| | | | INDIVIDUALIZED E | DUCATION PROGRAM (I | EP) | Page 1 c |
|---|---------------------|-------------------|--------------------------------|------------------------------|------------------------------------|------------------------------|
| Los Angeles Unified Student Identificati Number | | ict 200136X909 | SSID | 4299674894 | nt | ligible (AUT) |
| Student TAL | | IAELLE | Y | | Date of Birth: | 29-JAN-2017 |
| Last | | First | MI Section A: N | Meeting Information | | |
| | Perti | nent Dates | ΤΔΙΟΙ | | Type of Meeting | |
| ate of Initial IEP Team | Meeting | 16-DEC-201 | 9 | ○ Initial | | ndment of IEP dated |
| ate of Present Meeting | | 01-JUN-2023 | ; | Initial | 20-MA | |
| nnual Review to be co | nducted by | 20-MAR-202 | 24 | Annual Review | | Start Transition |
| ext Three Year Review | will be | 15-MAY-202 | 5 | O Three Year Review | 0, | lsion Analysis |
| onducted by hree Year Review or E as conducted on | valuation | 16-MAY-202 | 2 | Other | ◯ Indiv | idual Transition Plan |
| ransition to Kindergart onducted by | en to be | | | | | |
| ocation of Meeting | | | | District Name | Los Angeles Unified | d School Distri |
| | | | Section B: S | Student Information | | |
| ate of Birth | 29-JAN-20 | | Age | 6 | Grade | 0 |
| ender | [●] Male ⊂ | Female | Ethnic Code | Decline to State | | |
| ocation of the Psych older | SUPPORT | UNIT NORT | Student has no Psych Folder | | | |
| ocation of the Cum older | LEMAY ST EL | | Student has no Cum Folder | | | |
| ome Language | English | | Student Language | English | Alternate Mode of Communication | |
| ome Address of tudent | 5303 YARM | MOUTH AVE A | PT 114 | | | |
| ity | ENCINO | CA | ZIP Code | 91316 | | |
| ome Telephone | (818) 605-7 | 7196 | Daytime Telephone | | Emergency Telephon | e |
| chool of Attendance | Lemay St E | El | Location Code | 4849 | | |
| chool of Residence | Nestle Ave | Charter | Location Code | 5452 | | |
| ame of arent/Guardian | | | Telephone | | | |
| ddress | | | | | | |
| ity | | CA | ZIP Code | | | |
| urogate Parent | | 14 f | Telephone | | | |
| ttends CURRENT SC f the following | HOOL as a re | esuit of one | Special Education Plac | rement V | | |
| | | ~ | | | | |
| the student living in a tome (FFH)? | | | o O Yes | FFH# | | |
| FFH Provider related | | | o O Yes | Relationship | | |
| censed Children's Inst | itution | \bigcirc N | o 🔿 Yes | LCI Name LCI# | | |
| ut of the home placem | ent made by | OR | egional Center | O Department of Ment | al Health O Depar | |
| - | - | \bigcirc Su | aperior Court | Other | | |
| 'hild's family living wit oundaries? | hin LAUSD's | \bigcirc N | o 🔘 Yes | | | |
| the student is 18 years | old or older o | or is an emancipa | ated minor, does he/she ha | ve educational decision-maki | ng rights? | \bigcirc No \bigcirc Yes |

| | 11 | DIVIDI | ALIZED EDUC | ATION PROGRAM (IEP) Page 2 of 3 |
|---------------|--|------------|-----------------|---|
| | Unified School District | | | |
| Student | TAL ANAELLE Y Last First | MIa | | Date of Birth 29-JAN-2017 |
| | Last First | MI Se | ection C: Langu | age Acquisition |
| Language Cla | ssification: | [] | English Only | Start Date: |
| Withdrawal by | y Parent Request: | (| ⊃ Yes ○ No | Reclassification Date: |
| ELPAC Perfor | rmance Level and Performance Descriptor: | | | ✓ Test Date: |
| Alternate ELP | AC Performance Level and Performance | | | ✓ Test Date: |
| Descriptor: | | | | |
| | | | | ement from Current IEP |
| | | 1 | Achieved | |
| Goal for: (ex | ample - Reading) | Yes | No | If No, explain the reason the goal/objective was not achieved |
| 1 | Social Emotional | \bigcirc | \bigcirc | Still working on cooperative play for 15 minutes. |
| Category | [Social Emotional ♥] | | | |
| | Objective 1 met | \bigcirc | \bigcirc | Needs more time. |
| | Objective 2 met | \bigcirc | \bigcirc | Needs more time. |
| 2 | Cognitive | \bigcirc | \bigcirc | Still working to solve problems. |
| Category | Cognitive Development | | | |
| | Objective 1 met | \bigcirc | \bigcirc | Needs more time. |
| | Objective 2 met | \bigcirc | \bigcirc | Needs more time. |
| 3 | Pragmatic Language | \bigcirc | \bigcirc | |
| Category | Language – Pragmatics | | | |
| | Objective 1 met | \bigcirc | \bigcirc | |
| | Objective 2 met | \bigcirc | \bigcirc | |
| 4 | Language | \bigcirc | \bigcirc | |
| Category | Language – Expressive | | | |
| | Objective 1 met | \bigcirc | \bigcirc | |
| | Objective 2 met | \bigcirc | \bigcirc | |
| 5 | Literacy | \bigcirc | \bigcirc | |
| Category | Literacy Development | | | |
| | Objective 1 met | \bigcirc | 0 | |
| | Objective 2 met | \bigcirc | 0 | |
| 6 | Mathematics | 0 | \bigcirc | Still working to count objects to 20. |
| Category | Math | - | | |
| | Objective 1 met | 0 | 0 | Needs more time. |
| _ | Objective 2 met | 0 | | Needs more time. |
| 7 | | 0 | \bigcirc | |
| Category | | ~ | ~ | |
| | Objective 1 met | 0 | 0 | |
| 0 | Objective 2 met | 0 | 0 | |
| 8 | | 0 | \bigcirc | |
| Category | | ~ | ~ | |
| | Objective 1 met | 0 | 0 | |
| Δ | Objective 2 met | 0 | 0 | |
| 9 | | \bigcirc | 0 | |
| Category | | ~ | \sim | |
| | Objective 1 met | 0 | 0 | |
| 10 | Objective 2 met | 0 | 0 | |
| 10 | | 0 | \bigcirc | |
| Category | | ~ | ~ | |
| | Objective 1 met | 0 | 0 | |
| | Objective 2 met | 0 | \bigcirc | |

| Performance Area: Category: Assessment/Monito State/District Asses | Last | NAELLE First | | | INDIVIDUALIZED EDUCATION PROGRAM (IEP) | | | | | | | |
|---|--|--|--|--|---|--|---|---|--|---|---|--|
| Performance Area: Category: Assessment/Monito State/District Asses | | First | · | Y | |] | Date of Birth | 29-JAN-2017 | Meetin | ig Date | 01-JUN-2023 | |
| Assessment/Monito State/District Asses | | | | MI Se | | esent Leve | l of Perform | ance | | | | |
| | | E | xpressi | | ge/Pragmatic | | | | | | | |
| State/District Asses | | Ī | Language – Pragmatics | | | | | | | | | |
| | Assessment/Monitoring Process Used: State/District Assessment Results: | | | nformal; Obs; Review of Record; Consultation; Prof Judgment | | | | | | | | |
| Current Performance | | | | | | | | | | Ĵ | | |
| | ce/Assessment S | ummary (ii | nclude | student stre | engths, stude | nt needs and | impact of disa | bility on student p | erformance): | | | |
| under the eligibili 2023 school year : Specifically, the tl opportunities with also focused on A language activities Areas of Strength verbal cues (ie 'I r questions after list to interact with 1- moderate verbal c surroundings, and | and is receiving of herapy sessions h no more than 3 naelle's ability to s in 8/10 trials w here a scissor.' I tening to a short 2 peers while par- ues. He also dem | 50 minutes ave focuse adult prom use 4-5 w ith no more bal studen don't have story using tricipating constrates t | a weel ed on A ppts in 1 ord utt e than 2 t who c a green g 4-5 w in 1-2 the abil | k of direct s naelle's abi 3/4 sessions erances to e 2 prompts/c demonstrate n crayon.' 'I ord utteran verbal exch ity to produ | speech-langu ility to intera s during a str express want uses in 3/4 se es the ability [need help pl ces with min langes, elicit uce 4-5 word | tage support ct (e.g. elicit uctured lang s/needs/idea sssions. He h to use 4-5 w lease.'). He a imal-modera greetings, re utterances t | to address his greetings, par uage activity. s and answer b as also met his ord utterances lso demonstra tte verbal cues spond to a gre o respond to y | expressive languages ticipate, share, tak He has met his ann pasic who, what an a annual goal. to express his want tes the ability to ar . During therapy se eting/farewell, and cs/no questions, to | ge and pragmatic s e turns) with 1-2 p nual goal. The ther d where questions nts, needs, and idea iswer 'who,' 'what' essions, Analle ext l share his ideas w | kills. eers in apy sess in struc as with and 'wh nibits th ith mini | 8/10 sions have tured minimal ere' e ability mal- | |
| Performance Area: | | | | | | | | | | | | |
| Category: | | | | | | ~ | | | | | | |
| Assessment/Monito | oring Process Us | ed: | | | | | | | | | | |
| State/District Asses | ssment Results: | | | | | | | | | | | |
| urrent Performance | ce/Assessment S | ummary (ii | nclude | student stre | engths, stude | nt needs and | impact of disa | bility on student p | erformance): | | | |
| Areas of Need: Do interacting with hi interaction is initia Impact of Disabil communicate whi Katherine Duque March 17, 2023 | is peers. With mo ated by a peer. lity on Education ich impacts his in | oderate ver al Perform volvement | bal pro | ompts, Anae Anaelle's dis | elle is emergi sability of Au | ing in his abi utism is acco | lity to maintai | n 1-2 verbal excha | | nen the | hile | |

| | Page 4 of 30 |
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| Los Angeles Unified School District | INDIVIDUALIZED EDUCATION PROGRAM (IEP) |
| Student TAL ANAEL | LE Y Date of Birth 29-JAN-2017 Meeting Date 01-JUN-2023 |
| Last Fir | st MI Section E: Present Level of Performance |
| Performance Area: | Reading |
| Category: | Reading |
| Assessment/Monitoring Process Used: | Teacher Observations, Work Samples |
| State/District Assessment Results: | DIBELS |
| Current Performance/Assessment Summary | y (include student strengths, student needs and impact of disability on student performance): |
| in his overall composite score of 297 to 34 Areas of Need: Anaelle struggles to isolation isolated sounds. Anaelle struggles to segn Impact of Disability: Anaelle's eligibility | year (MOY) DIBELS reading assessment for the 2022-2023 school year administered virtually, Anaelle improved 44. Anaelle is able to identify all 26 letters both uppercase and lowercase and their corresponding sounds. te the beginning, middle, and final sounds in words. In addition, he struggles to form a word when orally given the ent words orally. Anaelle also struggles recognizing Kindergarten CVC and sight words. of Autism impairs his ability to isolate the beginning, middle, and final sounds in words, thus preventing him the ds. This 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 | y (include student strengths, student needs and impact of disability on student performance): |
| | |

| Student TAL | ool District | | ALIZED EDUCATION PROGR | AM (IEP) | I |
|---|--------------------------------|----------------------|---|--------------------------|---------------------------------|
| Student IAL | ANAELLE | Y | Date of Birth | 29-JAN-2017 | Meeting Date 01-JUN-202 |
| Last | First | MI Section | n E: Present Level of Perform | ance | |
| Performance Area: | Writi | | | | |
| Category: | Writ | ing | ♥ | | |
| Assessment/Monitoring Prod | cess Used: Teach | er Observations, W | ork Samples | | |
| tate/District Assessment Re | esults: N/A | | | | |
| urrent Performance/Assess | ment Summary (inclu | de student strength | s, student needs and impact of disa | ability on student perfo | rmance): |
| | ig to make progress in | writing the shapes | ons and teacher prompting, Anaell of letters to create words. Anaelle icher directed drawing. | | |
| | | | d spacing between letters and work stances, adult support is needed fo | | |
| Impact of Disability: Anae education writing curriculu | lle's eligibility of Aut m. | ism impairs his abil | ity to independently write letters a | and words which impac | ets his progress in the general |
| erformance Area: | | | | | |
| ategory: | | | ~ | | |
| Assessment/Monitoring Prod | cess Used: | | | | |
| tate/District Assessment Re | esults: | | | | |
| Current Performance/Assess | ment Summary (inclu | de student strength | s, student needs and impact of disa | ability on student perfo | rmance): |
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| | Page 6 of |
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| Los Angeles Unified School District | INDIVIDUALIZED EDUCATION PROGRAM (IEP) |
| Student TAL ANAEL | |
| Last First | st MI Section E: Present Level of Performance |
| Performance Area: | Math |
| Category: | Math |
| Assessment/Monitoring Process Used: | Teacher Observations, Work Samples |
| State/District Assessment Results: | N/A |
| Current Performance/Assessment Summary | y (include student strengths, student needs and impact of disability on student performance): |
| objects with one to one correspondence ac Areas of Need: Anaelle struggles with presays 14, 19, 15 Anaelle has difficulty sa objects accurately. Impact of Disability: Anaelle's eligibility | e can verbally count aloud to 20 and follow along. With minimal distractions and adult support, Anaelle can count courately up to 10. Anaelle can identify numbers 1-10. Anaelle is able to write numbers up to 10 independently. Oper number formation and spacing between numbers. Anaelle struggles to correctly count past 10. After 10 he aying number names out of order when shown on a number chart. Anaelle is still working on counting up to 20 of Autism impacts his ability to identify numbers and to count objects past 10 with one to one correspondence. |
| Performance Area: | |
| | |
| Category: Assessment/Monitoring Process Used: | • • • • • • • • • • • • • • • • • • • |
| State/District Assessment Results: | |
| | y (include student strengths, student needs and impact of disability on student performance): |
| | Include student strengths, student needs and impact of disability on student performance). |
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| Los Angeles | s Unified Schoo | ol District | | INDI | VIDUALI | ZED EDUCA | TION PROGR | AM (IEP) | | | Pag |
|---|---|--|--|---|---|---|--|--|--|------------------------------|---------------|
| Student | | ANAEI | LE | Y | | | Date of Birth | 29-JAN-2017 | Meeting | Date | 01-JUN-2023 |
| | Last | Fir | | N | | D / T | | | | | |
| erformance. | Area | | Behavio | | Section E: | : Present Le | vel of Perform | ance | | | |
| ategory: | Alca. | | _ | or Interve | ention | • | / | | | | |
| | Monitoring Proce | ess Used: | \geq | Observat | | | | | | | |
| 3 | | N/A | Observat | 10113 | | | | | | | |
| | | | | student s | trengths st | udent needs a | nd impact of dise | ability on student perfo | rmance). | | |
| Strengths: A hat include o learn and | naelle enjoys ha movement. Ana | ving leadersh elle also enjo ng phonics a | nip roles in ys group nd countin | n the class games and ng lessons | sroom such d outside pl s. When it is | as the flag an ay during rec s a preferred l | d weather monite ess, lunch, and P book, Anaelle enj | or. Anaelle enjoys sing E. When focused and v oys being read aloud t | ing songs and d | port, h | e is eager |
| adult's assist Redirection instructions taking off hi Impact of D | tance to help him is often needed f during class acti is backpack, linir Disability: Anaell | n calm down for Anaelle to vities that inc ng up with the le's eligibility | from cryin complete cludes col e class, w | ng or shou e his class oring, cut alking in l n impacts | uting. Anael work includ ting, and pa line with the his ability | lle is easily di ding writing c asting. Anaell le class, and w | stracted which ir f numbers and le e needs adult sup ashing his hands | ompleting classwork. A npacts his ability to co tters. Anaelle is unabl port and prompting to te his grade level assig | mplete his class e to follow multi complete simple | work. iple ste e tasks | ep such as |
| nvolvement | t and progress in | the general e | ducation | curriculur | m. | | | | | | |
| erformance | Area: | | | | | | | | | | |
| ategory: | | | | | | • | • | | | | |
| sessment/N | Monitoring Proce | ess Used: | | | | | | | | | |
| ate/District | Assessment Res | ults: | | | | | | | | | |
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| 0 | Unified Schoo | District | | INDIVIDUALIZ | ZED EDUCATION PROGR | AM (IEP) | | |
|--|---|---|--|---|---|--|--|--|
| | | ANAEI | LLE | Y | Date of Birth | 29-JAN-2017 | Meeting Date | 01-JUN-2023 |
| | Last | Fir | st | MI Susting Fr | D | | 0 | |
| Performance A | rea. | | AAC -I | Section E: anguage Function | Present Level of Perform | ance |] | |
| Category: | lica. | | _ | age Function | ~ | | | |
| ••• | onitoring Proce | ss Used: | - | 0 | Review of Record; Obs; Prof J | udgment: Consultation |] | |
| | | | n/a | .,,. | ,, | | | |
| | | | | e student strengths, stu | udent needs and impact of disa | bility on student perform | ance): | |
| 2019 under th an Augmentat receptive/exp currently rece the areas of pr by initiating a meet both his Anaelle's abil did not meet b Areas of Stre assessments, i the word, phr. speech intelling | ne Autism eligib tive/Alternative ressive commu eiving school-ba ragmatic langua and maintaining incremental an lity to answer 5 both his increm ength: Based on in the area of ar ase and sentence gibility. Overall | vility. He was Communica nication skill ased speech s age and expro- 2-3 verbal e d annual goa simple quest ental and anr informal obs ticulation, A e level. The l, Anaelle's an | s referred tion (AA s. Assessi- ervices 6 essive lan xchanges ls since the ions accu- nual goals servation naelle exl only inco- rticulatior | for Language and Spe C) system to access h ment of receptive/exp 0 minutes weekly dur guage. Specifically, th with 1-2 peers with 8 he IEP was recently durately in 80% accurace Anaelle's voice and fl hibits the ability to pro- | ving Special Education service eech (LAS) evaluation by his r is curriculum. AAC evaluation ressive communication skills i ing Regular school year and 10 he therapy sessions have focus 80% accuracy with min verbal one and became active on Mar by in 3 out 5 trials with min ver- uency skills are not related to oduce $(p, b, t, d, k, g, m, n, f, v)$ oted on his productions of voi age range for a student his chr loud he is speaking. | nother and their advocate is an extension of assess s included as part of this 60 minutes monthly durin ed on Anaelle's ability to cues in 10 consecutive th rch 24, 2023. The therapy rbal cues in 10 consecutive the suspected area of disa ; s, z, l, r, w, j, h/, -ing, sh ced and voiceless th, altho | to determine if he numeric of assessment. Anaelle assessment. Anaelle assessment address 2 improve his pragmerapy sessions. He sessions also focus ve therapy sessions. It has builty. Based on for the session of the s | requires e is g goals in atic skills did not sed on He also mal ently at he his |
| erformance A | irea: | | | | | | | |
| Category: | anitan'ny D | an Houd | | | ~ | | | |
| | onitoring Proce | | | | | | | |
| | Assessment Res | | C 1 1. | | udent needs and impact of disa | 1.11. | | |
| adjectives (e.g the ability to o Subject and v is drinking m (teddy bear, c horse, boy, gi simple senten Pragmatically engaged in cla Areas of Nee has a basic rec | g. small). He was understand the is rerb in present of hilk vs The baby sookie, fridge, fi rl, house), verb- nees vocally in r y, Anaelle uses f assroom and lau ed: Anaelle exhi ceptive vocabul e things found f | as able to ind following set or present pro y is drinking ish, scissors, s (eat, sleep, esponse to v leeting but a nguage and s bited below lary to identi requently in | licate the ntence stru- ogressive to milk from banana, s run, drink isuals typ ppropriate peech ses age appro fy things his imme | antonym or opposite i uctures: 1. Simple sen tense (e.g., The baby n the bottle). In the arc poon, elephant), coml (, sit), modifiers (little ically ranging in 2-4 v e eye contact and enjo sions and participates priate receptive and e in pictures and to foll diate environment. An | nouns (e.g., house, fruit, anim for items such as girl (boy), ha ntence with copula and predica ea of expressive language, Ana bines three or four words in sp e, yellow) and uses present pro- words in length ie 'Boy is runn sys interacting with familiar ac in activities verbally using sin expressive language skills on b ow the routine of the classroor naelle's limited verbal expressi | ppy (sad), and hot (cold). te adjective or comparative aelle is able to name a var ontaneous speech, uses a gressive ('She is eating'). ing', 'There is the ball', 'S lults. With minimal verba mple phrases and sentence oth the standardized and m with some prompting. F | Anaelle also demo ve (e.g., This dog is iety of pictures objevariety of nouns (c Anaelle is able to p he's eating a cookie l prompts, Anaelle es. | : big); 2. ects ar, baby, produce '. is ts. He mited to |

| | | | I | NDIVIDUALI | ZED EDUCATIO | ON PROGR | AM (IEP) | | | Pa |
|---|---|--|--|---|---|--------------------------------|---|--------------------------|------------------------------------|---------------------|
| Los Angeles Student | s Unified Schoo | ANAEL | LE Y | | n | oto of D:4L | 29-JAN-2017 | | Jooting Dat- | 01-JUN-2023 |
| Student | Last | Firs | | MI | Da | ate of Birth | 29-JAN-2017 | ľ | neering Date | 01-JUN-2023 |
| | | | | Section E | : Present Level | of Perform | ance | | | |
| erformance | Area: | | AAC cont. | | | | | | | |
| ategory: | | | Language Fu | inction | ► | | | | | |
| ssessment/N | Monitoring Proce | ess Used: | | | | | | | | |
| ate/District | t Assessment Rest | ults: | | | | | | | | |
| irrent Perfo | ormance/Assessm | ent Summary | (include stude | ent strengths, s | tudent needs and in | mpact of disa | bility on student per | rformance |): | |
| grammar an Anaelle also him answer Impact of I | nd detail and freque o displays frequer questions or tell | uently will res nt use of echo what is happe e's disability o | spond with ech lalia, repeating ning. of Autism is ac | iolalia by repea g the last 3-5 w ecompanied by | ting what the comported that are said t | municative p to him, especi | nple and short that a artner has said inste ially when there are s his ability to comm | ad of answ no visuals | vering the ques , toys or objec | tion. ts to help |
| Katherine I May 31, 20 | Duque, M.S. CCC)23 | C-SLP | | | | | | | | |
| erformance | Area: | | | | | | | | | |
| ategory: | | | | | ~ | | | | | |
| ssessment/N | Monitoring Proce | ss Used: | | | | | | | J | |
| | | | | | | | | | | |
| | t Assessment Rest ormance/Assessm | , | (include stude | ent strengths, s | udent needs and in | mpact of disa | bility on student pe | rformance) | : | |
| | | , | (include stude | ent strengths, s | tudent needs and in | mpact of disa | bility on student pe | rformance) |): | |
| | | , | (include stude | ent strengths, s | tudent needs and in | mpact of disa | ibility on student pe | rformance) | 1: | |
| | | , | (include stude | ent strengths, s | tudent needs and in | mpact of disa | bility on student pe | rformance) |): | |
| | | , | (include stude | ent strengths, s | tudent needs and in | mpact of disa | ibility on student pe | rformance) |): | |
| | | , | f (include stude | ent strengths, s | tudent needs and in | mpact of disa | bility on student pe | rformance) | | |
| | | , | (include stude | ent strengths, s | tudent needs and in | mpact of disa | ibility on student pe | rformance) |): | |
| | | , | f (include stude | ent strengths, s | tudent needs and in | mpact of disa | bility on student pe | rformance) |): | |
| | | , | (include stude | ent strengths, s | tudent needs and in | mpact of disa | ibility on student pe | rformance) |): | |
| | | , | (include stude | ent strengths, s | tudent needs and in | mpact of disa | ibility on student pe | rformance) |). | |
| | | , | (include stude | ent strengths, s | tudent needs and in | mpact of disa | bility on student pe | rformance) | 2. 2. | |
| | | , | (include stude | ent strengths, s | tudent needs and in | mpact of disa | ibility on student pe | rformance) | | |
| | | , | (include stude | ent strengths, s | tudent needs and in | mpact of disa | ibility on student pe | rformance) | | |
| | | , | (include stude | ent strengths, s | tudent needs and in | mpact of disa | ibility on student pe | rformance) | | |
| | | , | (include stude | ent strengths, s | tudent needs and in | mpact of disa | ibility on student pe | rformance) | | |
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| | | , | (include stude | ent strengths, s | tudent needs and in | mpact of disa | ibility on student pe | rformance) | | |
| | | , | (include stude | ent strengths, si | tudent needs and in | mpact of disa | ibility on student pe | rformance) | | |
| | | , | (include stude | ent strengths, s | rudent needs and in | mpact of disa | ibility on student pe | rformance) | | |

| Los Angeles Unified School District Student TAL ANAELLE Y Date of Birth 29-JAN-2017 Meeting Date 01-JUN Last First MI Section E: Present Level of Performance Performance Area: Visual Motor Category: Visual Motor Assessment/Monitoring Process Used: BOT-2, Classroom Obs, Work Samples, Chart review, teacher/parent int State/District Assessment Results: Current Performance/Assessment Summary (include student strengths, student needs and impact of disability on student performance): Student's areas of strengths: Anaelle demonstrates functional skills in the areas of postural stability, range of motion, muscle strength and tone. He navigate: within the school environment independently and accesses classroom furniture without difficulty. Student demonstrated functional visual spatial and scaming skills to safely navigate and maneuver around the school environment and avoid obstacles such as other students or classroom furniture. Anaelle utilizes a functional right quadropod grasp on utensils. He independently locates school tools and workspace with ease, organizes his desk appropriately when instructed to change writing utensils or put his belongings away, and attends to the boundaries and guidelines when completing coloring, writing, copying, tracing, and cutting tasks, displaying age-appropriate skills and behaviors. Further, Anaelle displays many functional prehension patterns and in-hand manipulation skills to complete a variety of fine motor tasks and he uses classroom tools properly. Anael | |
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| Last First MI Section E: Present Level of Performance Performance Area: Visual Motor Category: Visual Motor Assessment/Monitoring Process Used: BOT-2, Classroom Obs, Work Samples, Chart review, teacher/parent int State/District Assessment Results: Environment of the second of the seco | |
| Performance Area: Visual Motor Category: Visual Motor Assessment/Monitoring Process Used: BOT-2, Classroom Obs, Work Samples, Chart review, teacher/parent int State/District Assessment Results: Current Performance/Assessment Summary (include student strengths, student needs and impact of disability on student performance): Student's areas of strengths: Anaelle demonstrates functional skills in the areas of postural stability, range of motion, muscle strength and tone. He navigates within the school environment independently and accesses classroom furniture without difficulty. Student demonstrated functional visual spatial and scanning skills to safely navigate and maneuver around the school environment and avoid obstacles such as other students or classroom furniture. Anaelle utilizes a functional right quadropod grasp on utensils. He independently locates school tools and workspace with ease, organizes his desk appropriately when instructed to change writing utensils or put his belongings away, and attends to the boundaries and guidelines when completing coloring, writing, copying, tracing, and cutting tasks, displaying age-appropriate skills and behaviors. Further, Anaelle displays many functional prehension patterns and inham dmanipulation skills to complete a variety of fine motor tasks and he uses classroom tools properly. Anaelle scored within the Average range on the subtest of Fine Motor Integration of the BOT-2 standardized assessment. Per teacher interview and occupational therapy observations, Anaelle also demonstrates that his attention to task and ability to maintain postural stability for seated tasks is adequate in the school setting. Anaelle is independent in the self-help skills he is required to perform in school. Anaelle uses appropriate force when assembling manipulati | 5 |
| Category: Visual Motor Assessment/Monitoring Process Used: BOT-2, Classroom Obs, Work Samples, Chart review, teacher/parent int State/District Assessment Results: Current Performance/Assessment Summary (include student strengths, student needs and impact of disability on student performance): Student's areas of strengths: Anaelle demonstrates functional skills in the areas of postural stability, range of motion, muscle strength and tone. He navigates within the school environment independently and accesses classroom furniture without difficulty. Student demonstrated functional visual spatial and scanning skills to safely navigate and maneuver around the school environment and avoid obstacles such as other students or classroom furniture. Anaelle utilizes a functional right quadropod grasp on utensils. He independently locates school tools and workspace with ease, organizes his desk appropriately when instructed to change writing utensils or put his belongings away, and attends to the boundaries and guidelines when completing coloring, writing, copying, tracing, and cutting tasks, displaying age-appropriate skills and behaviors. Further, Anaelle displays many functional prehension patterns and in- hand manipulation skills to complete a variety of fine motor tasks and he uses classroom tools properly. Anaelle scored within the Average range on the subtest of Fine Motor Integration of the BOT-2 standardized assessment. Per teacher interview and occupational therapy observations, Anaelle also demonstrates that his attention to task and ability to maintain postural stability for seated tasks is adequate in the school setting. Anaelle is independent in the self-help skills he is required to perform in school. Anaelle uses appropriate force when assembling manipulatives and during writing tasks. He does not display gravitational insecurity. He coordinates the use of both hands and tolerates textures commonly used in the school setting. Anaelle presents with functional sensory integration for school participation and | 5 |
| Assessment/Monitoring Process Used: BOT-2, Classroom Obs, Work Samples, Chart review, teacher/parent int State/District Assessment Results: Current Performance/Assessment Summary (include student strengths, student needs and impact of disability on student performance): Student's areas of strengths: Anaelle demonstrates functional skills in the areas of postural stability, range of motion, muscle strength and tone. He navigates within the school environment independently and accesses classroom furniture without difficulty. Student demonstrated functional visual spatial and scanning skills to safely navigate and maneuver around the school environment and avoid obstacles such as other students or classroom furniture. Anaelle utilizes a functional right quadropod grasp on utensils. He independently locates school tools and workspace with ease, organizes his desk appropriately when instructed to change writing utensils or put his belongings away, and attends to the boundaries and guidelines when completing coloring, writing, copying, tracing, and cutting tasks, displaying age-appropriate skills and behaviors. Further, Anaelle displays many functional prehension patterns and in- hand manipulation skills to complete a variety of fine motor tasks and he uses classroom tools properly. Anaelle scored within the Average range on the subtest of Fine Motor Integration of the BOT-2 standardized assessment. Per teacher interview and occupational therapy observations, Anaelle also demonstrates that his attention to task and ability to maintain postural stability for seated tasks is adequate in the school setting. Anaelle is independent in the self-help skills he is required to perform in school. Anaelle uses appropriate force when assembling mainpulatives and during writing tasks. He does not display gravitational insecurity. He coordinates the use of both hands and tolerates textures commonly used in the school setting. Anaelle presents with functional sensory integration for school participation and access to his educationa | S |
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| | ÷ |
| Category: | |
| Cognitive Development | |
| Assessment/Monitoring Process Used: | |
| State/District Assessment Results: | |
| Current Performance/Assessment Summary (include student strengths, student needs and impact of disability on student performance): | |
| Student's areas of needs: Anaelle has occupational therapy needs in the area of fine motor skills. On the BOT-2, Anaelle scored Below Average on the following subtests: Fine Motor Precision, Manual Dexterity, and Upper-Limb Coordination. Anaelle also scored Below Average in the composite scores of Fine Manual Control and Manual Coordination. This indicates that Anaelle could benefit from occupational therapy services in order to improve his visual motor skills. Impact of disability on academic and overall performance: Student's disability of autism contributes to weaknesses in the areas of fine motor that affects their ability to use a functional grasp on classroom materials such as writing and coloring tools which impacts their involvement and progress in the general education curriculum. Hadley Vargas, MSOT, OTR/L LAUSD Occupational Therapist | l |

| Los Angolo | os Angeles Unified School District | | | INDIVIDUA | LIZED EDUC. | ATION PROGR | AM (IEP) | | Pa | age 11 c |
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| 0 | | ANAEL | LE | Y | | Date of Birth | 29-JAN-2017 | Meeting Da | te 01-JUN-202 | 3 |
| | Last | Firs | | MI | | | | | | |
| Performance | A. 17001 | | Seciel E | unctioning | E: Present Lo | evel of Perform | ance | | | |
| | Alca. | | | 5 | • | | | | | |
| Category: | Manitanin a Dua aaa | . Tland. | \geq | Functioning | | ~ | | | | |
| | Monitoring Process | | Keview | of records, observ | ations, interview | ws, assessment | | | | |
| | t Assessment Resul | | C 1 1 | . 1 | . 1 . 1 | 1 | bility on student perfor | | | |
| Teacher an Competence an AT RISK overall AT 1 socializatio resulted in a would prod Despite an frequency a carries out angry. The Data s cooperative | e Scale A- teacher n (HIGH RISK ratin RISK/HIGH RISK n, or produce negat an AVERAGE SFL uce negative social AT RISK/HIGH R is emerging strengt directions from par uggest Anaelle is c | rating result g for peer r for Social C ive social o from both r outcomes i ISK SFL fo h (if rated a ents or supe apable of do | ted in an A relations, s Competendo tresponden in the scho or Scale A, 3). These ervisors, fo | At-Risk SFL and a self-management/ cc. Variances betw nore frequently in its. This consisten bol, community or it is important to skills/behaviors i billows family and ing many of the p | High-Risk SFI compliance, and veen respondent a the classroom cy between rate thome setting. identify skills c include: Makes community rul ositive group be | from parent. Add l academic behavi ts may suggest An setting versus the rs suggests that A or actions identifie appropriate transit es, asks for help in chaviors that are me | ol, home and communi litionally, parent and/or or. Responses for these aelle displays challeng home setting. Respons naelle does not exhibit d by both respondents tions between different n an appropriate manne eeded to participate suc awareness of peers whi | teacher responses sub scales contrib es that may imped- es for Scale B Ant any problem beha as observed at a hi activities, listens t er, and controls tem eccessfully in structu | resulted in uted to the e isocial Scale viors that gher o and uper when ured | |
| Performance | Area: | | Social F | unctioning | | | | | | |
| Category: | | | Social H | Functioning | • | • | | | | |
| Assessment/] | Monitoring Process | Used: | RT sessi | on, Session Notes | , and Record Re | eview | | | | |
| State/District | t Assessment Resul | ts: | | | | | | | | |
| Current Perfe | ormance/Assessme | nt Summary | y (include | student strengths, | , student needs a | and impact of disa | bility on student perfor | rmance): | | |
| level, each Social Com peers, invite Impact of I | line item was comp apetence identified es peers to participa Disability- | pared to iden as low occu ate in activit | ntify a pos rring skill ties, asks a | ssible pattern or tr s by both respond appropriately for o | ends between he lents include: of clarification of i | ome, school and c ffers help to peers nstructions, and in | ing in an At Risk or Hi ommunity. Relative are when needed, understa tteracts with a wide van n for this performance | eas of concern in ro inds problems and riety of peers. | elation to | |
| | | | | | | | | | | |

| Student | s Unified School | ANAELLE | Y | Date of Birth | 29-JAN-2017 | Meeting Date 01-JUN-2023 |
|----------------------------|-----------------------|------------------------|-----------------------|------------------------------------|-------------|---|
| Student | Last | First | MI | | | littering Date (0100112020 |
| 1. 11 | 1. 1 | | | Section F: Eligibility | | |
| ipplicable, | , areas discussed re. | lated to disability of | or suspected disabili | ty: | | |
| | | | | | | |
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| | | | | | | |
| or Initial IE | P. interventions att | empted prior to det | ermining eligibility | : | | |
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| | student with the dis | | | | | |
| ode: | AUT | Autist | n | | | |
| | ONot Applicable | | | OPartially Sighted | | |
| | ow Incidence Eligi | bility (only for VI, | DBL, DEA, HOH, | or severe OI): | | |
| ode: | | | | | | |
| | ONot Applicable | e, OBlin | d or | OPartially Sighted | | |
| Does not | meet eligibility crit | teria for Special Ed | lucation Services (I | nitial IEP). | | |
| - Does not | incer engionity en | terra for Special Le | ideation Services (1 | initial ILA). | | |
| | er Eligible for Spec | ial Education Som | ioos (Poviow IED) | | | |
| - | er Eligible (Effectiv | | ices (Review IEF). | | | |
| Date): | er Eligible (Effectiv | | | | | |
| | | | | | | |
| ⊥ This is a inal IEP Re | | nt remains eligible | for Special Educat | ion Services until the Effective D | _ | |
| | | | | Final IEP Effe | | |
| | | and agrees that the | | ds of the student are not prima | _ | |
| _ | Maladjustment | | _ | porary Physical Disability | | ck of instruction in reading |
| | of instruction in ma | uth | └ Limi | ted English Proficiency | | vironmental, Cultural or Economic Facto |
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| Student TAL | ANAELLE | | Date of Birth 29-JAN-2017 | Meeting Date 01-JUN-2023 |
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| Last | First | MI Section Contempole | | |
| mance Area: | Deservatio Language | Section G: Annual G | | pal #: 1 |
| | | | guage – Pragmatics Annual Ge anges with 1-2 peers with 80% accuracy with | |
| onsecutive therapy session | | | | |
| | be reported to parents by con Report or Report Card period | s. | rogress and Achievement from Current IEF | " form(s) which will be |
| | \Box | Methods of 1 | \square | |
| State Assessments Observation | \Box | Referenced | Criterion Referenced | Curriculum Based |
| Observation | Portfol | 10 | U Work Samples | Informal |
| 0 consecutive therapy ses | sions. | | sessions. | |
| ate to be achieved: | July | ► MO/YR | Date to be achieved: November | |
| | IEP REPOI | | CHIEVEMENT FROM CURRENT IEP | |
| 4 GOAL MET OR EXCEEDED | <i>3 SUBSTANTIAL PROG</i> met) | | ON OF MARKS 2 PARTIAL PROGRESS (1-49% of gos | al met) 1 NO PROGRESS |
| st Reporting Period | 2nd Reporting Period | 3rd Reporting Period | 4th Reporting Period (Secondary | Goal Achievement |
| Date: | Date: | Date: | Only) | |
| | | | Date: | |
| | | | | |
| Progress Mark: | Progress Mark: | Progress Mark: | Progress Mark: | Objective 1 Met: |
| Progress Mark: | Progress Mark: | Progress Mark: | Progress Mark: | Objective 1 Met: O Yes O No |
| s progress sufficient to | Progress Mark: Is progress sufficient to meet annual goal? | Progress Mark: Is progress sufficient to meet annual goal? | Progress Mark: Is progress sufficient to meet annual goal? | |
| s progress sufficient to neet annual goal? | Is progress sufficient to | Is progress sufficient to | Is progress sufficient to meet annual | ○ Yes ○ No Objective 2 Met: ○ Yes ○ No |
| is progress sufficient to meet annual goal? Yes No | Is progress sufficient to meet annual goal? | Is progress sufficient to meet annual goal? | Is progress sufficient to meet annual goal? | O Yes O No Objective 2 Met: |
| is progress sufficient to meet annual goal? Yes No If "No" please comment: | Is progress sufficient to meet annual goal? | Is progress sufficient to meet annual goal? | Is progress sufficient to meet annual goal? Yes No If "No" please comment: | ○ Yes ○ No Objective 2 Met: ○ Yes ○ No |
| Progress Mark: Is progress sufficient to meet annual goal? Yes No If "No" please comment: Needs More Time Excess | Is progress sufficient to meet annual goal? Yes No If "No" please comment: Needs More Time Excess | Is progress sufficient to meet annual goal? Yes No If "No" please comment: Needs More Time Excess | Is progress sufficient to meet annual goal? | ○ Yes ○ No Objective 2 Met: ○ Yes ○ No |
| Is progress sufficient to meet annual goal? Yes No If "No" please comment: Needs More Time Excess Absence/Tardy | Is progress sufficient to meet annual goal? Yes No If "No" please comment: Needs More Time Excess Absence/Tardy | Is progress sufficient to meet annual goal? Yes No If "No" please comment: Needs More Time Excess Absence/Tardy | Is progress sufficient to meet annual goal? Yes No If "No" please comment: Needs More Time Excess Absence/Tardy Assignments Not Completed | ○ Yes ○ No Objective 2 Met: ○ Yes ○ No |
| Is progress sufficient to meet annual goal? Yes No If "No" please comment: Needs More Time Excess Absence/Tardy Assignments Not | Is progress sufficient to meet annual goal? Yes No If "No" please comment: Needs More Time Excess Absence/Tardy Assignments Not | Is progress sufficient to meet annual goal? Yes No If "No" please comment: Needs More Time Excess Absence/Tardy Assignments Not | Is progress sufficient to meet annual goal? Yes No If "No" please comment: Needs More Time Excess Absence/Tardy Assignments Not Completed Need to review/revise Goal | ○ Yes ○ No Objective 2 Met: ○ Yes ○ No |
| Is progress sufficient to meet annual goal? Yes No If "No" please comment: Needs More Time Excess Absence/Tardy Assignments Not Completed Need to | Is progress sufficient to meet annual goal? Yes No If "No" please comment: Needs More Time Excess Absence/Tardy Assignments Not Completed Need to | Is progress sufficient to meet annual goal? Yes No If "No" please comment: Excess Absence/Tardy Assignments Not Completed Need to | Is progress sufficient to meet annual goal? Yes No If "No" please comment: Needs More Time Excess Absence/Tardy Assignments Not Completed | ○ Yes ○ No Objective 2 Met: ○ Yes ○ No |
| Is progress sufficient to meet annual goal? Yes No If "No" please comment: Needs More Time Excess Absence/Tardy Assignments Not Completed | Is progress sufficient to meet annual goal? Yes No If "No" please comment: Needs More Time Excess Absence/Tardy Assignments Not Completed | Is progress sufficient to meet annual goal? Yes No If "No" please comment: Needs More Time Excess Absence/Tardy Assignments Not Completed | Is progress sufficient to meet annual goal? Yes No If "No" please comment: Needs More Time Excess Absence/Tardy Assignments Not Completed Need to review/revise Goal | ○ Yes ○ No Objective 2 Met: ○ Yes ○ No |

| Student | TAL Last | ANAELLE | Y MI | Date of Birth 29-JAN-2017 | Meeting Date 01-JUN-2023 |
|--|----------------------------------|--|---|---|--|
| | ſ | D. I' | | Goals and Objectives | |
| mance Are | | Reading | | ading Annual G mes) in 5 three-phoneme (CVC) words with | |
| easured by | observation ir | n 3 out of 5 trials with 100% | accuracy. | | |
| | | be reported to parents by o Report or Report Card per | ods. | Progress and Achievement from Current IE | P" form(s) which will be |
| | sessments | | | Evaluation | Consideration Decid |
| State As Observa Other | <i>bebblittelitte</i> | \Box | n Referenced folio | Criterion Referenced Work Samples | Curriculum BasedInformal |
| Anaelle will phonemes) | identify and p in 5 three-pho | related to the goal: pronounce the initial, media oneme (CVC) words with o n 3 out of 5 trials with 80% | ne teacher example as | | initial, medial vowel, and final sounds words with one teacher example as measu |
| ate to be ac | hieved: | August V 20 | | Date to be achieved: October | ✓ 2023 ✓ MO/YR |
| | | IEP KEP | | ION OF MARKS | r |
| 4 GOAL I Exceed | | 3 SUBSTANTIAL PRO met) | DGRESS (50-99% of goal | 2 PARTIAL PROGRESS (1-49% of go | bal met) <i>I NO PROGRESS</i> |
| 1st Reporti | ng Period | 2nd Reporting Period | 3rd Reporting Period | 4th Reporting Period (Secondary | Goal Achievement |
| Date: | | Date: | Date: | Only) Date: | |
| Progress Ma | ark: | Progress Mark: | Progress Mark: | Progress Mark: | Objective 1 Met: |
| | | | | | O Yes O No |
| ls progress meet annual | sufficient to l goal? | Is progress sufficient to meet annual goal? | Is progress sufficient to meet annual goal? | Is progress sufficient to meet annual goal? | Objective 2 Met: |
| ⊖ Yes ⊂ |) No | \bigcirc Yes \bigcirc No | \bigcirc Yes \bigcirc No | \bigcirc Yes \bigcirc No | If "No" please explain: |
| lf "No" plea | se comment: | If "No" please comment | :: If "No" please comment: | If "No" please comment: | |
| Excess Absence/Ta | | Needs More Time Excess Absence/Tardy Assignments Not Completed Need to | Needs More Time Excess Absence/Tardy Assignments Not Completed Need to | Needs More Time Excess Absence/Tardy Assignments Not Completed Need to review/revise Goal Other | |

| Student TAL | ANAELLE Y | | Date of Birth 29-JAN-2017 | Meeting Date 01-JUN-2023 |
|--|--|--|---|---|
| Last | First | MI Section G: Annual G | oals and Objectives | |
| rmance Area: | Vriting | | iting Annual G | oal #: 3 |
| | | nodel/dictation and maximum als as measured by student wi | teacher prompting to stay focused, Anaelle iting samples. | will use correct letter |
| | be reported to parents by con Report or Report Card period | s. | Progress and Achievement from Current IE | P" form(s) which will be |
| 2 | | Methods of | \square | |
| State Assessments Observation Other | Norm Portfol | Referenced | Criterion ReferencedWork Samples | Curriculum BasedInformal |
| naximum teacher promptin | elated to the goal: and sentences from a writter ng to stay focused, Anaelle w 50% accuracy in 4 out of 5 | ill use correct letter | 1 1 0 1 | 0 |
| ate to be achieved: | August V 2023 | ✓ MO/YR | Date to be achieved: October | ▶ 2023 ♥ MO/YR |
| | IEP REPO | | CHIEVEMENT FROM CURRENT IE | P |
| 4 GOAL MET OR EXCEEDED | <i>3 SUBSTANTIAL PROG</i> met) | | ON OF MARKS 2 PARTIAL PROGRESS (1-49% of go | bal met) 1 NO PROGRESS |
| lst Reporting Period | 2nd Reporting Period | 3rd Reporting Period | 4th Reporting Period (Secondary | Goal Achievement |
| Date: | Date: | Date: | Only) Date: | |
| Progress Mark: | Progress Mark: | Progress Mark: | Progress Mark: | Objective 1 Met: |
| | | | | O Yes O No |
| s progress sufficient to neet annual goal? | Is progress sufficient to meet annual goal? | Is progress sufficient to meet annual goal? | Is progress sufficient to meet annual goal? | Objective 2 Met: |
| ⊃ Yes ○ No | \bigcirc Yes \bigcirc No | \bigcirc Yes \bigcirc No | \bigcirc Yes \bigcirc No | If "No" please explain: |
| f "No" please comment: | If "No" please comment: | If "No" please comment: | If "No" please comment: | |
| Needs More Time Excess Absence/Tardy Assignments Not Completed | Needs More Time Excess Absence/Tardy Assignments Not Completed | Needs More Time Excess Absence/Tardy Assignments Not Completed | Needs More Time Excess Absence/Tardy Assignments Not Completed Need to review/revise Goal Other | |
| Need to review/revise Goal | Need to review/revise Goal Other | Need to review/revise Goal Other | |) |

| | ANAELLE | Y | Date of Birth 29-JAN-2017 | Meeting Date 01-JUN-2023 |
|--|---|---|--|---|
| Last | First | MI Section Contenant C | | |
| | | Section G: Annual G | - | |
| | | Category: Mat | h Annual Annual blems and explain results using concrete of | |
| presentations with 80% ad | ccuracy as measured by stude | ent work samples/teacher-charte | d observations. | |
| | be reported to parents by co Report or Report Card period | ds. | rogress and Achievement from Current I | EP" form(s) which will be |
| | | Methods of | \square | |
| State Assessments Observation Other | Norm Portfo | Referenced | Criterion ReferencedWork Samples | Curriculum BasedInformal |
| sing concrete objects and | ems, Anaelle will solve the pr /or pictorial representations v samples/teacher-charted obs | with 60% accuracy as | | e will solve the problems and explain result I representations with 70% accuracy as acher-charted observations. |
| te to be achieved: | August V 2023 | | Date to be achieved: Octobe | |
| | IEP REPO | | CHIEVEMENT FROM CURRENT I | EP |
| | | EXPLANATIO | ON OF MARKS | |
| 4 GOAL MET OR EXCEEDED | 3 SUBSTANTIAL PROC met) | GRESS (50-99% of goal | 2 PARTIAL PROGRESS (1-49% of | goal met) 1 NO PROGRESS |
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| h 29-JAN-2017 Meeting Date 01-JUN-2023 |
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| ion 🗙 Annual Goal #: 5 |
| tracy in 3 out of 5 trials. |
| hievement from Current IEP" form(s) which will be |
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| amples \checkmark Curriculum Based \checkmark Informal |
| I objective #2 related to the goal: begin a non-preferred task/ activity with no more than two teach 60% accuracy in 3 out of 4 trials. |
| chieved: October V 2023 V MO. |
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| <i>PROGRESS</i> (1-49% of goal met) <i>I NO PROGRE</i> |
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| will answer 5 simple questions accurately in 80% accuracy in 3 out 5 trials with nax verbal and visual cues in 10 consecutive therapy sessions. will answer 5 simple questions accurately in 80% accuracy in 3 out 5 trials with nax verbal and visual cues in 10 consecutive therapy sessions. ate to be achieved: July 2023 MO/YR Date to be achieved: November 2023 MO/YR IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP EXPLANATION OF MARKS 4 COAL MET OR 3 SUBSTANTIAL PROGRESS (50-99% of goal 2 PARTIAL PROGRESS (1-49% of goal met) 1 NO PROGRESS 18 Reporting Period 3 rd Reporting Period Date: Date competition (Secondary Only) Goal Achievement Progress Mark: Progress Mark: Progress Mark: Progress Mark: Objective 1 Met: Is progress sufficient to meet annual goal? Is progress sufficient to meet annual goal? Yes No No M'No" please comment: If "No" please comment: | Student T. | | | Y | Date of Birth 29-JAN-2017 | Meeting Date 01-JUN-2023 |
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| agress 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 violed at either Progress Report or Report Carl periods. State Assessments Other Norm Referenced Curriculum Based Other Portfolio Curriculum Based Informal Other Portfolio Work Samples Informal If answer 5 simple questions accurately in 80% accuracy in 3 out 5 trials with a averbal and visual caes in 10 consecutive therapy sessions. Incremental objective \$2 related to the goal: If answer 5 simple questions accurately in 80% accuracy in 3 out 5 trials with a averbal and visual caes in 10 consecutive therapy sessions. Incremental objective \$2 related to the goal: If answer 5 simple questions accurately in 80% accuracy in 3 out 5 trials with a verbal and visual caes in 10 consecutive therapy sessions. Incremental objective \$2 colors accuracy in 3 out 5 trials with a verbal and visual caes in 10 consecutive therapy sessions. If answer 5 simple questions accurately in 80% accuracy in 3 out 5 trials with a verbal caes in 10 consecutive therapy sessions. Incremental objective \$2 colors accuracy in 3 out 5 trials with a verbal caes in 10 consecutive therapy sessions. If the to be achieved: July 2023 MO/YR EXPENDED SUBSTANTIAL PROGRESS (Nord With Reporting Period Date: Progress Mark: Progress Mark: Progress Mark: Prog | | | | | | |
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| Student | | ANAELLE | Y | Date of Birth | 29-JAN-2017 | Mee | ting Date 01-JUN-2 | 023 |
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| | l follow novel | elated to the goal: two step directions with a | no more than 2 adult prompts | | ojective #2 related to t | | ith no more than 2 adul | t prompts i |
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| | Lust | i ii șt | Section G: Annual G | oals and Objectives | |
| mance Are | ea: V | visual motor | Category: Vis | ual Motor Annual G | oal #: 6 |
| t of 5 trials | - | a motor skins, Anache win e | opy 2 miles of written work w | th proper sizing and spacing with minimum | |
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| ate to be ac | hieved: | October V 2023 | | Date to be achieved: February CHIEVEMENT FROM CURRENT IEI | ✓ 2024 ✓ MO/YR |
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| EXCEED Ist Reporti Date: Progress Ma | ED ng Period ark: sufficient to | met) 2nd Reporting Period Date: | 3rd Reporting Period Date: | 4th Reporting Period (Secondary Only) Date: | Goal Achievement Objective 1 Met: |
| EXCEED Ist Reporti Date: Progress Ma | ED ng Period ark: sufficient to goal? | met) 2nd Reporting Period Date: Progress Mark: Is progress sufficient to | 3rd Reporting Period Date: Progress Mark: Is progress sufficient to | 4th Reporting Period (Secondary Only) Date: Progress Mark: Is progress sufficient to meet annual | Goal Achievement Objective 1 Met: Yes No Objective 2 Met: Yes No |
| EXCEED Ist Reporti Date: Progress Ma Is progress s meet annual Yes Yes | ED ng Period ark: sufficient to goal? | met) 2nd Reporting Period Date: Progress Mark: Is progress sufficient to meet annual goal? | 3rd Reporting Period Date: Progress Mark: Is progress sufficient to meet annual goal? | 4th Reporting Period (Secondary Only) Date: Progress Mark: | Goal Achievement Objective 1 Met: Yes No Objective 2 Met: |
| EXCEED 1st Reporti Date: Progress Ma Is progress s meet annual Yes C If "No" plea | ED ng Period ark: sufficient to goal? No ase comment: | met) 2nd Reporting Period Date: Progress Mark: Is progress sufficient to meet annual goal? Yes No If "No" please comment: | 3rd Reporting Period Date: Progress Mark: Is progress sufficient to meet annual goal? Yes No If "No" please comment: | 4th Reporting Period (Secondary Only) Date: Progress Mark: Is progress sufficient to meet annual goal? Yes No If "No" please comment: | Goal Achievement Objective 1 Met: Yes No Objective 2 Met: Yes No |
| EXCEED Ist Reporti Date: Progress Ma Is progress s meet annual Yes If "No" plea In Needs N Excess | ED ng Period ark: sufficient to goal? No use comment: More Time | met) 2nd Reporting Period Date: Progress Mark: Is progress sufficient to meet annual goal? Yes O No | 3rd Reporting Period Date: Progress Mark: Is progress sufficient to meet annual goal? Yes No | 4th Reporting Period (Secondary Only) Date: Progress Mark: | Goal Achievement Objective 1 Met: Yes No Objective 2 Met: Yes No |
| EXCEED 1st Reporti Date: Progress Ma Is progress s meet annual O Yes O If "No" plea Needs N Excess Absence/Tat | ED ng Period ark: sufficient to goal? No se comment: More Time rdy | met) 2nd Reporting Period Date: Progress Mark: Is progress sufficient to meet annual goal? Yes No If "No" please comment: Needs More Time Excess Absence/Tardy | 3rd Reporting Period Date: Progress Mark: Is progress sufficient to meet annual goal? Yes No If "No" please comment: Needs More Time Excess Absence/Tardy | 4th Reporting Period (Secondary Only) Date: Progress Mark: | Goal Achievement Objective 1 Met: Yes No Objective 2 Met: Yes No |
| EXCEED Ist Reporti Date: Progress Ma Is progress Ma | ED ng Period ark: sufficient to goal? No use comment: More Time | met) 2nd Reporting Period Date: Progress Mark: Is progress sufficient to meet annual goal? Yes No If "No" please comment: Needs More Time Excess Absence/Tardy Assignments Not | 3rd Reporting Period Date: Progress Mark: Is progress sufficient to meet annual goal? Yes No If "No" please comment: Needs More Time Excess Absence/Tardy Assignments Not | 4th Reporting Period (Secondary Only) Date: Progress Mark: | Goal Achievement Objective 1 Met: Yes No Objective 2 Met: Yes No |
| EXCEED 1st Reporti Date: Progress Ma Is progress s meet annual Yes If "No" plea Needs N Excess Absence/Tat | ED ng Period ark: sufficient to goal? No sse comment: More Time rdy nents Not | met) 2nd Reporting Period Date: Progress Mark: Is progress sufficient to meet annual goal? Yes No If "No" please comment: Needs More Time Excess Absence/Tardy | 3rd Reporting Period Date: Progress Mark: Is progress sufficient to meet annual goal? Yes No If "No" please comment: Needs More Time Excess Absence/Tardy | 4th Reporting Period (Secondary Only) Date: Progress Mark: | Goal Achievement Objective 1 Met: Yes No Objective 2 Met: Yes No |
| EXCEED Ist Reporti Date: Progress Ma Is progress Ma | ED ng Period ark: sufficient to goal? No ase comment: More Time rdy nents Not | met) 2nd Reporting Period Date: Progress Mark: Is progress sufficient to meet annual goal? Yes No If "No" please comment: Needs More Time Excess Absence/Tardy Assignments Not Completed | 3rd Reporting Period Date: Progress Mark: Is progress sufficient to meet annual goal? Yes No If "No" please comment: Needs More Time Excess Absence/Tardy Assignments Not Completed | 4th Reporting Period (Secondary Only) Date: Progress Mark: | Goal Achievement Objective 1 Met: Yes No Objective 2 Met: Yes No |

| rmance Area: | Last So | First | MI | | |
|---|------------|--|---|---|------------------------------|
| rmance Area: During unstructure | So | | | | |
| | Sc | | Section G: Annual G | | |
| uring unstructure | | ocial Functioning | | ial Functioning Annual Go | bal #: 8 |
| | | | | | |
| | | be reported to parents by c deport or Report Card perio | ods. | rogress and Achievement from Current IEI | P" form(s) which will be |
| | | | Methods of | | |
| State Assessm | ents | | n Referenced | Criterion Referenced | Curriculum Based |
| Observation Other | | Dertf Teacher | tolio | Work Samples | └ Informal |
| with prompts by a | | | ation with peer for 3 minutes | with prompts by adult as needed. | |
| ate to be achieved | l: (| October V 202 | | Date to be achieved: February | ✓ 2024 ✓ MO/YR |
| | | IEP REP | | CHIEVEMENT FROM CURRENT IEF | |
| 4 GOAL MET C EXCEEDED |)R | 3 SUBSTANTIAL PRC met) | EXPLANATIO OGRESS (50-99% of goal | ON OF MARKS 2 PARTIAL PROGRESS (1-49% of go | al met) <i>1 NO PROGRESS</i> |
| 1st Reporting Pe | riod | 2nd Reporting Period | 3rd Reporting Period | 4th Reporting Period (Secondary | Goal Achievement |
| Date: | | Date: | Date: 06-JUN-2023 | Only) | |
| | |] | | Date: | |
| Progress Mark: | | Progress Mark: | Progress Mark: | Progress Mark: | Objective 1 Met: |
| 8 | | | | | \bigcirc Yes \bigcirc No |
| | | | | | Objective 2 Met: |
| Is progress suffici meet annual goal? | | Is progress sufficient to meet annual goal? | Is progress sufficient to meet annual goal? | Is progress sufficient to meet annual goal? | \bigcirc Yes \bigcirc No |
| ⊖ Yes ⊖ No | | ○ Yes ○ No | 🔿 Yes 🔘 No | \bigcirc Yes \bigcirc No | If "No" please explain: |
| If "No" please cor | nment: | If "No" please comment | : If "No" please comment: | If "No" please comment: | |
| Needs More 7 Excess Absence/Tendy | Гime | Needs More Time Excess Abarrant | Needs More Time Excess | Needs More Time Excess Absence/Tardy | |
| Absence/Tardy Assignments | Not | Absence/Tardy Assignments Not | Absence/Tardy Assignments Not | Assignments Not Completed Need to review/revise Goal | |
| Completed | | Completed | Completed | Other | |
| Need to | .1 | Need to | Need to | | |
| review/revise Goa | .1 | review/revise Goal | review/revise Goal | | (1) |
| | | | New goal started 6/1/202 | | |

| Los Angeles Unified School | District | INDIVIDUALIZED | EDUCATION PROGR | AM (IEP) | Page 22 of 30 |
|---------------------------------|----------|--|-------------------|---------------|---|
| | | Ω. | | 20 14 11 2017 | |
| Student TAL | ANAELLE | Y | Date of Birth | 29-JAN-2017 | Meeting Date 01-JUN-2023 |
| Last | First | MI | a | | |
| Assessments administered will c | | tion K: Participation in ssments determined for each of the state of t | | | ation and/or the Los Angeles Unified School |
| | | No assess | ment tests found. | | |
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| | | INDIVIDUALIZ | ZED EDUCATIO | ON PROGRAM (IEP) | | Page 23 of |
|---|--|---|--------------------|---|--------------------------------------|--|
| Los Angeles Unified School Student TAL | ANAELLE | Y | D | ate of Birth 29-JAN-2017 | Meeting | 01-JUN-2023 |
| Last | First | MI | | | Date | |
| | | Section N: Procedu | ural Safeguards | and Follow-up Actions | | |
| A Parent's Guide to Spe | cial Education Se | ervices including Pr | ocedural Right | s & Safeguards was provided to | the parent in his/ | her primary language. |
| C The IEP Team Meeting Ir | ntroductory Statem | ents were read aloud | l at the beginnin | g of the IEP Team meeting. | | |
| The parent/guardian was | informed of his/he | r right to a written tr | anslation of the | IEP. | | |
| the parent/guardian reques | sting informal trans | slation? 🔘 Yes 🤇 | No Selec | t Preferred Language: | ~ | |
| the parent/guardian reques | sting official transl | ation? 🧿 Yes 🔾 | No Select | Preferred Language: Hebrew | | ~ |
| Specify the Individual Pa | ges to be translated | 1: | | | | |
| Special Requests: | | | | | | |
| For students who are 17 student at 18 years of age | | | | en informed that the educational | decision-making | rights will transfer to |
| | <u>Pandemic Lea</u> | <u>rning Loss Conside</u> | eration of Comp | <u>eensatory and/or Recoupment S</u> | Services | |
| Compensatory Education (| | | | ecoupment Services Considerat | | |
| The IEP team has review education is required due determined: | e to the COVID-19 | pandemic. The IEP | team has | The IEP team has reviewed and and considered factors that may the school facility closures as a IEP team has determined: | have impacted s | tudent's learning durin |
| Student received all of services required by the required. | | | | Student has made expected progress is in alignment with | expectations of p | orogress/goal |
| Student did not receive and services required b details are documented | y their IEP. Comp | ensatory education o | | achievement. No recoupment Student experienced learning closures caused by the COVI | loss as a result o | f the school facility |
| Student did not receive and services required b education was warrante team in FAPE Part 2 Part | e all of the special of by their IEP. Howe ed for the reasons of | education and related ver, no compensatory | у | services are necessary. The IF to address past learning loss. included in FAPE Part 2, Part service grid, as necessary). | EP team discussed Recoupment serv | d recoupment services vices offer details are |
| Compensatory education | | as documented on II | EP dated | Recoupment services conside | eration was docur | nented on IEP dated |
| | | | | | ~ | |
| | | ~ | | | | |
| Preschool Only Consider | Ϋ́Υ, | , | | | | |
| 30-Day IEP Consideratio | | | | | | |
|) Student attends private so | chool within distric | et boundaries and res | sides outside of o | listrict boundaries (Eligibility De | termination Only | r) |
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| | INDIVIDUALIZED EDUG | CATION PROGRAM (IEP) | | | Page 24 of 30 |
|---|---|--|---|--------------------------|---|
| Los Angeles Unified School District Student TAL ANAELLE Last First | Y | Date of Birth 29-JAN- | 2017 | Meeting Date | 01-JUN-2023 |
| | Section Q: Parent Part | ticipation and Consent | | | |
| Parent Participation | 1 | _ | Parent Notifi | ication | |
| Parent/Student (18-21) has participated in the IE Parent/Student (18-21) indicated before the meet to attend. Parent/Student (18-21) was notified 3 times of the Parent/Student (18-21) did not respond to any of the meeting was held without the Parent/Student (18-21) Parent/Student (18-21) did not attend and gave p them if they did not attend. | ting that they would not be able the meeting time and place. meeting notifications and the present. the proceed without | Method Student I (PARENT) acknowledge that request. (Paren meeting be rescheduled.) | Whom Alma Mur at the IEP meeting v nt initials here ONI | rillo was rescheduled | When 22-MAY-2023 to this date at my T requested that the IEP |
| Parent/S | tudent (18-21) Agreement t | to Components of the Pr | roposed IEP | | |
| A Parent/Student (18-21) may agree to all or son implement those portions of the IEP to which th Parent/Student (18-21) AGREES to all compon Assessment Specify Eligibility Specify Services Specify The Parent/Student (18-21) DOES NOT AGRE A Parent/Student (18-21) is not required to initia a parent/student (18-21) does wish to initiate a f dispute resolution processes in the District's pub | e parent/student (18-21) agrees ents of the IEP. ents of the proposed IEP WITH E with any of the components of ate any form of dispute resoluti orm of dispute resolution as to | THE SPECIFIC EXCEPTION THE SPECIFIC EXCEPTION the proposed IEP. on as to components of the the components of the prop pecial Education Services (| ng instruction and ON(S) stated below proposed IEP to posed IEP, the par | v: | formation on |
| Signature(s) | | | D | Date | |
| Parent O Guardian O Stuyears | dent age 18-21 years age 18-21 | O Surrogate Parent | O Emancipated | | Foster Parent |
| Did the school district facilitate parent involvement a | | | | | |
| ✓ I certify that I have received a copy of the P | arent Input Survey regarding th | ne IEP process. I understand | d that my complet | tion of the form | n is voluntary and |
| can be done at anytime after the IEP meeting <i>Signature(s)</i> | | | E | Date 1-JUN-2 | 023 |
| | | | | | |



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.



| os Angeles Unifi | | | | | Reconve Date | ened Meeting | | |
|---------------------|------------|----------|------------|--------------------------------|------------------|--------------|-----------------|--|
| Student TAL | | ANAELLE | Y | Date of Birth | 29-JAN-2017 | Meeting D | ate 01-JUN-2023 | |
| L | ast | First | MI | | | | | |
| | | | Section R: | Names and Signatures (Signatur | res on File) | | | |
| | Tear | n Member | | Print Name | | Sign | ature | |
| Parent/Guardian | | | | Liya Tal | | אירי | | |
| Parent/Guardian | | | | | | | | |
| Student Age 18 - 21 | years | | | | | | | |
| Student Under Age | 18 years | | | | | | | |
| Surrogate Parent | | | | | | | | |
| Foster Parent | | | | | | | | |
| Family Foster Hom | e Provider | | | | | | | |
| Administrator | | | | Maya Schaeffer | | Maya Schaef | fer | |
| Administrative Des | ignee | | | | | | | |
| Special Education 7 | Feacher | | | Dawn Rosenthal | | P | | |
| General Education | Teacher | | | Lissette Mertell | Lissette Mertell | | | |
| School Psychologis | it | | | | | | | |
| School Nurse | | | | | | | | |
| Related Service Sta | ff LAS | | | Katherine Duque | | Katherine Du | que | |
| Related Service Sta | ff | | | | | | | |
| Related Service Sta | ff | | | | | | | |
| Interpreter | | | | | | | | |
| Sign Language Inte | rpreter | | | | | | | |
| Agency Representa | tive | | | | | | | |
| Agency Representa | tive | | | | | | | |
| Agency Representa | tive | | | | | | | |
| Other | Attorne | зy | | Melissa Meira Amster | | Allator | | |
| Other | | | | | | | | |
| Other | | | | | | | | |
| Other | | | | | | | | |

| | | | | Reconve Date | ened Meeting | | |
|------------------------|--------------------------|--------------|--------------------------------|-----------------|-----------------|-------------|--|
| Student TAL | ANAELLE | Y | Date of Birth | 29-JAN-2017 | Meeting Date | 01-JUN-2023 | |
| Last | E First | MI | | | | | |
| | | Section R: I | Names and Signatures (Signatur | es on File) | | | |
| | Team Member | | Print Name | | Signati | ure | |
| Parent/Guardian | | | Liya Tal | | אירית א | | |
| Parent/Guardian | | | | | | | |
| Student Age 18 - 21 ye | ears | | | | | | |
| Student Under Age 18 | years | | | | | | |
| Surrogate Parent | | | | | | | |
| Foster Parent | | | | | | | |
| Family Foster Home F | rovider | | | | | | |
| Administrator | | | Maya Schaeffer | | Maya Schaeffer | | |
| Administrative Desigr | lee | | | | | | |
| Special Education Tea | cher | | Dawn Rosenthal | | ₽_ R | | |
| General Education Tea | acher | | Lissette Mertell | < nutill | | | |
| School Psychologist | | | | | | | |
| School Nurse | | | | | | | |
| Related Service Staff | Speech and Language Ther | apist | Katherine Duque | | Katherine Duque | | |
| Related Service Staff | Occupational Therapist | | Hadley Vargas | | Re Var | | |
| Related Service Staff | Recreational Therapist | | Elena Orellana | | -449- | | |
| Interpreter | | | | | | | |
| Sign Language Interpi | eter | | | | | | |
| Agency Representativ | e | | | | | | |
| Agency Representativ | e | | | | | | |
| Agency Representativ | e | | | | | | |
| Other | Attorney | | Melissa Meira Amster | | Anatoo | | |
| Other | | | | | | | |
| Other | | | | | | | |
| Other | | | | | | | |

| Student | Unified Scho | | I.E. X | | N <i>T</i> | 01 HBL 2022 | | | | |
|------------------------------------|---|---|--|---|---|---|--|--|--|--|
| | TAL Last | ANAEL | | Date of Birth 29-JAN-2017 | Meeting Date | 01-JUN-2023 | | | | |
| | | | | | | | | | | |
| | | | LEAST RESTRICTIV | VE ENVIRONMENT ANALYSIS | | | | | | |
| | | | | the IEP Team at the IEP Team Meeting | | | | | | |
| | | | Student's | s Current Placement Type: | | | | | | |
| General | Education Cla | ss/General E | ducation Site | Special Day Program/General Ed | lucation Site | | | | | |
|) Special | Day Program/S | Special Educ | ation Center | ○ Nonpublic School | | | | | | |
|) Home/H | Iospital or Resi | idential Care | Facility | | | | | | | |
| RECTIO | | | | eam discussion regarding placement from the be e Step that indicates YES, it is also required to c | | until the team reac | | | | |
| a more re e of suppl commoda | strictive setting lementary aids itions and mod | g should only and services ifications is r | y occur if the nature or severit s cannot be achieved satisfacto not the sole justification for pl | t students with disabilities be educated in the lea ty of the student's disability is such that placemen orily. The lack of current availability of a student lacement in a more restrictive setting, unless the ny potential harmful effect on the child or on the | nt in a less restric t's required suppo re is a compelling | tive setting with th rts, services, g reason why they | | | | |
| Step A. | Can the sup classroom/s | | ees, accommodations and/or m | nodifications in the student's IEP be made availab | ble in a general eo | ducation | | | | |
| | O Yes | | If the answer is YES, then a general education classroom/setting is the appropriate placement. If the answer is NO, go the question below. | | | | | | | |
| | 🔾 Yes 🤇 | ○ Yes ● No If not currently available, can the required supports, services, accommodations and/or modifications be made availa in a general education classroom/setting? If YES, all required supports, services, accommodations and/or modificat must be provided within a reasonable timeline. If the answer is NO, please articulate why in the box below. Then general Step B. | | | | | | | | |
| Step B. | Can the sup special day | • | es, accommodations and/or m | nodifications in the student's IEP be made availab | ble on a general e | ducation site in a | | | | |
| Step B. | -r | No If | · · · · · | | ay program on a general education site is the appropriate placement. If the ans | | | | | |
| | O Yes (| | s NO, go to the question below | 7. | and/or modificati | | | | | |

| Step D. Can the 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. Can the supports, services, accommodations and/or modifications in the student's IEP be made available in a home/hospital setting? Yes 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. If not currently available, can the required supports, services, accommodations and/or modifications must be provided within a reasonable timeline. If the appropriate placement. If the answer is YES, then a home/hospital 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 must be provided within a reasonable timeline. If the answer is NO, go to be question below. Yes No If not currently available, can the 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. Can the supports, services, accommodations and/or modifications in the student's IEP be made available in a residential care facility? | 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? If the answer is YES, then a special school setting is the appropriate placement. If the answer is NO, go to the quest below. Ves No If not currently available, can the 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 Step D. Can the supports, services, accommodations and/or modifications in the student's IEP be made available in a home/hospital setting? Yes 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. Step D. Can the supports, services, accommodations and/or modifications in the student's IEP be made available in a home/hospital setting? Yes No If the answer is NO, go to the question below. Wes No If not currently available, can the 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 Yes No If not currently available, can the required supports, services, accommodations and/or modifications must be provided within a reasonable tim | Student | | chool Distri | AELLE | Y | | | Date of | Birth 29-JAN | -2017 | Meeting | 01-JUN-2023 | |
|--|--|---------|----------------|--|---|---|---|--|--|--|---|---|--|--|
| Step C. Can the supports, services, accommodations and/or modifications in the student's IEP be made available in a special school setting? Yes No If the answer is YES, then a special school setting is the appropriate placement. If the answer is NO, go to the quebelow. Yes No If the answer is YES, all required supports, services, accommodations and/or modifications be made available in a special school setting? If YES, all required supports, services, accommodations and/or modifications must be provided within a reasonable timeline. If the answer is NO, please articulate why in the box below. Then go to Step D. Step D. Can the supports, services, accommodations and/or modifications in the student's IEP be made available in a home/hospital setting? Yes 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. Yes 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. Yes 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. Yes No If the answer is YES, then a home/hospital setting? Yes No If the answer is YES, and the quired 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 provided within a reasonable timeline. If the answer is N | Step C. Can the supports, services, accommodations and/or modifications in the student's IEP be made available in a special school setting? Yes No If the answer is YES, then a special school setting is the appropriate placement. If the answer is NO, go to the quest below. Yes No If not currently available, can the required supports, services, accommodations and/or modifications be made avail Step D. Can the supports, services, accommodations and/or modifications in the student's IEP be made available in a home/hospital setting? Yes No If the answer is YES, then a home/hospital setting is the appropriate placement. If the answer is NO, please articulate why in the box below. Then go to Step Step D. Can the supports, services, accommodations and/or modifications in the student's IEP be made available in a home/hospital setting? Yes 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. If not currently available, can the required supports, services, accommodations and/or modifications be made available in a home/hospital setting? Yes No If not currently available, can the 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 If not currently available, can the required supports, services, accommodations and/or modifications must be provided within a reasonable timel | | Last | | First | | MI | | | | | Date | | |
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| Student | TAL Last | ANAELLE First | Y MI | Date of Birth 29-JAN-2017 | Meeting 01-JUN-2023 Date |
|---------|-------------|--|--|---|--------------------------------------|
| | Last | FIFSt | IVII | | Date |
| | А | NNUAL LEAS | ST RESTRICTIV | E ENVIRONMENT ANALYSIS | (Continued) |
| | | | To Be Completed By | the IEP Team at the IEP Team Meeting | |
| Step F. | | | in the contents of this uding (check all that a | IEP, and the placement being considered by pply): | the IEP team, outweigh any potential |
| | | Missed general Rate at which st Lack of opportu Lack of opportu Amount of soci Limited access | tudent may earn credit unity for social interac unities for age-appropr alization opportunities to peers in student's ho | aught by highly qualified staff s for graduation ion iate peer role models with typical peers | |

| Los Angeles Unified S | | | APE Part 1 - Eligibility, Placements and Suppor |
|---|---|--|---|
| Student TAL Last | ANAELLE Y First | Date of Birth 29-J | JAN-2017 Meeting Date 01-JUN-2023 |
| Last | First | | |
| | | Effective With this IEP | Future Changes Related to this IEP |
| | As of Date: | 02-JUN-2023 | |
| Eligibility: | | Eligible (AUT) | |
| (from Page 4) | Final IEP Reason Final IEP Effective Date: | | |
| Curriculum | | General Education | |
| Placement | Type of School | District Non-Resident School | |
| | Name of School | LEMAY ST EL | |
| Instructional Setting | 0! | | |
| instructional Setting | Setting | Special Education | |
| | Program | SLD | |
| | Special Day Minutes/Wk | 1595 | |
| | Addresses Goals | 1(Pragmatic Language),2(Reading),3(Writing),4(Math),5(Beha ior),7(Expressive Language),7(Behavior) | av |
| Additional Factors | Low Incident Support | None | |
| | Assistive Technology Support | No | |
| | Transportation | None | |
| | | | |
| | Extended School Year/Intersession | • Yes • No | |
| | Parent Counseling and Training (PCT) | • Yes O No | |
| | ESY Transportation | No | |
| Accommodation, Modifications, Supports | Instructional Accommodations | Preferential seating, read aloud test questions, test at the most beneficial time of the day, redirection, small group instruction, allow completion in parts check for understanding, model as needed, and noise reduction headphones and/or study carrel to block distractions as needed to assist with attention to work. Use of manipulatives and visua aids. Breaking down of assignments into more manageable tasks, praise and rewards, adult prompts and cues to assist student to maintain information and remain focused; exposure to picture icons to help supplement spoken language when communication breakdowns occur | , , , , , , , , , , , , , , , , , , , |
| | Instructional Modifications | | |
| | Other Supports, including Non-Academic and Extra-curricular Activities | | |
| Preparation for Three Year Review IEP (At the second Annual Review IEP Meeting, the team must discuss and document the decision to | Do the Parent and the District (local educational agency) agree that a reassessment is unnecessary? | 🔿 Yes 💿 No | |
| conduct or not conduct a three-year comprehensive reassessment.) | | full re-assessment at 3 year IEP | |

| Low Incidence Equipment | |
|---------------------------------------|--|
| Assistive Technology Equipment | |
| Participation in General Education | Anaelle will participate in the General Education setting for Recess, Lunch, Visual Arts, Music, Computer Lab, Library, Drama, and Physical Education. |

| os Angeles Unified School Dist tudent TAL ANAI Last F | | IEP FAPE Part 2 - Summary of Date of Birth 29-JAN-2017 | Meeting Date 01-JUN-2023 |
|---|---|---|---------------------------------------|
| | | Effective With This IEP | Future Changes Related To This IEP |
| Service 1 | Start Date: | Effective on Signature Date 02-JUN-2023 | |
| 10 | End Date: | | |
| Language/Speech | Service applies to: | Regular | |
| | Frequency: | 1-5 | |
| This service addresses the following goals: | Interval: | Weekly | |
| 1(Pragmatic Language) | Minutes/Interval: | 60 | |
| 7(Expressive Language) | Minutes/Interval (Pullout from Gen Ed): | 0 | |
| | Service Delivery Model: | Direct Service (Collaborative)* | |
| | Area: | Schoo | l-Based |
| | Responsible Personnel: | Licensed/Credentialed Provider | |
| | | Special Education Teacher | |
| | | Other Provider(s) | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Service 2 | Start Date: | Effective on Signature Date 02-JUN-2023 | |
| 40 | End Date: | | |
| Recreation Therapy | Service applies to: | Regular | |
| | Frequency: | 1-5 | |
| This service addresses the following goals: | Interval: | Monthly | |

| 8(Social Functioning) | Minutes/Interval: | 60 | |
|--|--|--|--|
| | Minutes/Interval (Pullout from Gen Ed): | 30 | |
| | Service Delivery Model: | Direct Service (Collaborative)* | |
| | Responsible Personnel: | Other Provider(s) | |
| | | | |
| | | | |
| | | | |
| | | | |
| | * | | |
| | * | | |
| Service 3 | Start Date: | Effective on Signature Date 02-JUN-2023 | |
| 16 | End Date: | | |
| Occupational Therapy | Service applies to: | Regular | |
| | Frequency: | 10-40 | |
| This service addresses the following goals: | Interval: | Monthly | |
| 6(Visual motor) | Minutes/Interval: | 60 | |
| | Minutes/Interval (Pullout from Gen Ed): | 0 | |
| | Service Delivery Model: | Direct Service (Collaborative)* | |
| | Responsible Personnel: | Licensed/Credentialed Provider | |
| | | | |
| | | | |
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| | * | | |

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 | | | | | | | | |
| Part 4 - Compensatory Education/Reco | oupment Services Discu | ssion | | | | | | |

An FSA agreement, dated 08/15/21 is in place. Anaelle has been provided with compensatory and recoupment services through the agreement documented in the amendment IEP dated 09/15/21. Parents agree that there are no additional compensatory or recoupment services beyond the FSA agreement needed at this time.

Part 4 - Additional Discussion (This section is optional)

The parent and attorney have requested assessments in the following areas: Recreational Therapy, Occupational Therapy, full Speech and Language re-evaluation including AAC.

We will be holding an amendment IEP meeting to discuss findings and recommendations.

6/1/23 - RT assessment findings were presented; RT services were not being recommended. However, during the course of the conversation, the IEP team discussed some additional concerns identified by the parent attorney, including student walking around at recess and lunch and having limited interactions with peer. RT referenced SLP goal and services are currently supporting initiating and sustaining an interaction with peers. Parent attorney requested a goal in the area of sustaining cooperative play or work for 5 minutes to be addressed RT. IEP team agreed to changing RT recommendations to include collaborative direct services.

| | | INI | DIVIDUAL | IZED EDI | CATION PR | OGR | RAM | (EP) | | Page | |
|-----------------|--------------------------------|----------------------------------|--------------------------|----------|------------|-------|---------------|------------------|--|---------------|--|
| Los Ang | eles Unified School | | | | | | | | of Services | | |
| Student | TAL | ANAELLE | |) | Date of Bi | irth | 29-JA | N-2017 | Meeting Date | 01-JUN-2023 | |
| | Last | First | MI | | | | | | | | |
| | | | | FAPE Su | mmary Grid | | | | | | |
| Progra | m: | SLD | | | Setting: | | | Spe | ecial Education | | |
| Eligibil | ity: | Eligible (AUT) | | | Curriculur | n: | | Ger | General Education | | |
| Transp | ortation: | None | | | Low Incide | ent S | uppor | t: No | ne | | |
| | istrict Received Signature: | 02 | Jun-2023 | | | | | | | | |
| Service Code | Service Desc | Start Date | Service Applies To | Interval | Frequency | А | rea | Total Minutes | Addresses Goal(s) | No Consent | |
| 10 | Language/Speec | h Effective on Signature Date | | Weekly | 1-5 | | hool- ased | 60 | Pragmatic Languag Expressive Langua | | |
| 16 | Occupational Therapy | Effective on Signature Date | | Monthly | 10-40 | | ~ | 60 | Visual motor | | |
| 40 | Recreation Therapy | Effective on Signature Date | | Monthly | 1-5 | | ~ | 60 | Social Functionin | g | |

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 | | | < | | | |
| Extended School Year Services | | | | | | |
| Supplementary Aids and Services (provided in general education classes and other general ed environments) | | | | | | |

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.

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