

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Identification Number 200240X692 SSID 6789934798

Eligible (SLD)

Student BERLINSKI YOSSEF MI Date of Birth: 19-JUN-2009

Section A: Meeting Information

Pertinent Dates	Type of Meeting
Date of Initial IEP Team Meeting: 19-OCT-2016	<input type="radio"/> Initial <input type="radio"/> Amendment of IEP dated <input type="radio"/> Annual Review <input type="radio"/> Early Start Transition <input checked="" type="radio"/> Three Year Review <input type="radio"/> Expulsion Analysis <input type="radio"/> Other <input type="radio"/> Individual Transition Plan
Date of Present Meeting: 28-FEB-2024	
Annual Review to be conducted by: 28-FEB-2025	
Next Three Year Review will be conducted by: 27-FEB-2027	
Three Year Review or Evaluation was conducted on: 28-FEB-2024	
Transition to Kindergarten to be conducted by:	
Location of Meeting: TAFT CHS	District Name: Los Angeles Unified School Distri

Section B: Student Information

Date of Birth: 19-JUN-2009 Age: 14 Grade: 9

Gender: Male Female Ethnic Code: White

Location of the Psych Folder: REGION NORTH Student has no Psych Folder:

Location of the Cum Folder: PRIVATE SCHOOL OF Student has no Cum Folder:

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

Home Address of Student: 18325 Linnet St

City: TARZANA CA ZIP Code: 91356

Home Telephone: 818-915-2330 Daytime Telephone: Emergency Telephone:

School of Attendance: Private School Office (1) Location Code: 1536

School of Residence: Taft Chs Location Code: 8880

Name of Parent/Guardian: Telephone:

Address: City: CA ZIP Code:

Surogate Parent: Telephone:

Attends **CURRENT SCHOOL** as a result of one of the following: Private School Enrollment

Private School: Valley Torah High School - Boys Division

Is the student living in a Family Foster Home (FFH)? No Yes FFH#:

Is FFH Provider related to student? No Yes Relationship:

Licensed Children's Institution No Yes LCI Name: LCI#:

Out of the home placement made by: Regional Center Department of Mental Health Department of Children's Services
 Superior Court Other

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

If the student is 18 years old or older or is an emancipated minor, does he/she have educational decision-making rights? No Yes

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Student Date of Birth

Last First MI

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="Mathematics"/>	<input checked="" type="radio"/>	<input type="radio"/>	Yossef is currently parentally placed at private school.
Category	<input type="text" value="Math"/>			
	Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text" value="Goals unable to be measured."/>
	Objective 2 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
2	<input type="text" value="Vocational Education"/>	<input checked="" type="radio"/>	<input type="radio"/>	
Category	<input type="text" value="Vocational Education"/>			
	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"/>
3	<input type="text" value="Written Language"/>	<input type="radio"/>	<input checked="" type="radio"/>	student not writing more than 3 sentences
Category	<input type="text" value="Writing"/>			
	Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
4	<input type="text" value="Reading"/>	<input checked="" type="radio"/>	<input type="radio"/>	
Category	<input type="text" value="Reading"/>			
	Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
5	<input type="text"/>	<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"/>
6	<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"/>
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"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

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Student BERLINSKI

YOSSEF

Date of Birth 19-JUN-2009

Meeting Date 28-FEB-2024

Last

First

MI

Section E: Present Level of Performance

Performance Area: HEALTH

Category: Health

Assessment/Monitoring Process Used: Health Assessment, Interview with parent, Review of health records

State/District Assessment Results: n/a

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

Health Summary: LAUSD Triennial Health Assessment was completed on 2/23/2024 with information provided by a review of school health records only. Parents declined the health assessment. Yossef is a 14 year 8 month old 9th grade Private School student. Yossef's IEP eligibility is SLD. Yossef has no known medical diagnosis. He does not take any daily medications. He has history of seasonal allergies. Mother has previously denied any serious/chronic illnesses, injuries, accidents, surgeries, or hospitalizations. Yossef is in overall good general health.

Strengths: Yossef passed his last hearing screening in 2020. Yossef passed his last LAUSD vision screening with correction in 2020. Yossef is able to communicate his wants and needs verbally. He is independent with mobility and all activities of daily living.

Areas of Need: None in the area of health.

Impact of Disability: Yossef's physical health does not adversely impact his participation, progress, and access to the educational program.

Recommendations/Accommodations: None in the area of health.

Alison Frisch RN, BSN
Credentialed School Nurse
Taft Charter High School
2/23/2024

Performance Area:

Category:

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

[Empty text box for current performance/assessment summary]

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Student BERLINSKI YOSSEF MI Date of Birth 19-JUN-2009 Meeting Date 28-FEB-2024

Section E: Present Level of Performance

Performance Area: Reading
Category: Reading
Assessment/Monitoring Process Used: WJIV, teacher evaluations, grades, observations
State/District Assessment Results: Private school attendance. No state/district assessments

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

BROAD READING 70 Low
Letter-Word Identification 80 Low Average
Passage Comprehension 51 Very Low
Sentence Reading Fluency 79 Low
Word Attack 88 Low Average
Oral Reading 85 Low Average

STRENGTHS: The English teacher reports that Joey can follow basic narratives and ideas. He frequently participates when discussing literature and will ask clarifying questions to deepen comprehension. While reading aloud, he attempts to decode unknown words. WJIV scores concur with Joey's decoding ability.

NEEDS: The teacher reports that Joey struggles with complex ideas, tropes, and comprehension. WJIV scores indicate the greatest area of need is comprehension. To improve comprehension, Joey will cite strong and thorough textual evidence to support analysis of what the text says explicitly as well as inferences drawn from the text.

IMPACT OF DISABILITY: Joey's Specific Learning Disability, in the area of auditory processing and attention, impacts his ability to independently comprehend literature, which impacts his involvement and progress in the general education reading curriculum.

Performance Area: Writing
Category: Writing
Assessment/Monitoring Process Used: WJIV, teacher evaluations, grades, observations
State/District Assessment Results: Private school attendance. No state/district assessments

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

BROAD WRITTEN LANGUAGE 87 Low Average
Spelling 91 Average
Sentence Writing Fluency 87 Low Average
Writing Samples 89 Low Average

STRENGTHS: The English teacher reports that Joey can respond, in writing, to basic ideas and instructions.

NEEDS: The teacher reports that Joey must be pushed to produce writing. When asked to write a paragraph, he will write a maximum of three sentences; one that re-states the prompt, one authentic, and one redundant. Joey needs support improving his writing skills, both form and content, in order to produce clear and coherent writing in which the development, organization, and style are appropriate to task, purpose, and audience.

IMPACT OF DISABILITY: Joey's Specific Learning Disability, in the area of auditory processing and attention, impacts his ability to independently produce clear and coherent writing, which impacts his involvement and progress in the general education writing curriculum.

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Section E: Present Level of Performance

Performance Area:

Category: ▼

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

BROAD MATHEMATICS 83 Low Average
 Calculation 80 Low Average
 Math Facts Fluency 93 Average
 Applied Problems 82 Low Average

STRENGTHS: The math teacher reports that Joey does all of his assigned work in class and performs well on quizzes. Recent concepts of proficiency include applying order of operations, solving simple interest word problems, and finding the circumference of a circle.

NEEDS: The teacher reports that Joey struggles with calculations and mental math. On the WJIV Calculations subtest, Joey was not able to solve simple algebraic equations, multiply negative integers, reduce fractions, or solve percent. Joey needs support developing his basic math skills while learning the California math standards. Joey needs to learn how to solve linear equations and inequalities in one variable, including equations with coefficients represented by letters.

IMPACT OF DISABILITY: Joey's Specific Learning Disability, in the area of auditory processing and attention, impacts his ability to retain and recall previously learned math concepts, which impacts his involvement and progress in the 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):

STRENGTHS: Teachers report that Joey met his previous vocational goal. He demonstrates organizational skills to focus on tasks and complete tasks with minimal prompting. Joey actively engages in class lessons and appears highly motivated to complete assignments. Joey advocates for himself the minute he is unclear about expectations or steps. He is passing all classes.

NEEDS: Joey does not demonstrate a need in the area of vocation at this time.

IMPACT OF DISABILITY: Joey's Specific Learning Disability is not currently impacting his vocational skills and his involvement and progress in the general education curriculum.

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Section F: Eligibility

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

[Empty text box for disability discussion]

For Initial IEP, interventions attempted prior to determining eligibility:

[Empty text box for interventions]

Eligible as a student with the disability of:

Code: 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 #:

To improve comprehension, Joey will cite strong and thorough textual evidence to support analysis of what the text says explicitly as well as inferences drawn from the text. 75% accuracy, 3 out of 4 trials, 2 clarifying prompts.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

To improve comprehension, Joey will cite strong and thorough textual evidence to support analysis of what the text says explicitly as well as inferences drawn from the text. 65% accuracy, 3 out of 4 trials, 2 clarifying prompts.

Incremental objective #2 related to the goal:

To improve comprehension, Joey will cite strong and thorough textual evidence to support analysis of what the text says explicitly as well as inferences drawn from the text. 70% accuracy, 3 out of 4 trials, 2 clarifying prompts.

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 #:

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:

Incremental objective #2 related to the goal:

Date to be achieved: MO/YR

Date to be achieved: MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

4 GOAL MET OR EXCEEDED

3 SUBSTANTIAL PROGRESS (50-99% of goal met)

2 PARTIAL PROGRESS (1-49% of goal met)

1 NO PROGRESS

1st Reporting Period	2nd Reporting Period	3rd Reporting Period	4th Reporting Period (Secondary Only)	Goal Achievement
Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	
Progress Mark: <input type="text"/> 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: <div style="border: 1px solid black; height: 100px;"></div>

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Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

Joey will solve linear equations and inequalities in one variable, including equations with coefficients represented by letters. 70% accuracy, 3 out of 4 trials, 1 prompt.

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:

Joey will improve basic math skills by solving assorted problems including negative integers, fractions, and percent. 70% accuracy, 3 out of 4 trials, 1 prompt.

Incremental objective #2 related to the goal:

Joey will interpret the slope (rate of change) and the intercept (constant term) of a linear model in the context of the data. 70% accuracy, 3 out of 4 trials, 1 prompt.

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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YOSSEF

Date of Birth

19-JUN-2009

Meeting Date

28-FEB-2024

Last

First

MI

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.

Student will participate in Regular State and District Assessments.

(Designated Supports and/or Accommodations identified below are applicable)

CAST Subject

Science

Designated Supports:

- Calculator (four-function for grade 5, scientific for Grade 8 and high school) (non-embedded support)

PFT - (Variations or Accommodations identified below are applicable)

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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?*

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? [radio] Yes [radio] No Select Preferred Language: Hebrew [dropdown]

Specify the Individual Pages to be translated:

All pages and Reports in Hebrew

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:

- Options for compensatory education consideration: The IEP team has reviewed and discussed whether compensatory education is required due to the COVID-19 pandemic. The IEP team has determined: Student received all of their special education and related aids and services required by their IEP. Compensatory education is not required. Student did not receive all of their special education and related aids and services required by their IEP. Compensatory education offer details are documented in FAPE 2- Summary of Services. Student did not receive all of the special education and related aids and services required by their IEP. However, no compensatory education was warranted for the reasons documented by the IEP team in FAPE Part 2 Part 4. Compensatory education consideration was documented on IEP dated [dropdown]

Recoupment Services Consideration:

- Options for recoupment services consideration: The IEP team has reviewed and discussed student's progress/achievement and considered factors that may have impacted student's learning during the school facility closures as a result of the COVID-19 pandemic. The IEP team has determined: Student has made expected progress toward IEP goals and/or progress is in alignment with expectations of progress/goal achievement. No recoupment services are recommended. Student experienced learning loss as a result of the school facility closures caused by the COVID-19 pandemic and recoupment services are necessary. The IEP team discussed recoupment services to address past learning loss. Recoupment services offer details are included in FAPE Part 2, Part 4 of the IEP (including completion of a service grid, as necessary). Recoupment services consideration was documented on IEP dated [dropdown]

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

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INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
Last First MI

Date of Birth

Meeting Date

Section Q: Parent Participation and Consent

Parent Participation

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

Parent Notification

Method	Whom	When
Email	Katherine Resendiz	17-JAN-2024
Phone	Katherine Resendiz	14-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

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



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="Shoshana Berlinski (via iphone/Zoom)"/>	<input type="text"/>
Parent/Guardian	<input type="text"/>	<input type="text"/>
Student Age 18 - 21 years	<input type="text"/>	<input type="text"/>
Student Under Age 18 years	<input type="text" value="Yossef Berlinski"/>	<input type="text"/>
Surrogate Parent	<input type="text"/>	<input type="text"/>
Foster Parent	<input type="text"/>	<input type="text"/>
Family Foster Home Provider	<input type="text"/>	<input type="text"/>
Administrator	<input type="text"/>	<input type="text"/>
Administrative Designee	<input type="text" value="Kendell Smith"/>	<input type="text" value="KS"/>
Special Education Teacher	<input type="text" value="Linda Severino"/>	<input type="text" value="LSeverino"/>
General Education Teacher	<input type="text" value="O. Soto"/>	<input type="text" value="OS"/>
School Psychologist	<input type="text"/>	<input type="text"/>
School Nurse	<input type="text" value="A. Frisch"/>	<input type="text"/>
Related Service Staff <input type="text"/>	<input type="text"/>	<input type="text"/>
Related Service Staff <input type="text"/>	<input type="text"/>	<input type="text"/>
Related Service Staff <input type="text"/>	<input type="text"/>	<input type="text"/>
Interpreter	<input type="text"/>	<input type="text"/>
Sign Language Interpreter	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Other <input type="text" value="LAUSD Private School Consultant"/>	<input type="text" value="Rob Toggenburger"/>	<input type="text" value="RT"/>
Other <input type="text" value="Valley Torah HS (Boys Division)"/>	<input type="text" value="D. Raskin"/>	<input type="text" value="DR"/>
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 BERLINSKI YOSSEF MI

Date of Birth 19-JUN-2009

Meeting Date 28-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, Special Day Program, Home/Hospital, etc.

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.

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 a text box for justification.

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 a text box for justification.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student

Date of Birth

Meeting

Last

First

MI

Date

ANNUAL LEAST RESTRICTIVE ENVIRONMENT ANALYSIS (Continued)

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

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

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Last BERLINSKI

First YOSSEF

MI

Date of Birth 19-JUN-2009

Meeting Date 28-FEB-2024

Last

First

MI

Date

ANNUAL LEAST RESTRICTIVE ENVIRONMENT ANALYSIS (Continued)

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 1 - Eligibility, Placements and Supports

Student
 Last First MI

Date of Birth

Meeting Date

		Effective With this IEP	Future Changes Related to this IEP
	As of Date:	<input type="text"/>	<input type="text"/>
Eligibility: (from Page 4)		Eligible (SLD)	
	Final IEP Reason Final IEP Effective Date:		
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="TAFT CHS"/>	
Instructional Setting	Setting	<input type="text" value="Special Education"/>	
	Program	<input type="text" value="SLD"/>	
	Special Day Minutes/Wk	<input type="text" value="1080"/>	
	Addresses Goals	<input type="text" value="3(math),1(Reading),2(Writing)"/>	
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	<ul style="list-style-type: none"> *Preferential seating, near point of instruction and away from distractions. *Teach meaning of figurative and abstract language. *Scaffolding of content and break down information into smaller parts. *Keep language simple. *Increase wait-time for processing questions. *Provide support/prompt to trigger memory for open ended questions during class discussions. *Repeat/rephrase/clarify directions, expectations, writing prompts and/or concepts as needed. *Prompts to recall what was previously learned. *Redirect to stay on task. *Use of graphic organizers, manipulatives and visual aides to connect information and to compare abstract concepts to what was previously learned. *Graphic organizers and/or templates for essays. *Extended time (150%) for tests, finished on the same day unless teacher agrees to additional day. *Extended time (150%) for assignments; however, partial work shown on due date to get extension. *Use of calculator for all work and tests. *Use of phone to take pictures of notes, with teacher approval of appropriate time. *Access to audio books when available. 	
	Instructional Modifications	<input type="text" value="n/a"/>	
	Other Supports, including Non-Academic and Extra-curricular Activities	<input type="text" value="none"/>	

Preparation for Three Year Review IEP (At the second Annual Review IEP Meeting, the team must discuss and document the decision to conduct or not conduct a three-year comprehensive reassessment.)	Do the Parent and the District (local educational agency) agree that a reassessment is unnecessary?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
	If the Parent does not agree, specify the area(s) to be reassessed.		
Comments, as appropriate			
Low Incidence Equipment			
Assistive Technology Equipment			
Participation in General Education	PE, electives, language other than English (LOTE).		

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
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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	<input type="text" value="57"/>	

Part 4 - Compensatory Education/Recoupment Services Discussion

Private school enrollment

Part 4 - Additional Discussion (This section is optional)

Parents agree that a Free Appropriate Public Education (FAPE) has been offered and will be implemented upon enrollment in a public school, but decline current services and choose to continue having Yossef parentally placed at his current private school, which is Valley Torah High School. Since he will continue as a private school student the within the Taft HS boundaries, an Individual Services Plan will be offered once the IEP is complete.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

(SLD, pg. 1 of 1)

Student BERLINSKI YOSSEF MI
Last First MI

Date of Birth 19-JUN-2009

Meeting Date 28-FEB-2024

SPECIFIC LEARNING DISABILITIES CERTIFICATION

Use this form at Initial, Three Year Reviews and comprehensive assessments for students eligible as having a Specific Learning Disability, including but not limited to students with characteristics of dyslexia. This form is not required at Annual Review meetings.

It is the consensus of the IEP Team that the student meets the eligibility criteria for Specific Learning Disability based upon the information which follows. This form serves as the written report of the IEP Team consensus.

1. Are there educationally relevant medical conditions which should be considered by the IEP Team? No

If Yes, describe

Empty text box for describing medical conditions.

2. During the observation of the student in the general education setting, was behavior noted that relates to the student's general academic functioning? No

If Yes, describe

Empty text box for describing behavior in general education setting.

3. A severe discrepancy exists in one or more of the following academic areas: (Check all that apply)

- Listening Comprehension, Basic Reading Skills, Oral Expression, Reading Comprehension, Written Expression, Math Calculation, Math Reasoning, Reading Fluency

4. The discrepancy is the result of a disorder in one or more of the following psychological processes: (Check all that apply)

- Attention, Visual Processing, Auditory Processing, Sensory Motor Skills, Cognitive abilities including association, conceptualization and expression, Phonological Processing

5. The Team agrees that the discrepancy is not primarily the result of:

- Limited school experience, Poor school attendance, Environmental, economic or cultural disadvantage, Social maladjustment, Intellectually Disabled, Visual, hearing or motor impairment, Unfamiliarity with the English language

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student BERLINSKI YOSSEF MI Last First MI

Date of Birth 19-JUN-2009

Meeting Date 28-FEB-2024

FAPE Summary Grid

Table with 9 columns: Program, Eligibility, Transportation, Date District Received, Parent Signature, Service Code, Service Desc, Start Date, Service Applies To, Interval, Frequency, Area, Total Minutes, Addresses Goal(s). Rows include SLD, Eligible (SLD), None, and various service details.

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):

Table with 7 columns: Teacher-posted lessons, Virtual class meetings, Personalized learning tools, Scheduled teacher appointments, Scheduled email check-ins, Virtual office hours. Rows include Specialized Academic Instruction and Related Services, Transition Services, and Supplementary Aids and Services.

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.

Empty rectangular box for IEP team signature or confirmation.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

(ITP, pg. 1 of 3)

Student BERLINSKI YOSSEF MI

Date of Birth 19-JUN-2009

Meeting Date 28-FEB-2024

INDIVIDUAL TRANSITION PLAN (ITP)

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

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

Table with 3 columns: Area, Completed, If no, indicate reason. Rows include Education/Training Activity, Employment Activity, and Independent Living Skills Activity.

Section 1: Education/Training

Table with 3 columns: Assessment (at least one assessment must be completed in this area), Date, Assessment Name and Results: Indicate interests/abilities and area(s) of need (if applicable).

Education/Training Postsecondary Goal

Upon completion of high school, the student will: enroll in and attend 2 or 4 year college

Table with 3 columns: Education/Training Activity to Support Goal, Timeline, Person/Agency Responsible. Includes dropdown menu for responsible person.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

(ITP, pg. 3 of 3)

Student
 Last First MI

Date of Birth

Meeting Date

INDIVIDUAL TRANSITION PLAN (IEP)

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

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

- Courses completed: Yes No
 Courses currently enrolled in: Yes No
 Courses still needed: Yes No

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

Student is working towards: Certificate of Completion Diploma

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

Joey is enrolled in a course of study that will prepare him to graduate with a diploma and attend community college, vocational school, or enter the workforce after completion of high school, if he so chooses. Courses taken will include the A-G requirements.

Future Agency Involvement:

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

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

- Agency Name:
- Agency Name:
- Agency Name:

- | | |
|--|---|
| 1. Does the student's IEP include appropriate measurable postsecondary goals that cover education/training, employment and, as needed, independent living? <i>info</i> | 1. <input checked="" type="checkbox"/> Yes |
| 2. Are the postsecondary goals updated annually? <i>info</i> | 2. <input checked="" type="checkbox"/> Yes |
| 3. Is there evidence that the measurable postsecondary goals were based on age appropriate transition assessment? <i>info</i> | 3. <input checked="" type="checkbox"/> Yes |
| 4. Are there transition services that will reasonably enable the student to meet their postsecondary goals? <i>info</i> | 4. <input checked="" type="checkbox"/> Yes |
| 5. Do the transition services include a course of study that is a multi-year description of coursework from the student's current year to anticipated exit year and that is designed to help the student achieve the identified postsecondary goals? <i>info</i> | 5. <input checked="" type="checkbox"/> Yes |
| 6. Is (are) there annual IEP goal(s) related to the student's transition services needs? <i>info</i> | 6. <input checked="" type="checkbox"/> Yes |
| 7. Is there evidence that the student was invited to the IEP team meeting where transition services were discussed? <i>info</i> | 7. <input checked="" type="checkbox"/> Yes |
| 8. If appropriate, is there evidence that a representative of any participating agency was invited to the IEP team meeting with the prior consent of the parent or student who has reached the age of majority? <i>info</i> | 8. <input type="radio"/> Yes <input checked="" type="radio"/> N/A |