagnostic criteria, cognition, language (basic speech and language as well as a pragmatic language), social problem solving, executive functioning, and adaptive skill functioning.
• Family's decision to terminate, due to various reasons including disagreement regarding Client's program.
• Inconsistency by family; failure to follow through with treatment plans as established in the Client's program plan.
• Services are deemed no longer appropriate due to minimal progress over a substantial period.

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Section E: Present Level of Performance

Performance Area: Social Emotional-Behavioral continued....
Category: Social Emotional
Assessment/Monitoring Process Used: Parent Provided ABA Progress Report
State/District Assessment Results:

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

Continued....
Measurable Discharge Criteria:
When Shayel reaches the following goals, discharge from services will be recommended. The reduction in hours will be gradual and will require 3-4 years to achieve.
1. Shayel will increase compliance for 1, 2, 3 step instructions 80% of the time across 2 months of therapist and caretaker data.
2. Shayel will respond to stop and go instructions in the house and in the community when given by an adult 8/10 opportunities across 2 months of therapist and caretaker data.
3. Shayel will eliminate all instances of eloping and escaping behavior both at home and when out in the community with family and in session across 2 months of therapist and caretaker data.
4. Shayel is able to transition from activity to activity and place to place 80% of opportunities across people and settings.
5. Shayel will eliminate all dangerous climbing and jumping behaviors across settings for 2 months across 2 months of therapist and caretaker data.
6. Shayel will reduce tantrum behavior to no more than 2 times per week and will learn to use his words to communicate what is bothering him and his emotions in 80% of opportunities.
7. Shayel will reduce screaming to no more than 2 times per week and will learn to use his words to communicate what is bothering him and his emotions in 80% of opportunities.

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):

Continued....
SUMMARY: Shayel continue to make progress and benefit for intensive ABA therapy. Mother is expecting her fourth child in May 2023. At this time Shayel will require behavioral support in June and throughout the summer as she plans to enroll him in camp and then he will be transitioning to a new school placement in the fall. At this time given the changes and his history of struggling with changes in routine and safety we recommend the hours remain at 30 hours a week to provide behavioral support across settings and situations.
Private Progress Report Dated: March 28, 2023
Report Submitted by: Megellan ABA
Gabrielle Izralson, Psy.D, BCBA
Margarita Izralson Psy.D, Supervisor Clinical Director
Alyson Dodell, MA, BCBA, Program Supervisor

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student GOLDBERG

SHAYELL

I

Date of Birth 30-OCT-2017

Meeting Date 02-JUN-2023

Last

First

MI

Section E: Present Level of Performance

Performance Area:

Category: ▼

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

Areas of Strength:
 Shayel is able to use the outdoor apparatus when prompted. His preferred outdoor activity is the swings. He can ride on a trike. Shayel is able to write the letters of his name.

Areas of Need:
 Shayel typically avoids fine motor tasks such as coloring. He can scribble with markers but does not yet draw a recognizable image. He typically does not prefer motor tasks, as he prefers the swings

Impact of Disability on Educational Performance: Shayel demonstrates challenges with physical development such as fine motor that affect his ability to maintain optimal participation within the school setting, which impacts his involvement and progress in the general education curriculum.

Performance Area:

Category: ▼

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

Areas of Strength
 Shayel will ask questions about his schedule (example: 'when is Ali coming?') and demonstrates the ability to understand what comes next. He can wait for his turn. He enjoys looking at cars. Shayel can hold and 'self-stimulate' on toy items when playing independently. When supported by an adult, he can engage in interactive games (such as fishing games) or add to structures when handed a piece.

Areas of Need:
 Shayel does not yet ask questions to inquire or explore. For example, although he enjoys watching cars, he benefits from support to engage in conversation about them. He does not yet demonstrate engagement or persistence when he encounters a challenge. He does not yet engage in symbolic and sociodramatic play with others.

Impact of Disability on Educational Performance: Shayel demonstrates challenges with cognitive development such as curiosity and persistence that affect his ability to maintain optimal participation within the school setting, which impacts his involvement and progress in the general education curriculum.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student GOLDBERG SHAYELL I Date of Birth 30-OCT-2017 Meeting Date 02-JUN-2023
Last First MI

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:

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

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 #:

To demonstrate improved sensory processing skills, Shayel will appropriately participate in daily classroom routines (such as circle time, centers, transitions) with or without use of sensory strategies in combination with behavioral strategies, 75% of the day on 3/5 days.

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 demonstrate improved sensory processing skills, Shayel will appropriately participate in daily classroom routines (such as circle time, centers, transitions) with or without use of sensory strategies in combination with behavioral strategies, 60% of the day on 3/5 days.

Incremental objective #2 related to the goal:

To demonstrate improved sensory processing skills, Shayel will appropriately participate in daily classroom routines (such as circle time, centers, transitions) with or without use of sensory strategies in combination with behavioral strategies, 70% of the day on 3/5 days.

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 #:

Shayel will safely follow classroom rules and limits (i.e. staying within the classroom and school environment, staying off of the furniture, staying with the class when transitioning outside of the classroom), with adult modeling, on 4 out of 5 opportunities during a school day.

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:

Shayel will safely follow classroom rules and limits (i.e. staying within the classroom and school environment, staying off of the furniture, staying with the class when transitioning outside of the classroom), with adult cues, prompting, and guidance assistance, on 4 out of 5 opportunities during a school day.

Incremental objective #2 related to the goal:

Shayel will safely follow classroom rules and limits (i.e. staying within the classroom and school environment, staying off of the furniture, staying with the class when transitioning outside of the classroom), with adult guidance, on 4 out of 5 opportunities during a school day.

Date to be achieved: MO/YR

Date to be achieved: MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

4 GOAL MET OR EXCEEDED				3 SUBSTANTIAL PROGRESS (50-99% of goal met)				2 PARTIAL PROGRESS (1-49% of goal met)				1 NO PROGRESS			
1st Reporting Period		2nd Reporting Period		3rd Reporting Period		4th Reporting Period (Secondary Only)		Goal Achievement							
Date: <input type="text"/>		Date: <input type="text"/>		Date: <input type="text"/>		Date: <input type="text"/>									
Progress Mark: <input type="text"/>		Progress Mark: <input type="text"/>		Progress Mark: <input type="text"/>		Progress Mark: <input type="text"/>		Objective 1 Met: <input type="radio"/> Yes <input type="radio"/> No							
Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No		Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No		Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No		Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No		Objective 2 Met: <input type="radio"/> Yes <input type="radio"/> No							
If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>		If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>		If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>		If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>		If "No" please explain: <input type="text"/>							

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
 Last First MI

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Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

To demonstrate improved fine motor and visual motor skills, Shayel will be able to write his first name while maintaining a functional grasp, with 75% accuracy for letter formation, sizing and alignment, in 3/5 opportunities.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

To demonstrate improved fine motor and visual motor skills, Shayel will be able to copy his first name while maintaining a functional grasp, with 60% accuracy for letter formation, sizing and alignment, in 3/5 opportunities.

Incremental objective #2 related to the goal:

To demonstrate improved fine motor and visual motor skills, Shayel will be able to copy his first name while maintaining a functional grasp, with 70% accuracy for letter formation, sizing and alignment, in 3/5 opportunities.

Date to be achieved: MO/YR

Date to be achieved: MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

EXPLANATION OF MARKS					
4 GOAL MET OR EXCEEDED		3 SUBSTANTIAL PROGRESS (50-99% of goal met)		2 PARTIAL PROGRESS (1-49% of goal met)	1 NO PROGRESS
1st Reporting Period	2nd Reporting Period	3rd Reporting Period	4th Reporting Period (Secondary Only)	Goal Achievement	
Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>		
Progress Mark: <input type="text"/>	Progress Mark: <input type="text"/>	Progress Mark: <input type="text"/>	Progress Mark: <input type="text"/>	Objective 1 Met: <input type="radio"/> Yes <input type="radio"/> No	
Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Objective 2 Met: <input type="radio"/> Yes <input type="radio"/> No	
If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please explain: <input type="text"/>	

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
 Last First MI

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Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

Shayel will maintain a topic of conversation by asking reciprocal questions for 3 conversational turns in 3/5 opportunities given minimal (1-2) verbal prompts and cues.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

Shayel will maintain a topic of conversation by asking reciprocal questions for 2 conversational turns in 4/5 opportunities given moderate (3-4) verbal prompts, cues, and models.

Incremental objective #2 related to the goal:

Shayel will maintain a topic of conversation by asking reciprocal questions for 2 conversational turns in 4/5 opportunities given minimal (1-2) verbal prompts and cues.

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		If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other		If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other		If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other		If "No" please explain: <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 #:

Shayel will formulate sentences using targeted grammatical elements (pronouns, plurals, possessives) to describe a picture or object in 4/5 opportunities given little to no (0-1) verbal and visual prompts and cues across 3 sessions as measured by collected data.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

Shayel will formulate sentences using targeted grammatical elements (pronouns, plurals, possessives) to describe a picture or object in 4/5 opportunities given moderate (3-4) verbal and visual prompts, cues, and models across 3 sessions as measured by collected data.

Incremental objective #2 related to the goal:

Shayel will formulate sentences using targeted grammatical elements (pronouns, plurals, possessives) to describe a picture or object in 4/5 opportunities given minimal (1-2) verbal and visual prompts and cues across 3 sessions as measured by collected data.

Date to be achieved: MO/YR

Date to be achieved: MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

4 GOAL MET OR EXCEEDED				3 SUBSTANTIAL PROGRESS (50-99% of goal met)				2 PARTIAL PROGRESS (1-49% of goal met)				1 NO PROGRESS			
1st Reporting Period		2nd Reporting Period		3rd Reporting Period		4th Reporting Period (Secondary Only)		Goal Achievement							
Date: <input type="text"/>		Date: <input type="text"/>		Date: <input type="text"/>		Date: <input type="text"/>									
Progress Mark: <input type="text"/>		Progress Mark: <input type="text"/>		Progress Mark: <input type="text"/>		Progress Mark: <input type="text"/>		Objective 1 Met: <input type="radio"/> Yes <input type="radio"/> No							
Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No		Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No		Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No		Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No		Objective 2 Met: <input type="radio"/> Yes <input type="radio"/> No							
If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other		If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other		If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other		If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other		If "No" please explain: <input type="text"/>							

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Date of Birth Meeting Date
 Last First MI

Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

Shayel will count to answer, 'How many?' when given as many as 10 things arranged in a line, rectangular array, and /or circle, or as many as 10 things in a scattered configuration with minimal prompts as measured by observation in 2 out of 3 trials with 60% accuracy.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

With support, Shayel will count using 1:1 correspondence to count as many as 5-8 things in a row or 3-5 things in a scattered configuration with minimal prompts as measured by observation in 2 out of 3 trials with 60% accuracy.

Incremental objective #2 related to the goal:

With modeling as a sole support, Shayel will count using 1:1 correspondence to count as many as 5-8 things in a row or 3-5 things in a scattered configuration with minimal prompts as measured by observation in 2 out of 3 trials with 60% accuracy.

Date to be achieved: MO/YR Date to be achieved: MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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"/> 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 #:

Shayel will respond to simple 'wh' questions ('what,' 'where,' 'who') in response to an activity, thematic unit or story read/discussed at least 3 times, in 3/5 occasions.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

With visual prompting, Shayel will respond to simple 'wh' questions ('what,' 'where,') in response to an activity, thematic unit or story read/discussed at least 3 times, in 3/5 occasions.

Incremental objective #2 related to the goal:

With no more than 1 prompt, Shayel will respond to simple 'wh' questions ('what,' 'where,' 'who') in response to an activity, thematic unit or story read/discussed at least 3 times, in 3/5 occasions.

Date to be achieved: MO/YR

Date to be achieved: MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

4 GOAL MET OR EXCEEDED				3 SUBSTANTIAL PROGRESS (50-99% of goal met)				2 PARTIAL PROGRESS (1-49% of goal met)				1 NO PROGRESS			
1st Reporting Period		2nd Reporting Period		3rd Reporting Period		4th Reporting Period (Secondary Only)		Goal Achievement							
Date: <input type="text"/>		Date: <input type="text"/>		Date: <input type="text"/>		Date: <input type="text"/>									
Progress Mark: <input type="text"/>		Progress Mark: <input type="text"/>		Progress Mark: <input type="text"/>		Progress Mark: <input type="text"/>		Objective 1 Met: <input type="radio"/> Yes <input type="radio"/> No							
Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No		Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No		Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No		Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No		Objective 2 Met: <input type="radio"/> Yes <input type="radio"/> No							
If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other		If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other		If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other		If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other		If "No" please explain: <input type="text"/>							

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student GOLDBERG

SHAYELL

I

Date of Birth 30-OCT-2017

Meeting Date 02-JUN-2023

Last

First

MI

Section G: Annual Goals and Objectives

Performance Area:

Writing

Category:

Writing

Annual Goal #:

8

In response to a writing prompt (example: following a book on planting, children are asked to draw what they will plant), Shayel will draw a recognizable image and label it and add 1 detail upon request, with no more than 2 prompts, in 3/5 opportunities.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

In response to a writing prompt (example: following a book on planting, children are asked to draw what they will plant), following step-by-step directed drawing, Shayel will draw a recognizable image and label it in 3/5 opportunities.

Incremental objective #2 related to the goal:

In response to a writing prompt (example: following a book on planting, children are asked to draw what they will plant), following a model, Shayel will draw a recognizable image and label it in 3/5 opportunities.

Date to be achieved:

October

2023

MO/YR

Date to be achieved:

February

2024

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. Rows include Date, Progress Mark, Is progress sufficient to meet annual goal?, and If "No" please comment.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student GOLDBERG

SHAYELL

I

Date of Birth 30-OCT-2017

Meeting Date 02-JUN-2023

Last

First

MI

Section G: Annual Goals and Objectives

Performance Area:

Safety

Category:

Behavior Intervention

Annual Goal #:

9

Shayel will respond appropriately to safety compliance instructions (e.g., 'stop' 'go' and 'wait') in 4/5 or 80% of opportunities across a period of one month.

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

Incremental objective #1 related to the goal:

Shayel will respond appropriately to safety compliance instructions (e.g., 'stop' 'go' and 'wait') in 4/5 or 40% of opportunities across a period of one month.

Incremental objective #2 related to the goal:

Shayel will respond appropriately to safety compliance instructions (e.g., 'stop' 'go' and 'wait') in 4/5 or 60% of opportunities across a period of one month.

Date to be achieved: October 2023 MO/YR

Date to be achieved: February 2024 MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

Table with 5 columns: 4 GOAL MET OR EXCEEDED, 3 SUBSTANTIAL PROGRESS (50-99% of goal met), 2 PARTIAL PROGRESS (1-49% of goal met), 1 NO PROGRESS, and Goal Achievement. Rows include reporting periods, progress marks, and evaluation criteria.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
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Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

Shayel will be able to control his frustration and use a sensory toy or other strategies to remain calm (calm body), in 80% of opportunities, across setting and people, including peers.

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:

Shayel will be able to control his frustration and use a sensory toy or other strategies to remain calm (calm body), in 40% of opportunities, across setting and people, including peers.

Incremental objective #2 related to the goal:

Shayel will be able to control his frustration and use a sensory toy or other strategies to remain calm (calm body), in 60% of opportunities, across setting and people, including peers.

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		If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other		If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other		If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other		If "No" please explain: <input type="text"/>							

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student **GOLDBERG** **SHAYELL** **I**
 Last First MI

Date of Birth **30-OCT-2017**

Meeting Date **02-JUN-2023**

Section G: Annual Goals and Objectives

Performance Area: **Self Help** Category: **Adaptive Behaviors** Annual Goal #: **11**

Shayel will initiate when he needs to use the bathroom 4/5 opportunities 80% of the time.

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:

Shayel will initiate when he needs to use the bathroom 4/5 opportunities 40% of the time.

Incremental objective #2 related to the goal:

Shayel will initiate when he needs to use the bathroom 4/5 opportunities 60% of the time.

Date to be achieved: **October** **2023** MO/YR

Date to be achieved: **February** **2024** MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student **GOLDBERG**

SHAYELL

I

Date of Birth **30-OCT-2017**

Meeting Date **02-JUN-2023**

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MI

Section G: Annual Goals and Objectives

Performance Area:

Phonological Develop

Category:

Reading

Annual Goal #:

12

Shayel will blend two to three phonemes into recognizable words with visual support (Ex: Elkonin Boxes, etc), AND provide the letter sounds for 15 consonants and 4 vowels, as measured by trials in 4 out of 5 trials with 80% accuracy.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

Shayel will blend two to three phonemes into recognizable words with visual support (Ex: Elkonin Boxes, shoulder-arm-hand models etc), AND provide the letter sounds for 5 consonants and 3 vowels, as measured by trials in 4 out of 5 trials with 50% accuracy.

Incremental objective #2 related to the goal:

Shayel will blend two to three phonemes into recognizable words with visual support (Ex: Elkonin Boxes, shoulder-arm-hand models etc), AND provide the letter sounds for 10 consonants and 3 vowels, as measured by trials in 4 out of 5 trials with 50% accuracy.

Date to be achieved:

October

2023

MO/YR

Date to be achieved:

February

2024

MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

4 GOAL MET OR EXCEEDED				3 SUBSTANTIAL PROGRESS (50-99% of goal met)				2 PARTIAL PROGRESS (1-49% of goal met)				1 NO PROGRESS			
1st Reporting Period		2nd Reporting Period		3rd Reporting Period		4th Reporting Period (Secondary Only)		Goal Achievement							
Date: <input type="text"/>		Date: <input type="text"/>		Date: <input type="text"/>		Date: <input type="text"/>									
Progress Mark: <input type="text"/>		Progress Mark: <input type="text"/>		Progress Mark: <input type="text"/>		Progress Mark: <input type="text"/>		Objective 1 Met: <input type="radio"/> Yes <input type="radio"/> No							
Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No		Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No		Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No		Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No		Objective 2 Met: <input type="radio"/> Yes <input type="radio"/> No							
If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>		If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>		If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>		If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>		If "No" please explain: <input type="text"/>							

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

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Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

With an adult setting up the activity and intermittent support, Shayel will participate in interactive educational games/ small group activity with 1-2 other peers by taking turns as appropriate and sharing items with the peers

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 verbal support and modeling, Shayel will participate in interactive educational games/ small group activity with 1-2 other peers by taking turns as appropriate and sharing items with the peers

Incremental objective #2 related to the goal:

With an adult facilitating the activity, Shayel will participate in interactive educational games/ small group activity with 1-2 other peers by taking turns as appropriate and sharing items with the peers

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 #:

Shayel will initiate social interaction with peers by verbally inviting one or more peers to play (Do you want to play with me?) or by suggesting a game/activity (Do you want to slide with me?) at least twice per day on 4/5 days given minimal (1-2) verbal and gestural prompts and cues.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

Shayel will initiate social interaction with peers by verbally inviting one or more peers to play (Do you want to play with me?) or by suggesting a game/activity (Do you want to slide with me?) at least once per day on 3/5 days given moderate (3-4) verbal and gestural prompts and cues.

Incremental objective #2 related to the goal:

Shayel will initiate social interaction with peers by verbally inviting one or more peers to play (Do you want to play with me?) or by suggesting a game/activity (Do you want to slide with me?) at least once per day on 4/5 days given minimal (1-2) verbal and gestural prompts and cues.

Date to be achieved: MO/YR

Date to be achieved: MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

4 GOAL MET OR EXCEEDED				3 SUBSTANTIAL PROGRESS (50-99% of goal met)				2 PARTIAL PROGRESS (1-49% of goal met)				1 NO PROGRESS			
1st Reporting Period		2nd Reporting Period		3rd Reporting Period		4th Reporting Period (Secondary Only)		Goal Achievement							
Date: <input type="text"/>		Date: <input type="text"/>		Date: <input type="text"/>		Date: <input type="text"/>									
Progress Mark: <input type="text"/>		Progress Mark: <input type="text"/>		Progress Mark: <input type="text"/>		Progress Mark: <input type="text"/>		Objective 1 Met: <input type="radio"/> Yes <input type="radio"/> No							
Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No		Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No		Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No		Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No		Objective 2 Met: <input type="radio"/> Yes <input type="radio"/> No							
If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>		If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>		If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>		If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>		If "No" please explain: <input type="text"/>							

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student **GOLDBERG**

SHAYELL

I

Date of Birth **30-OCT-2017**

Meeting Date **02-JUN-2023**

Last

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Section G: Annual Goals and Objectives

Performance Area:

Vocational Educ. II

Category:

Vocational Education

Annual Goal #:

14

Shayel will utilize classroom expectations to gain attention from staff (for example when he needs assistance with an activity or wants something), such as raising hand, using classroom hand motions etc.. without the occurrence of alternate methods of gaining attention (such as leading an adult hand) as observed during 3 predetermined activities during the day with 100% accuracy during those activities

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
- data charted observation
- Criterion Referenced
- Work Samples
- Curriculum Based
- Informal

Incremental objective #1 related to the goal:

With prompting and support, Shayel will utilize classroom expectations to gain attention from staff, such as raising hand, using classroom hand motions etc.. as observed during 3 predetermined activities during the day with 100% accuracy during those activities

Incremental objective #2 related to the goal:

With pre-teaching of expectations prior to the predetermined activity, Shayel will utilize classroom expectations to gain attention from staff, such as raising hand, using classroom hand motions etc.. as observed during 3 predetermined activities during the day with 100% accuracy during those activities

Date to be achieved: **October** **2023** MO/YR

Date to be achieved: **February** **2024** 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		If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other		If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other		If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other		If "No" please explain: <input type="text"/>							

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student

GOLDBERG

Last

SHAYELL

First

I

MI

Date of Birth

30-OCT-2017

Meeting Date

02-JUN-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.

DRDP-A - (Adaptations identified below are applicable)

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Last: GOLDBERG, First: SHAYELL, MI: I

Date of Birth: 30-OCT-2017

Meeting Date: 02-JUN-2023

Section N: Procedural Safeguards and Follow-up Actions

- Checkboxes for: A Parent's Guide to Special Education Services... The IEP Team Meeting Introductory Statements... The parent/guardian was informed of his/her right to a written translation of the IEP.

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

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

Specify the Individual Pages to be translated:

All pages [input field]

Special Requests: [input field]

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:

- Checkboxes for: The IEP team has reviewed and discussed whether compensatory education is required... Student received all of their special education... Student did not receive all of their special education... Student did not receive all of the special education... Compensatory education consideration was documented on IEP dated

25-MAY-2023 (Active) Amendment [dropdown]

Recoupment Services Consideration:

- Checkboxes for: The IEP team has reviewed and discussed student's progress/achievement... Student has made expected progress toward IEP goals... Student experienced learning loss... Recoupment services consideration was documented on IEP dated

[input field]

- Radio buttons for: 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)

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INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student

GOLDBERG

SHAYELL

I

Date of Birth

30-OCT-2017

Meeting Date

02-JUN-2023

Last

First

MI

Section Q: Parent Participation and Consent

Parent Participation

- Parent/Student (18-21) has participated in the IEP meeting.
- Parent/Student (18-21) indicated before the meeting that they would not be able to attend.
- Parent/Student (18-21) was notified 3 times of the meeting time and place. Parent/Student (18-21) did not respond to any of the meeting notifications and the meeting was held without the Parent/Student (18-21) present..
- Parent/Student (18-21) did not attend and gave permission to proceed without them if they did not attend.

Parent Notification

Method	Whom	When
Email	C. Davidowitz	22-MAY-2023

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

Empty text box for Parent Concerns and Comments.

Signature(s)

Signature box 1

Signature box 2

Date

Date box

- 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)

Signature box 1

Signature box 2

Date

2-JUN-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" value="Doron Goldberg"/>	<input type="text" value="DG"/>
Parent/Guardian	<input type="text" value="Orly Goldberg"/>	<input type="text" value="GO"/>
Student Age 18 - 21 years	<input type="text"/>	<input type="text"/>
Student Under Age 18 years	<input type="text"/>	<input type="text"/>
Surrogate Parent	<input type="text"/>	<input type="text"/>
Foster Parent	<input type="text"/>	<input type="text"/>
Family Foster Home Provider	<input type="text"/>	<input type="text"/>
Administrator	<input type="text" value="Michael DeMay"/>	<input type="text" value="M DeMay"/>
Administrative Designee	<input type="text"/>	<input type="text"/>
Special Education Teacher	<input type="text" value="Chaya Davidowitz, MA, NBCT"/>	<input type="text" value="C"/>
General Education Teacher	<input type="text" value="Jennifer Summers, MA-ECSE, NBCT"/>	<input type="text" value="Jennifer Summers"/>
School Psychologist	<input type="text"/>	<input type="text"/>
School Nurse	<input type="text"/>	<input type="text"/>
Related Service Staff <input type="text" value="LAS"/>	<input type="text" value="Danielle Richmond, SLP"/>	<input type="text" value="DR"/>
Related Service Staff <input type="text" value="OT"/>	<input type="text" value="Lorna David"/>	<input type="text" value="L David"/>
Related Service Staff <input type="text"/>	<input type="text"/>	<input type="text"/>
Interpreter	<input type="text"/>	<input type="text"/>
Sign Language Interpreter	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Other <input type="text" value="Advocate"/>	<input type="text" value="Michelle Biggs"/>	<input type="text" value="MB"/>
Other <input type="text" value="Clinical Dir. Beautiful Minds"/>	<input type="text" value="Rita Izralson"/>	<input type="text" value="RI"/>
Other <input type="text" value="Supervisor/BCBA Beautiful Minds"/>	<input type="text" value="Aly Dodell"/>	<input type="text" value="Aly"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student GOLDBERG
Last

SHAYELL
First

I
MI

Date of Birth 30-OCT-2017

Meeting Date 02-JUN-2023

LEAST RESTRICTIVE ENVIRONMENT ANALYSIS

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

Student's Current Placement Type:

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

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

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

Step A. Can the supports, services, accommodations and/or modifications in the student's IEP be made available in a general education classroom/setting?

Yes No If the answer is YES, then a general education classroom/setting is the appropriate placement. If the answer is NO, go to the question below.

Yes No If not currently available, can the required supports, services, accommodations and/or modifications be made available in a general education classroom/setting? If YES, all required supports, services, accommodations and/or modifications must be provided within a reasonable timeline. If the answer is NO, please articulate why in the box below. Then go to Step B.

Step B. Can the supports, services, accommodations and/or modifications in the student's IEP be made available on a general education site in a special day program?

Yes No If the answer is YES, then a special day program on a general education site is the appropriate placement. If the answer is NO, go to the question below.

Yes No If not currently available, can the required supports, services, accommodations and/or modifications be made available in a special day program on a general education site? If YES, all required supports, services, accommodations and/or modifications must be provided within a reasonable timeline. If the answer is NO, please articulate why in the box below. Then go to Step C.

Student

Date of Birth

Meeting

Last

First

MI

Date

ANNUAL LEAST RESTRICTIVE ENVIRONMENT ANALYSIS (Continued)

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

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

Student

Date of Birth

Meeting

Last

First

MI

Date

ANNUAL LEAST RESTRICTIVE ENVIRONMENT ANALYSIS (Continued)

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

Step F.	The student's needs as reflected in the contents of this IEP, and the placement being considered by the IEP team, outweigh any potential harmful effects at this time, including (check all that apply):	
	<input type="checkbox"/>	Diminished access to the full range of the curriculum
	<input type="checkbox"/>	Missed general education instruction taught by highly qualified staff
	<input type="checkbox"/>	Rate at which student may earn credits for graduation
	<input 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
 Last First MI

Date of Birth

Meeting Date

	Effective With this IEP	Future Changes Related to this IEP	
	As of Date: <input type="text" value=""/>	<input type="text" value="07-AUG-2023"/>	
Eligibility: (from Page 4)	Eligible (AUT)		
	<i>Final IEP Reason</i> <i>Final IEP Effective Date:</i>		
Curriculum	<input type="text" value="General Education"/>	<input type="text" value="General Education"/>	
Placement	Type of School <input type="text" value="Preschooler Non-LAUSD/Not Headstart"/>	<input type="text" value="District Non-Resident School"/>	
	Name of School <input type="text" value="SP ED INF/PRE (1989)"/>	<input type="text" value="HAMLIN CA"/>	
	<input type="text" value="CALVERT CES"/>		
Instructional Setting	Setting <input type="text" value="DIS Only - Preschooler"/>	<input type="text" value="Special Education"/>	
	Program <input type="text" value="GE"/>	<input type="text" value="AUT"/>	
	Special Day Minutes/Wk <input type="text" value=""/>	<input type="text" value="1250"/>	
	Addresses Goals	<input type="text" value="1(Sensory Processing),2(Fine Motor),3(Pragmatic Language),4(Expressive Language),5(Math),6(Behavioral Support),7(Classroom Language),8(Writing),9(Safety),10(Coping Skills),11(Self Help),12(Phonological Develop),13(Vocational Education),13(Pragmatic Language 2),14(Vocational Ed2)"/>	<input type="text" value="1(Sensory Processing),2(Fine Motor),3(Pragmatic Language),4(Expressive Language),5(Math),6(Behavioral Support),7(Classroom Language),8(Writing),9(Safety),10(Coping Skills),11(Self Help),12(Phonological Develop),13(Vocational Education),13(Pragmatic Language 2),14(Vocational Ed2)"/>
Additional Factors	Low Incident Support <input type="text" value="None"/>	<input type="text" value="None"/>	
	Assistive Technology Support <input type="text" value="No"/>	<input type="text" value="No"/>	
	Transportation <input type="text" value="None"/>	<input type="text" value="Home to School"/>	
	Extended School Year/Intersession <input checked="" type="radio"/> Yes <input type="radio"/> No		
	Parent Counseling and Training (PCT) <input checked="" type="radio"/> Yes <input type="radio"/> No		
	ESY Transportation <input type="text" value="Home to School"/>		
Accommodation, Modifications, Supports	Instructional Accommodations	<input type="text" value="Early communication with family and past providers about effective strategies, provide scripts/models/signals for communication, facilitate peer interactions, break steps down into smaller tasks, check for understanding before/during task, provide visuals with instruction and simplified and repeated directions at eye level, visual schedule, additional movement breaks during longer blocks of sitting, priming and/or use of timers during transitions , access to fidget items, preferential seating"/>	<input type="text" value="Early communication with family and past providers about effective strategies, provide scripts/models/signals for communication, facilitate peer interactions, check for understanding before/during task, provide visuals with instruction and simplified and repeated directions at eye level, visual schedule, additional movement breaks during longer blocks of sitting, priming and/or use of timers during transitions , access to fidget items, preferential seating"/>
	Instructional Modifications	<input type="text" value="break steps down into smaller tasks"/>	<input type="text" value="break steps down into smaller tasks,"/>
	Other Supports, including Non-Academic and Extra-curricular Activities	<input type="text" value=""/>	<input type="text" value=""/>
Preparation for Three Year Review IEP (At the second Annual Review IEP Meeting, the team must discuss and document the decision to conduct or not conduct a three-year comprehensive reassessment.)	Do the Parent and the District (local educational agency) agree that a reassessment is unnecessary? <input type="radio"/> Yes <input checked="" type="radio"/> No		
	If the Parent does not agree, specify the area(s) to be reassessed.	<input type="text" value="Recommending social emotional -Recreational Therapy (RT) and social emotional -Functional Behavioral Assessment (FBA) and sensorimotor assessment (OT)"/>	<input type="text" value=""/>

Comments, as appropriate

**Low Incidence
Equipment**

--

**Assistive Technology
Equipment**

--

**Participation in
General Education**

Shayel may join general education peers during circle time, story time, science, arts activities, music, P.E., assemblies, field trips, recess, and lunch

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student Last GOLDBERG First SHAYELL MI I

Date of Birth 30-OCT-2017

Meeting Date 02-JUN-2023

		Effective With This IEP	Future Changes Related To This IEP
Service 1	Start Date:	Effective with Future Changes	07-AUG-2023
47	End Date:		30-NOV-2023
Behavior Intervention Consultation (BIC)	Service applies to:		Regular
	Frequency:		1-10
This service addresses the following goals :	Interval:		Yearly
6(Behavioral Support)	Minutes/Interval:		300
9(Safety)	Minutes/Interval (Pullout from Gen Ed):		0
10(Coping Skills)	Service Delivery Model:		Collaborative Behavioral Services**
	Responsible Personnel:		District Assigned Qualified Provider
	**		
Service 2	Start Date:	Effective with Future Changes	14-AUG-2023
10	End Date:		
Language/Speech	Service applies to:		Regular
	Frequency:		1-5
This service addresses the following goals :	Interval:		Weekly

3(Pragmatic Language)	Minutes/Interval:	30
4(Expressive Language)	Minutes/Interval (Pullout from Gen Ed):	0
13(Pragmatic Language 2)	Service Delivery Model:	Direct Service (Collaborative)**
	Area:	School-Based
	Responsible Personnel:	Licensed/Credentialed Provider
		Special Education Teacher

**

Service 3	Start Date:	Effective with Future Changes	14-AUG-2023
16	End Date:		
Occupational Therapy	Service applies to:		Regular
	Frequency:		1-5
This service addresses the following goals:	Interval:		Weekly

1(Sensory Processing)	Minutes/Interval:	30
2(Fine Motor)	Minutes/Interval (Pullout from Gen Ed):	0
	Service Delivery Model:	Direct Service (Collaborative)**
	Responsible Personnel:	Licensed/Credentialed Provider
		Special Education Teacher

**

Service 4	Start Date:	Effective on Signature Date	
26	End Date:		
Pre-Kdg. Itinerant	Service applies to:	ESY	
	Frequency:	1-5	
This service addresses the following goals:	Interval:	Yearly	

5(Math)	Minutes/Interval:	90	
7(Classroom Language)	Minutes/Interval (Pullout from Gen Ed):	0	
8(Writing)	Service Delivery Model:	Direct Service (Collaborative)*	
9(Safety)	Responsible Personnel:	Special Education Teacher	
10(Coping Skills)		General Education Teacher	
11(Self Help)			
12(Phonological Develop)			
13(Vocational Educ. I)			
14(Vocational Educ. II)			
*			

Service 5	Start Date:	Effective on Signature Date	
16	End Date:		
Occupational Therapy	Service applies to:	ESY	
	Frequency:	1-5	
This service addresses the following goals:	Interval:	Weekly	
1(Sensory Processing)	Minutes/Interval:	30	
2(Fine Motor)	Minutes/Interval (Pullout from Gen Ed):	0	
	Service Delivery Model:	Direct Service (Collaborative)*	
	Responsible Personnel:	Licensed/Credentialed Provider	
		Special Education Teacher	
*			

Service 6	Start Date:	Effective on Signature Date	
26	End Date:	09-JUN-2023	
Pre-Kdg. Itinerant	Service applies to:	Regular	
	Frequency:	1-5	
This service addresses the following goals:	Interval:	Monthly	

5(Math)	Minutes/Interval:	90	
6(Behavioral Support)	Minutes/Interval (Pullout from Gen Ed):	0	
7(Classroom Language)	Service Delivery Model:	Direct Service (Collaborative)*	
8(Writing)	Responsible Personnel:	Licensed/Credentialed Provider	
9(Safety)			
10(Coping Skills)			
11(Self Help)			
13(Vocational Educ. I)			
14(Vocational Educ. II)			
	*		

Service 7	Start Date:	Effective on Signature Date	
10	End Date:		
Language/Speech	Service applies to:	ESY	
	Frequency:	1-5	
This service addresses the following goals :	Interval:	Yearly	
	Minutes/Interval:	80	
3(Pragmatic Language)	Minutes/Interval (Pullout from Gen Ed):	0	
4(Expressive Language)	Service Delivery Model:	Direct Service (Collaborative)*	
13(Pragmatic Language 2)	Area:	School-Based	
	Responsible Personnel:	Licensed/Credentialed Provider	
		Special Education Teacher	

*

Notes:

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

Part 3 - Percentage of Time Outside of General Education

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

Part 4 - Compensatory Education/Recoupment Services Discussion

Shayel was offered services since initiation of his IEP. No compensatory or recoupment services are recommended at this time.

Part 4 - Additional Discussion (This section is optional)

Per FSA documented in May 25, 2023 Implementation IEP: Offer of FAPE for the remainder of the 2022-2023 school year,

Per the terms of the FSA:

In lieu of the District program (UTK/CC) offered in Shayell's IEP dated 06/02/2022, Parent elected to enroll Shayell in a non-LAUSD, private preschool setting at Musical Gan (See FSA dated 05/15/2023 OAH 2023010780

In lieu of District School Based Language and Speech (LAS) Services as outlined in Shayell's IEP dated 06/02/2022, Parents elected to access private LAS Services for Shayell (See FSA dated 05/15/2023 OHA # 2023010780

In lieu of District School Based Occupational Therapy (OT) Services as outlined in Shayell's IEP dated 06/02/2022, Parents elected to access private OT Services for Shayell (See FSA dated 05/15/2023 OHA # 2023010780

Through the end of the 2022-2023 Regular School Year, 90 minutes per month of District Pre-K Itinerant Teacher (PKIT) Services will be provided to Shayell at Musical Gan. The PKIT service is a consultative service provided by a District Special Education Teacher in collaboration with the private preschool staff to support the implementation of the Shayell's IEP in the general education preschool program. The District PKIT services will be provided to Shayell in accordance with the private preschool's visitor policy. Additionally, the District PKIT Services will be provided to Shayell in conjunction with the District's 2022-2023 Regular School Year calendar.

A 'Preschooler Non LAUSD/Not Headstart' and SP ED INF/PRE/ DIS only is solely listed on the placement page as the 'type of school', 'name of school', and 'setting' to document that Shayell is not currently accessing a District placement at this time, however, as outlined in the Final Settlement Agreement, through the end of the 2022-2023 Regular School Year, Shayell will be provided the District services listed on the service grid above

This is a Transition to Kindergarten IEP for Shayel.

The introductory statement was read with new guidelines due to Zoom presentation and District terms of services. Data and progress reported is based on information provided by the Preschool Itinerant Kindergarten Teacher (PKIT), District Language and Speech and Occupational Therapist. Information was gathered via teacher interview, Shayel's insurance funded 1:1 provider interview, direct observation, Desired Results Developmental Profile (DRDP), which allowed for the completion of the Classroom Team Assessment Report (CTAR), Shayel's current LAS and OT providers. Parents and representatives were offered the opportunity to provide input throughout presentation of present levels (PLP) and proposed goals. Parents and representatives indicated agreement with PLPs and proposed goals.

The Team agrees that Shayel continues to qualify for special education placement and/or related services with an eligibility of Autism (AUT). Accordingly, the District's Offer of Free Appropriate Public Education (FAPE) in the Least Restrictive Environment (LRE) includes the following:

To help Shayel with the transition to an LAUSD District Kindergarten program the following supports are recommended: The IEP team discussed a range of program options to best meet Shayel's needs. The IEP Team held a discussion of Least Restrictive Environment (LRE) beginning with General Education, General Education with supports and SLD and AUT Core program descriptions. Based on Shayel's needs as indicated by the IEP team as well as family and representatives, the IEP team is recommending that he benefit from the supports provided by an Autism classroom, on a General Education curriculum. To best meet Shayel's strengths and emerging interest in peers, the IEP considered Mainstreaming minutes as indicated in FAPE 1. Parent and representatives expressed interest in Shayel exploring general education in the district to see how he does. The IEP Team is recommending that Shayel's progress and performance during mainstreaming time be monitored and informal meet with family and classroom team to determine the recommendation for increasing general education opportunities. Occupational Therapy and Language/Speech services are recommended to support Shayel in his recommended placement.

To support Shayel as he transitions to a new setting for the 2023-2024 school year; Behavior Intervention Consultation (BIC) is offered for up to 5 hours. BIC will be provided by a special education teacher who is trained in positive behavior. The program will provide consultation on instructional strategies, physical environment, program organization and/or social emotional skill building as needed. Documentation of progress will be completed. BIC will collaborate with student's classroom team to review progress upon completion of the hours.

Upon enrollment and attendance IEP team recommends that a recreation therapy assessment and Functional Behavior Analysis be offered via Assessment plan to determine Shayel's need.

Private school policy was discussed.

Based upon present levels of performance presented at the IEP, it is considered that ESY (extended school year) services are necessary for recoupment of goal attainment and to prevent regression.

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:		GE			Setting:			DIS Only - Preschooler	
Eligibility:		Eligible (AUT)			Curriculum:			General Education	
Transportation:		None			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
47	Behavior Intervention Consultation (BIC)	Effective with Future Changes 07-Aug-2023		Yearly	1-10	~	300	Behavioral Support, Safety, Coping Skills	--
10	Language/Speech	Effective with Future Changes 14-Aug-2023		Weekly	1-5	School-Based	30	Pragmatic Language, Expressive Language, Pragmatic Language 2	--
10	Language/Speech	Effective on Signature Date		Yearly	1-5	School-Based	80	Pragmatic Language, Expressive Language, Pragmatic Language 2	--
16	Occupational Therapy	Effective on Signature Date		Weekly	1-5	~	30	Sensory Processing, Fine Motor	--
16	Occupational Therapy	Effective with Future Changes 14-Aug-2023		Weekly	1-5	~	30	Sensory Processing, Fine Motor	--
26	Pre-Kdg. Itinerant	Effective on Signature Date		Yearly	1-5	~	90	Math, Classroom Language, Writing, Safety, Coping Skills, Self Help, Phonological Develop, Vocational Educ. I, Vocational Educ. II	--
26	Pre-Kdg. Itinerant	Effective on Signature Date		Monthly	1-5	~	90	Math, Behavioral Support, Classroom Language, Writing, Safety, Coping Skills, Self Help, Vocational Educ. I, Vocational Educ. II	--

Alternative Remote/Distance Learning Services During Emergency Conditions

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

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

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

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

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

For IEP Team Information

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

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 **Last** **First** **MI** **Date of Birth** **Meeting Date**

1 The behavior impeding learning is: Describe what it looks like:
 excessive climbing, leaving the group area, no safety awareness

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

Other Describe:

6 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 type="checkbox"/> Interactions (adult and/or peers)
<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 checked="" type="checkbox"/> Schedule	<input checked="" type="checkbox"/> Effective communication with parent
<input checked="" type="checkbox"/> Re-teaching	<input checked="" type="checkbox"/> Task structuring	<input type="checkbox"/> Communications system
<input checked="" type="checkbox"/> Social skills instruction	<input type="checkbox"/> Consequences not clear to student	
<input type="checkbox"/> Choices		

Missing in the environment:

Other (Missing/Present):

REMOVE STUDENT'S NEED TO USE THE PROBLEM BEHAVIOR

7 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 checked="" type="checkbox"/> Allow completion in parts	<input type="checkbox"/> Teach a closure system
Space Changes:	<input checked="" 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 checked="" 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 **GOLDBERG SHAYELL I** Date of Birth **30-OCT-2017** Meeting Date **02-JUN-2023**
 Last First MI

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) Attention (peer) Attention (staff)

Sensory input Task (too easy) Task (too long)

Task (too difficult)

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?)

Observation Analysis

Shayel will ask for a break after attending to instruction for a specific amount of time determined by the classroom teacher.

Shayel will ask to complete a task in parts.

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? **BIC and Classroom Teacher** Who will monitor? **Classroom Teaching Team** Frequency: **As Needed**

Intervention

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 Free time Listen to music

Contingent Access: Time on the computer Describe: _____ Other _____

Preferred activity Certificate sent home Seating Location

Positive phone calls or notes to home Points

Tangibles Tokens Extra test points

Tokens and Points: Exempt assignment

Privileges: _____

Other ideas: _____

Selection of reinforcer based on: **current preferences/Reinforcement survey**

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

By whom? **Classroom Teaching Team** Frequency **As Needed**

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)

Review the expectation for the activity or the area. Review the positive reinforcement system so he is reminded that he can access the desired outcome once he earns this, redirect him back to task, praise attention to task and participation.

Personnel?
Classroom Teaching Team

INDIVIDUALIZED EDUCATION PROGRAM
Behavior Intervention Plan

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Student
Last First MI

Date of Birth

Meeting Date

OUTCOMES

PART IV

BEHAVIORAL GOALS

13 Behavioral Goal: Goal #:

Shayel will safely follow classroom rules and limits (i.e. staying within the classroom and school environment, staying off of the furniture, staying with the class when transitioning outside of the classroom), with adult modeling, on 4 out of 5 opportunities during a school day.

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? Frequency?