

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Identification Number 200127X256 SSID 8294685467

Eligible (SLD)

Student MIZRAHI MAY M Date of Birth: 15-JUL-2016
 Last First MI

Section A: Meeting Information

Pertinent Dates	Type of Meeting
Date of Initial IEP Team Meeting: 23-MAR-2022	<input type="radio"/> Initial <input checked="" type="radio"/> Annual Review <input type="radio"/> Three Year Review <input type="radio"/> Other <input type="radio"/> Amendment of IEP dated <input type="radio"/> Early Start Transition <input type="radio"/> Expulsion Analysis <input type="radio"/> Individual Transition Plan
Date of Present Meeting: 15-FEB-2024	
Annual Review to be conducted by: 15-FEB-2025	
Next Three Year Review will be conducted by: 12-MAR-2026	
Three Year Review or Evaluation was conducted on: 13-MAR-2023	
Transition to Kindergarten to be conducted by:	
Location of Meeting: NESTLE AVE CHARTER	District Name: Los Angeles Unified School Distri

Section B: Student Information

Date of Birth: 15-JUL-2016	Age: 7	Grade: 2
Gender: <input type="radio"/> Male <input checked="" type="radio"/> Female	Ethnic Code: White	
Location of the Psych Folder: SPED SVC CTR-NORT	Student has no Psych Folder: <input type="checkbox"/>	
Location of the Cum Folder: NESTLE AVE SPS	Student has no Cum Folder: <input type="checkbox"/>	
Home Language: English	Student Language: English	Alternate Mode of Communication:
Home Address of Student: 5023 LINDLEY AVE		
City: TARZANA CA	ZIP Code: 91356	
Home Telephone: (818) 697-2227	Daytime Telephone:	Emergency Telephone:
School of Attendance: Nestle Ave Charter	Location Code: 5452	
School of Residence: Nestle Ave Charter	Location Code: 5452	
Name of Parent/Guardian:	Telephone:	
Address:		
City:	ZIP Code:	
Surogate Parent:	Telephone:	
Attends CURRENT SCHOOL as a result of one of the following:	Attends School of Residence	
Is the student living in a Family Foster Home (FFH)? <input type="radio"/> No <input type="radio"/> Yes		
Is FFH Provider related to student? <input type="radio"/> No <input type="radio"/> Yes		
Licensed Children's Institution <input type="radio"/> No <input type="radio"/> Yes		
Out of the home placement made by <input type="radio"/> Regional Center <input type="radio"/> Superior Court <input type="radio"/> Department of Mental Health <input type="radio"/> Department of Children's Services <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

		Achieved		
Goal for: (example - Reading)		Yes	No	If No, explain the reason the goal/objective was not achieved
1	<input type="text" value="Articulation"/>	<input type="radio"/>	<input checked="" type="radio"/>	Did not meet accuracy percentage
Category	<input type="text" value="Articulation/Phonological Process"/>			
	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="Visual Motor"/>	<input type="radio"/>	<input checked="" type="radio"/>	Not at frequency and requires more cues
Category	<input type="text" value="Visual Motor"/>			
	Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	Not at frequency, requires more cues
3	<input type="text" value="Math"/>	<input type="radio"/>	<input checked="" type="radio"/>	Did not meet % goal
Category	<input type="text" value="Math"/>			
	Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	Did not meet % goal
4	<input type="text" value="Writing"/>	<input type="radio"/>	<input checked="" type="radio"/>	Need to reevaluate
Category	<input type="text" value="Writing"/>			
	Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	Did not meet % goal
5	<input type="text" value="Reading"/>	<input type="radio"/>	<input checked="" type="radio"/>	Need to reevaluate
Category	<input type="text" value="Reading"/>			
	Objective 1 met	<input type="radio"/>	<input checked="" type="radio"/>	Did not meet % goal
	Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	Did not meet % goal
6	<input type="text" value="Visual Motor"/>	<input type="radio"/>	<input checked="" type="radio"/>	Requires more cues and not at this frequency.
Category	<input type="text" value="Visual Motor"/>			
	Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	Requires additional cues
7	<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"/>
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:

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):

Strengths: May is able to distinguish some initial sounds in a single syllable words. When working on a group reading assignment that is read aloud, May will attempt to answer who, what, where and how questions about a story. When working one on one, May will retell main ideas of a simple text. May has an emerging ability to match some oral words to printed words.

Needs: May struggles with all over letter sounds and is unable to blend unfamiliar words. May struggles to use common vowel team and consonant blends. May is unable to make sounds from all the letters or letter patterns. She is unable to read common irregular sight words that have been introduced throughout the year. May struggles to create and state a series of rhyming words. May has not yet shown the ability to identify plot, setting, or characters in a story. May is unable to identify the beginning, middle and end of a story. May struggles to read aloud with fluency in a manner that sounds like natural speech. Latest dibels assessment shows her well below benchmark. May struggles to decode spelling-sound correspondences for the common vowel teams.

Impact of Disability: May's eligibility of SLD affects her ability to decode spelling-sound correspondences for the common vowel teams which impacts her general education reading 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):

Strengths: May will attempt to write words and sentences, when in a small group or in a one on one setting. May will listen to redirection to make letter formation neater.

Needs: When writing letters May struggles to properly form letters and show good spacing between her letters. May has will not use periods at the end of her sentences or capitalize the first letter in sentences. May has not shown an ability to write short, complete, coherent sentences. May is currently unable to write brief descriptions of objects, people, places or events. May has not shown that she can consistently spell three and four letter short vowel words or grade level appropriate sight words. May struggles to capitalize proper nouns. May struggles to write sentences in which the development/ organization are appropriate to the task and/ or purpose.

Impact of Disability: May's eligibility of SLD affects her ability to write sentences in which the development/ organization are appropriate to the task and/ or purpose which impacts her general education writing curriculum.

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Section E: Present Level of Performance

Performance Area: Math

Category: Math

Assessment/Monitoring Process Used: work samples, teacher survey, observation

State/District Assessment Results:

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

Strengths: May is able to count and read numbers up to 20. May knows her addition and subtraction facts up to 10, when using a 100s board or counters. May understands the math symbols +, - and =.

Needs: May is unable to count and read numbers from 20-100, without assistance. May is unable to count by 2s, 5s and 10s. May is unable to solve double digit addition/subtraction problems independently. May is unable to find the sum of three 1 digit numbers (1+2+3). May has not yet demonstrated the ability to understand grade level math vocabulary, such as putting items together or taking away. May struggles to orally count/read/write and identify place value of each digit for whole numbers to 1000.

Impact of Disability: May's eligibility of SLD affects her ability to orally count/read/write and identify place value of each digit for whole numbers to 1000 which impacts her ability to participate in a general education math curriculum.

Performance Area:

Category:

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

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Section E: Present Level of Performance

Performance Area: Articulation
Category: Articulation/Phonological Processes
Assessment/Monitoring Process Used: Informal, observation
State/District Assessment Results: n/a

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

BACKGROUND INFORMATION:
May is a 7 year 7 month old girl enrolled in a 2nd grade general education classroom at Nestle Avenue Charter School. Her current eligibility is SLD. May has been receiving 30 minutes per week of group speech therapy to address her articulation needs. She has been working towards her goal which states, 'May will produce /r/ in all positions of words in sentences with adequate volume in 4/5 opportunities, with 80% accuracy, given minimal prompts/cues.'
AREAS OF STRENGTH:
May has made excellent progress towards her speech goal, and has met most of her goal. May continues to speak with low volume when in a structured therapy environment, but with prompting provided by the therapist, she can raise her voice, as well as make modifications to her articulators to produce speech sounds correctly in sentences.
Continued below...

Performance Area: Articulation cont.
Category: Articulation/Phonological Processes
Assessment/Monitoring Process Used: Informal, observation
State/District Assessment Results: n/a

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

AREAS OF NEED:
Although May has made excellent progress, she continues to require more prompting when producing /r/ in the final position of words in isolation as well as in sentences. She needs to continue working towards her goal to improve her speech.
IMPACT OF DISABILITY:
May's eligibility of SLD and challenges with her articulation skills affect her ability to communicate properly which impacts her involvement and progress in her educational curriculum.
Angeline Betts, MS, CCC-SLP
Speech-Language Pathologist

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Section E: Present Level of Performance

Performance Area: Visual Motor Skills
Category: Visual Motor
Assessment/Monitoring Process Used: OT session observations; Staff interview; record and written work review
State/District Assessment Results:

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

Student's Areas of Strength: May demonstrates some progress in visual motor skills. May achieved objective one of her current visual motor skill goal as she can complete a tabletop activity (writing, coloring, crafts, etc.) with 80% accuracy for mechanics, 1-2 verbal cues, 4 of 5 trials. May demonstrates great visual motor skill progress with coloring and cutting (crafts), as she is able to color within the designated boundary lines and cut simple and more complex shapes keeping within 1/8inch of the lines. May continues to utilize a functional right hand digital grasp and is able to identify all letters of the alphabet (both upper- and lower-case letters). May demonstrates progress as she is able to copy 1 sentence from both near and far point model with accuracy for sizing, spacing, and line regard. She benefits from and requires a visual model for all writing tasks.

Performance Area: Visual Motor Continued
Category: Visual Motor
Assessment/Monitoring Process Used: OT session observations; Staff interview; record & written work review
State/District Assessment Results:

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

Student's Areas of Need: Per interview with classroom teacher, written work examples, and occupational therapy session observations, May continues to demonstrate challenges in the area of visual motor skills impacting her ability to copy information from both near and far point models with functional legibility and accuracy for spacing and line adherence. May continues to have difficulty with proper spacing (between letters within words and between words). May also demonstrates some letter reversals when she is not referencing the visual model. May requires moderate to maximum (3+) visual/verbal cues at this time for written work tasks that exceed one sentence. Academic related challenges, such as great difficulty with reading and recalling how to produce some letters of the alphabet, greatly impact her written work legibility and speed as it effortful and she lacks the automaticity at this time. May also receives RSP support to assist with such academic related needs.

Accommodations/Supports: Visual Model for all writing tasks, visual cues to help May identify when and where a space is required, as needed.

Impact of Disability on Academic and Overall Performance:
May's eligibility of SLD and needs in the area of visual motor skills, impact her ability to copy information (near and far point copying tasks) that exceed one sentence with functional legible and accuracy for line regard and spacing (between letters within words and between words) at this time, overall impacting access to the general education curriculum at this time.

Susanne Elkrief, MA, OTR/L
LAUSD School-based Occupational Therapist

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Section F: Eligibility

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

[Empty text box for disability discussion]

For Initial IEP, interventions attempted prior to determining eligibility:

[Empty text box for interventions]

Eligible as a student with the disability of:

Code: SLD Specific Learning Disability
[Not Applicable, Blind or Partially Sighted]

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

Code: [Not Applicable, Blind or Partially Sighted]

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

or

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

No Longer Eligible (Effective Date):

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

Final IEP Reason: Final IEP Effective Date:

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

- 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

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Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

May will produce /r/ in the medial and final position of words in sentences, in 4/5 opportunities, with 80% accuracy, given minimal prompts/cues.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

May will produce /r/ in the medial and final position of words in sentences, in 4/5 opportunities, with 60% accuracy, given maximum prompts/cues.

Incremental objective #2 related to the goal:

May will produce /r/ in the medial and final position of words in sentences, in 4/5 opportunities, with 70% accuracy, given moderate prompts/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

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

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Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

May will decode spelling-sound correspondences for the common vowel teams as measured by observation in 8 out of 10 trials with 90% 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:

May will decode spelling-sound correspondences for the common vowel teams as measured by observation in 5 out of 10 trials with 80% accuracy.

Incremental objective #2 related to the goal:

May will decode spelling-sound correspondences for the common vowel teams as measured by observation in 7 out of 10 trials with 90% 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"/>	Progress Mark: <input type="text"/>	Progress Mark: <input type="text"/>	Progress Mark: <input type="text"/>	Objective 1 Met: <input type="radio"/> Yes <input type="radio"/> No
Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Objective 2 Met: <input type="radio"/> Yes <input type="radio"/> No
If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please explain: <input type="text"/>

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Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

With guidance and support from adults, May will write 3 or more sentences in which the development/ organization are appropriate to the task and/ or purpose as measured by work samples in 2 out of 3 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 Norm Referenced Criterion Referenced Curriculum Based
 Observation Portfolio Work Samples Informal
 Other

Incremental objective #1 related to the goal:

With guidance and support from adults, May will write 1 or more sentences in which the development/ organization are appropriate to the task and/ or purpose as measured by work samples in 2 out of 3 trials with 80% accuracy.

Incremental objective #2 related to the goal:

With guidance and support from adults, May will write 2 or more sentences in which the development/ organization are appropriate to the task and/ or purpose as measured by work samples in 2 out of 3 trials with 80% 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				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 Date: <input type="text"/>	2nd Reporting Period Date: <input type="text"/>	3rd Reporting Period Date: <input type="text"/>	4th Reporting Period (Secondary Only) Date: <input type="text"/>	
Progress Mark: <input type="text"/> Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	Progress Mark: <input type="text"/> Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	Progress Mark: <input type="text"/> Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	Progress Mark: <input type="text"/> Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	Objective 1 Met: <input type="radio"/> Yes <input type="radio"/> No Objective 2 Met: <input type="radio"/> Yes <input type="radio"/> No If "No" please explain: <input type="text"/>

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Section G: Annual Goals and Objectives

Performance Area: Math Category: Math Annual Goal #: 4

When given a teacher direction, May will orally count/read/write and identify place value of each digit for whole numbers to 1000 with 90% accuracy on 3 consecutive trials as measured by teacher-charted work samples.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

When given a teacher direction, May will orally count/read/write and identify place value of each digit for whole numbers to 100 with 90% accuracy on 3 consecutive trials as measured by teacher-charted work samples.

Incremental objective #2 related to the goal:

When given a teacher direction, May will orally count/read/write and identify place value of each digit for whole numbers to 500 with 90% accuracy on 3 consecutive trials as measured by teacher-charted work samples.

Date to be achieved: June 2024 MO/YR Date to be achieved: October 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.

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Section G: Annual Goals and Objectives

Performance Area: Visual Motor Skills Category: Visual Motor Annual Goal #: 5

In order to demonstrate improved visual motor skills, May will copy 4 sentences from near or far point model, with ~80% accuracy for proper spacing (between letters within words and between words) and line regard, requiring no more than 3 visual/verbal cues, in 3/5 opportunities, with or without adaptive writing strategies as needed.

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, Teacher /staff report, Criterion Referenced, Work Samples, Curriculum Based, Informal

Incremental objective #1 related to the goal:

In order to demonstrate improved visual motor skills, May will copy 4 sentences from near or far point model, with ~70% accuracy for proper spacing (between letters within words and between words) and line regard, requiring no more than 3 visual/verbal cues, in 3/5 opportunities, with or without adaptive writing strategies as needed.

Incremental objective #2 related to the goal:

In order to demonstrate improved visual motor skills, May will copy 4 sentences from near or far point model, with ~75% accuracy for proper spacing (between letters within words and between words) and line regard, requiring no more than 3 visual/verbal cues, in 4/5 opportunities, with or without adaptive writing strategies as needed.

Date to be achieved: June 2024 MO/YR Date to be achieved: October 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, Goal Achievement. Rows include reporting periods, progress marks, and achievement status.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student MIZRAHI
Last

MAY
First

M
MI

Date of Birth 15-JUL-2016

Meeting Date 15-FEB-2024

Section K: Participation in State and District-wide Assessments

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

<p>Student will participate in Regular State and District Assessments. <i>(Designated Supports and/or Accommodations identified below are applicable)</i></p>	<p>CAASPP Subject ELA and Math</p>
<p>Designated Supports:</p> <ul style="list-style-type: none"> - Simplified or paraphrased test directions (non-embedded designated support) - Test in a separate/smaller setting - Text-to-speech software enabled (for math items and ELA items except for reading passages) 	
<p>Accommodations:</p> <ul style="list-style-type: none"> - Text-to-Speech software enabled for ELA reading passages (embedded accommodation). 	

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student MIZRAHI MAY M Last First MI

Date of Birth 15-JUL-2016

Meeting Date 15-FEB-2024

Section N: Procedural Safeguards and Follow-up Actions

- Checkboxes for procedural safeguards: 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 computer generated translation? Yes No

Select Preferred Language: [dropdown]

*Computer generated translation provides access to an immediate written translation of the IEP but translated content has not been fully vetted by a District translator.

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

Specify the Individual Pages to be translated: [text box]

Special Requests: [text box]

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 compensatory education: The IEP team has reviewed and discussed whether compensatory education is required due to the COVID-19 pandemic. 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

13-MAR-2023 (Active) Review - Re-evaluation [dropdown]

Recoupment Services Consideration:

- Checkboxes for recoupment services: The IEP team has reviewed and discussed student's progress/achievement and considered factors that may have impacted student's learning during the school facility closures as a result of the COVID-19 pandemic. Student has made expected progress toward IEP goals... Student experienced learning loss as a result of the school facility closures... Recoupment services consideration was documented on IEP dated

13-MAR-2023 (Active) Review - Re-evaluation [dropdown]

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

THIS SPACE DELIBERATELY LEFT BLANK.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student MIZRAHI MAY M Last First MI

Date of Birth 15-JUL-2016

Meeting Date 15-FEB-2024

Section Q: Parent Participation and Consent

Parent Participation

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

Parent Notification

Table with 3 columns: Method, Whom, When. Row 1: Student, A. Andonian, 02-FEB-2024

I (PARENT) acknowledge that the IEP meeting was rescheduled to this date at my request. (Parent initials here ONLY if the PARENT requested that the IEP meeting be rescheduled.)

Parent/Student (18-21) Agreement to Components of the Proposed IEP

A Parent/Student (18-21) may agree to all or some of the components of a proposed IEP. The District will implement those portions of the IEP to which the parent/student (18-21) agrees so as to not delay providing instruction and services.

- Parent/Student (18-21) AGREES to all components of the IEP.
Parent/Student (18-21) AGREES to all components of the proposed IEP WITH THE SPECIFIC EXCEPTION(S) stated below:
Assessment Specify
Eligibility Specify
Instructional Setting Specify
Services Specify

- The Parent/Student (18-21) DOES NOT AGREE with any of the components of the proposed IEP.

A Parent/Student (18-21) is not required to initiate any form of dispute resolution as to components of the proposed IEP to which the parent does not agree. If a parent/student (18-21) does wish to initiate a form of dispute resolution as to the components of the proposed IEP, the parent can find information on dispute resolution processes in the District's publication, A Parent's Guide to Special Education Services (Including Procedural Rights and Safeguards).

Parent Concerns and Comments

Large empty text box for parent concerns and comments.

Signature(s) Date

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

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

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

Signature(s) Date 15-FEB-2024



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="Shmuela Mizrahi"/>	<input type="text" value="Shmuela Mizrahi"/>
Parent/Guardian	<input type="text"/>	<input type="text"/>
Student Age 18 - 21 years	<input type="text"/>	<input type="text"/>
Student Under Age 18 years	<input type="text"/>	<input type="text"/>
Surrogate Parent	<input type="text"/>	<input type="text"/>
Foster Parent	<input type="text"/>	<input type="text"/>
Family Foster Home Provider	<input type="text"/>	<input type="text"/>
Administrator	<input type="text" value="Aleen Andonian"/>	<input type="text" value="Aleen Andonian"/>
Administrative Designee	<input type="text"/>	<input type="text"/>
Special Education Teacher	<input type="text" value="Russell Wise"/>	<input type="text" value="Russell Wise"/>
General Education Teacher	<input type="text" value="Teresa Menjivar"/>	<input type="text" value="Teresa Menjivar"/>
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="Angeline Betts"/>	<input type="text" value="Angeline Betts"/>
Related Service Staff <input type="text" value="OT"/>	<input type="text" value="Susanne Elkrief"/>	<input type="text" value="Susanne Elkrief"/>
Related Service Staff <input type="text"/>	<input type="text"/>	<input type="text"/>
Interpreter	<input type="text" value="Judy Maor"/>	<input type="text" value="Judy Maor"/>
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="Aunt"/>	<input type="text" value="Ziva Zeharya"/>	<input type="text" value="Ziva Zeharya"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student MIZRAHI MAY M Last First MI

Date of Birth 15-JUL-2016

Meeting Date 15-FEB-2024

LEAST RESTRICTIVE ENVIRONMENT ANALYSIS

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

Student's Current Placement Type:

Form with radio buttons for placement options: General Education Class/General Education Site, Special Day Program/General Education Site, Special Day Program/Special Education Center, Nonpublic School, Home/Hospital or Residential Care Facility.

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

The Individuals with Disabilities Education Act (IDEA) requires that students with disabilities be educated in the least restrictive environment. Placement in a more restrictive setting should only occur if the nature or severity of the student's disability is such that placement in a less restrictive setting with the use of supplementary aids and services cannot be achieved satisfactorily.

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

Step B. Can the supports, services, accommodations and/or modifications in the student's IEP be made available on a general education site in a special day program? Includes Yes/No options and explanatory text.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
 Last First MI

Date of Birth

Meeting
 Date

ANNUAL LEAST RESTRICTIVE ENVIRONMENT ANALYSIS (Continued)

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

Step C.	Can the supports, services, accommodations and/or modifications in the student's IEP be made available in a special school setting?	
	<input type="radio"/> Yes <input type="radio"/> No	If the answer is YES, then a special school setting is the appropriate placement. If the answer is NO, go to the question below.
	<input type="radio"/> Yes <input type="radio"/> No	If not currently available, can the required supports, services, accommodations and/or modifications be made available in a special school setting? If YES, all required supports, services, accommodations and/or modifications must be provided within a reasonable timeline. If the answer is NO, please articulate why in the box below. Then go to Step D.
<input style="width: 100%; height: 80px;" type="text"/>		

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.
<input style="width: 100%; height: 80px;" type="text"/>		

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.
	<input style="width: 100%; height: 80px;" type="text"/>	

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
Last First

MI

Date of Birth

Meeting
Date

ANNUAL LEAST RESTRICTIVE ENVIRONMENT ANALYSIS (Continued)

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

Step F.	The student's needs as reflected in the contents of this IEP, and the placement being considered by the IEP team, outweigh any potential harmful effects at this time, including (check all that apply):	
	<input type="checkbox"/>	Diminished access to the full range of the curriculum
	<input type="checkbox"/>	Missed general education instruction taught by highly qualified staff
	<input type="checkbox"/>	Rate at which student may earn credits for graduation
	<input type="checkbox"/>	Lack of opportunity for social interaction
	<input type="checkbox"/>	Lack of opportunities for age-appropriate peer role models
	<input type="checkbox"/>	Amount of socialization opportunities with typical peers
	<input type="checkbox"/>	Limited access to peers in student's home community
	<input type="checkbox"/>	Lack of exposure to appropriate behavioral models from peers
	<input checked="" type="checkbox"/>	Other: <input type="text" value="none"/>

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"/>	<input type="text"/>
Eligibility: (from Page 4)	Eligible (SLD)	
	<i>Final IEP Reason</i> <i>Final IEP Effective Date:</i>	
Curriculum	<input type="text" value="General Education"/>	
Placement	Type of School <input type="text" value="District Resident School"/>	
	Name of School <input type="text" value="NESTLE AVE CHARTER"/>	
Instructional Setting	Setting <input type="text" value="General Education"/>	
	Program <input type="text" value="GE"/>	
	Special Day Minutes/Wk <input type="text"/>	
	Addresses Goals <input type="text" value="1(Articulation),4(Math),2(Reading),3(Writing),5(Visual Motor Skills)"/>	
Additional Factors	Low Incident Support <input type="text" value="None"/>	
	Assistive Technology Support <input type="text" value="No"/>	
	Transportation <input type="text" value="None"/>	
	Extended School Year/Intersession <input type="radio"/> Yes <input checked="" type="radio"/> No	
Parent Counseling and Training (PCT)	<input checked="" type="radio"/> Yes <input type="radio"/> No	
	ESY Transportation <input type="text"/>	
Accommodation, Modifications, Supports	Instructional Accommodations <input type="text" value="Modeling. Repeated instruction, small instruction when available, check for understanding, post it for reference, accommodate homework work load, praise success"/>	
	Instructional Modifications <input type="text"/>	
	Other Supports, including Non-Academic and Extra-curricular Activities <input type="text"/>	
Preparation for Three Year Review IEP (At the second Annual Review IEP Meeting, the team must discuss and document the decision to conduct or not conduct a three-year comprehensive reassessment.)	Do the Parent and the District (local educational agency) agree that a reassessment is unnecessary? <input checked="" type="radio"/> Yes <input type="radio"/> No	
	If the Parent does not agree, specify the area(s) to be reassessed. <input type="text"/>	
Comments, as appropriate		
Low Incidence Equipment	<input type="text"/>	
Assistive Technology Equipment	<input type="text"/>	

**Participation in
General Education**

Full Participation in General Education

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student
 Last First MI

Date of Birth Meeting Date

		Effective With This IEP	Future Changes Related To This IEP
Service 1	Start Date:	Effective on Signature Date	
10	End Date:		
Language/Speech	Service applies to:	Regular	
	Frequency:	10-40	
This service addresses the following goals:	Interval:	Yearly	
<input type="text" value="1(Articulation)"/>	Minutes/Interval:	900	
	Minutes/Interval (Pullout from Gen Ed):	900	
	Service Delivery Model:	Direct Service (Collaborative)*	
	Area:	School-Based	
	Responsible Personnel:	General Education Teacher	
		Licensed/Credentialed Provider	
*			
Service 2	Start Date:	Effective on Signature Date	
RSP	End Date:		
RSP	Service applies to:	Regular	
	Frequency:	1-5	
This service addresses the following goals:	Interval:	Weekly	

4(Math)	Minutes/Interval:	120	
	Minutes/Interval (Pullout from Gen Ed):	120	
	Service Delivery Model:	RSP: Direct Instruction Services*	
	RSP Area:	Math	
	Responsible Personnel:	Resource Specialist Teacher	
		General Education Teacher	

*

Service 3	Start Date:	Effective on Signature Date	
RSP	End Date:		
RSP	Service applies to:	Regular	
	Frequency:	1-5	
This service addresses the following goals:	Interval:	Weekly	

2(Reading) 3(Writing)	Minutes/Interval:	160	
	Minutes/Interval (Pullout from Gen Ed):	160	
	Service Delivery Model:	RSP: Direct Instruction Services*	
	RSP Area:	Literacy/ELA/ELD	
	Responsible Personnel:	Resource Specialist Teacher	
		General Education Teacher	

*

Service 4	Start Date:	Effective on Signature Date	
16	End Date:		
Occupational Therapy	Service applies to:	Regular	
	Frequency:	2	

This service addresses the following goals: 5(Visual Motor Skills)	Interval:	Weekly	
	Minutes/Interval:	60	
	Minutes/Interval (Pullout from Gen Ed):	60	
	Service Delivery Model:	Direct Service (Collaborative)*	
	Responsible Personnel:	Licensed/Credentialed Provider	
		Other Provider(s)	
		General 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="22"/>	

Part 4 - Compensatory Education/Recoupment Services Discussion

Compensatory Education/Recoupment Services Discussion was discussed at last IEP.

Part 4 - Additional Discussion (This section is optional)

Meeting began with team member introductions and reading of the IEP team Meeting Introductory Statement. Translation in Hebrew was provided. OT participated via Zoom. Team members reviewed previous goal progress, presented present level of performance, and team established new goals. Service time and frequency were discussed. RSP and OT will increase services due to IEP team members concerns on amount of progress being made. Accommodations were documented on FAPE 1. LRE was discussed. Team agrees May will continue in the GEN ED setting with increased RSP and OT support. She will continue with LAS services. The team will meet again by the end of the 2023-24 school year to discuss possible placement in SLD SDC.

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:	General Education					
Eligibility:	Eligible (SLD)		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
10	Language/Speech	Effective on Signature Date	Regular	Yearly	10-40	School-Based	900	Articulation	--
16	Occupational Therapy	Effective on Signature Date	Regular	Weekly	2	~	60	Visual Motor Skills	--
RSP	RSP	Effective on Signature Date	Regular	Weekly	1-5	RSP-Literacy/ELA/ELD	160	Reading, Writing	--
RSP	RSP	Effective on Signature Date	Regular	Weekly	1-5	RSP-Math	120	Math	--

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Supplementary Aids and Services (provided in general education classes and other general ed environments)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

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

For IEP Team Information

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