

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Identification Number 072409F006 SSID 5003852310

**Eligible (OHI)**

Student GHALILI AVIGAYIL MI Date of Birth: 24-JUL-2009

Section A: Meeting Information

Pertinent Dates	Type of Meeting
Date of Initial IEP Team Meeting: 12-JUL-2012	<input type="radio"/> Initial <input type="radio"/> Amendment of IEP dated
Date of Present Meeting: 09-MAY-2024	<input type="radio"/> Annual Review <input type="radio"/> Early Start Transition
Annual Review to be conducted by: 20-MAR-2025	<input checked="" type="radio"/> Three Year Review <input type="radio"/> Expulsion Analysis
Next Three Year Review will be conducted by: 20-MAR-2027	<input type="radio"/> Other <input type="radio"/> Individual Transition Plan
Three Year Review or Evaluation was conducted on: 20-MAR-2024	
Transition to Kindergarten to be conducted by:	
Location of Meeting: WEBSTER MS	District Name: Los Angeles Unified School Distri

Section B: Student Information

Date of Birth: 24-JUL-2009	Age: 14	Grade: 8
Gender: <input type="radio"/> Male <input checked="" type="radio"/> Female	Ethnic Code: White	
Location of the Psych Folder: REGION WEST	Student has no Psych Folder: <input type="checkbox"/>	
Location of the Cum Folder:	Student has no Cum Folder: <input checked="" type="checkbox"/>	
Home Language: English	Student Language: English	Alternate Mode of Communication:
Home Address of Student: 1640 S. Durango Ave		
City: LOS ANGELES CA	ZIP Code: 90035	
Home Telephone: 818-478-0952	Daytime Telephone:	Emergency Telephone: 818-478-0916
School of Attendance: Private School Office (1)	Location Code: 1536	
School of Residence: Webster Ms	Location Code: 8481	
Name of Parent/Guardian: Ester Ghalili	Telephone: (818)478-0952	
Address:		
City:	CA	ZIP Code:
Surogate Parent:	Telephone:	
Attends CURRENT SCHOOL as a result of one of the following:	Private School Enrollment	
Private School:	Tashbar Sephardic Yeshiva Ketana	
Is the student living in a Family Foster Home (FFH)?	<input checked="" type="radio"/> No <input type="radio"/> Yes	FFH#:
Is FFH Provider related to student?	<input type="radio"/> No <input type="radio"/> Yes	Relationship:
Licensed Children's Institution	<input type="radio"/> No <input type="radio"/> Yes	LCI Name:
		LCI#:
Out of the home placement made by	<input type="radio"/> Regional Center <input type="radio"/> Superior Court	<input type="radio"/> Department of Mental Health <input type="radio"/> Department of Children's Services
Child's family living within LAUSD's boundaries?	<input type="radio"/> No <input checked="" type="radio"/> Yes	<input type="radio"/> Other
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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

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="Bilateral Coordination"/>	<input checked="" type="radio"/>	<input type="radio"/>	
Category	<input type="text" value="Fine Motor"/> ▼			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
2	<input type="text" value="Manual Dexterity"/>	<input checked="" type="radio"/>	<input type="radio"/>	
Category	<input type="text" value="Fine Motor"/> ▼			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
3	<input type="text" value="Reading Comprehension"/>	<input checked="" type="radio"/>	<input type="radio"/>	
Category	<input type="text" value="Reading"/> ▼			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
4	<input type="text" value="Writing"/>	<input checked="" type="radio"/>	<input type="radio"/>	
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"/>
5	<input type="text" value="Motor Planning"/>	<input checked="" type="radio"/>	<input type="radio"/>	
Category	<input type="text" value="Motor Abilities"/> ▼			
	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" value="Math"/>	<input checked="" type="radio"/>	<input type="radio"/>	
Category	<input type="text" value="Math"/> ▼			
	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" value="Behavior/ Social Skills"/>	<input checked="" type="radio"/>	<input type="radio"/>	
Category	<input type="text" value="Social Participation"/> ▼			
	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)

Los Angeles Unified School District

Student    Date of Birth  Meeting Date

Last First MI

Section E: Present Level of Performance

Performance Area:

Category:  ▼

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

Areas of Strengths: Decoding is an area of relative strength for Avigayil. She can accurately use phoneme-grapheme relationships to decode difficulty words. She has automaticity in reading multisyllabic words. Her word attack skills were Advanced as evidenced by her ability to apply phonic and structural analysis skills to the pronunciation of unfamiliar printed words. She could also read clearly with appropriate accuracy and inflection as evidenced in the Oral Reading test. Her grades on the First Trimester 23-24 Report card were indicated as modified. History--A, English Language Arts --A-

Areas of Need:

In the Reading Comprehension section Avigayil read initial passages easily but as the reading increased in difficulty, she struggled with syntactic and semantic cues to identify a missing word. Avigayil needs to read more complex texts to strengthen her comprehension of complex sentences and vocabulary. She needs to be able to cite the textual evidence that most strongly supports an analysis of what the text says explicitly as well as inferences drawn from the text.

Impact statement: Avigayil's OHI impacts her ability to analyze text and progress in the general education reading curriculum.

Woodcock Johnson IV Assessment Results

Letter-Word Identification Proficiency-Limited SS=89 Low Average  
 Word Attack >30 99/90 Proficiency-Advanced SS= 130 Superior  
 Oral Reading 13-9 87/90 Proficiency-Average SS= 98 Average  
 Passage Comprehension Proficiency-Limited SS=75 Low  
 Sentence Reading Fluency Very Limited SS+78 Low

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: Avigayil can express herself in writing and respond correctly to oral and visual prompts. Spelling is an area of strength for Avigayil, as she has solid decoding skills which is related to written language. She spelled the words on the spelling assessment easily and accurately, in response to their oral presentation. She could write responses which were simple and accurate in response to a variety of demands in the Writing Samples test. Sentence Writing Fluency, a timed test, was more challenging for Avigayil to quickly write sentences. Nevertheless, then sentences she did write were accurate and fulfilled the requirements. Her private school report mentioned that she enjoys creative writing and worked hard on her persuasive essay. Her grades on the First Trimester 23-24 Report card were indicated as modified Written Expression--A

Needs: Although not scored on this test, observation of the testing indicate that Avigayil needs to work on conventions of writing such as capitalization and punctuation, which are not automatic for her.

Impact statement: Avigayil's OHI impacts her ability to independently edit her work for clarity and progress in the general education writing curriculum.

Woodcock Johnson IV Assessment Results:

Spelling 13-7 86/90 Proficiency-Average SS=98 Average  
 Writing Samples Proficiency- Limited SS=82 Low Average  
 Sentence Writing Fluency Proficiency-Limited to Average SS=84 Low Average

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student

GHALILI

AVIGAYIL

Date of Birth

24-JUL-2009

Meeting Date

09-MAY-2024

Last

First

MI

Section E: Present Level of Performance

Performance Area:

Math

Category:

Math

Assessment/Monitoring Process Used:

Standardized Tests, observation and school report; Woodcock Johnson IV

State/District Assessment Results:

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

Strengths: Avigayil could listen to a problem, recognize the procedure to be followed and perform calculations in many cases. She demonstrated her quantitative knowledge ability and has good fundamental math skills in the basic operations. Avigayil could add decimals, count money and persevered with difficult problems. In the Applied Problems test she could decide which data was necessary to solve a problem and what was superfluous. She did some math mentally. Her grades on the First Trimester 23-24 Report card were indicated as modified Math-- C-, Physical Science--B

Needs:

During the Applied problems Avigayil worked slowly and carefully and relied on strategies that indicate she has non-automatic skills, such as adding with tally marks and not regrouping when subtracting. Avigayil needs to work on operations involving fractions, solving for one-unknown variable, and solving numbers with exponents. The timed sections presented a more difficult challenge for Avigayil as they are affected by processing speed. Avigayil needs to know and apply the properties of integer exponents to generate equivalent numerical expressions.

Impact statement: Avigayil's OHI impacts her ability to solve more complicated multi-step problems, including those with exponents and progress in the general education reading curriculum.

Woodcock Johnson IV Assessment Results:

Applied Problems Proficiency- Limited SS= 84 Low Average

Math Facts Fluency Proficiency-Very Limited SS=71 Low

Calculation Very Proficiency-Limited 75 (67-83) Low

Performance Area:

Vocational Education

Category:

Vocational Education

Assessment/Monitoring Process Used:

Observations during testing and 7th and 8th grade report cards from private sch

State/District Assessment Results:

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

Areas of strength: In the school Report Cards submitted to Webster for this evaluation, Avigayil is described many times by teachers as 'a wonderful' girl. She tries hard and is eager to learn and be curious. Avigayil is described as someone who likes sharing stories, ideas and opinions. An aide (shadow) has helped her stay on task. In 8th grade her academics have improved relative to 7th grade. During testing Avigayil was cooperative and attentive to the tasks. She appeared at ease and comfortable during response. She was slow and careful with her responses and noticeably increased her level of effort for difficult tasks. PE Grade in First Trimester--A

Areas of need: Avigayil receives modifications in her classes. She also has a 'shadow: In her report submitted by her school the teachers say she is 'struggling' with many aspects of school. She is disorganized and needs to bring her materials and has a difficulty working independently. She has a hard time staying focused and on task. One teacher says she gives up easily when something is difficult. She often turns in assignments late. Attendance in the 8th grade in the first trimester 23-24 needs to improve. She was absent 9 days and tardy 18 times, which was noted by private school administration on the Report card.

Impact statement: Avigayil's OHI impacts her ability to independently organize her work and her materials and inhibits her progress in the general education reading curriculum.

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Student GHALILI AVIGAYIL MI  
Last First MI

Date of Birth 24-JUL-2009

Meeting Date 09-MAY-2024

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: OHI Other Health Impairment  
 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:

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

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Student     
 Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area:  Category:  Annual Goal #:

When reading literature Avigayil will cite the textual evidence that most strongly supports an analysis of what the text says explicitly in discussions or in written work. in 3 out of 4 trials with 80% accuracy.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

When reading literature Avigayil will cite the textual evidence that most strongly supports an analysis of what the text says explicitly in discussions or in written work. in 2 out of 4 trials with 70% accuracy.

Incremental objective #2 related to the goal:

When reading literature Avigayil will cite the textual evidence that most strongly supports an analysis of what the text says explicitly in discussions or in written work. in 3 out of 4 trials with 70% 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

4 GOAL MET OR EXCEEDED

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

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

1 NO PROGRESS

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student     
 Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area:  Category:  Annual Goal #:

When given a written assignment, Avigayil will demonstrate knowledge of correct punctuation and capitalization in 3 out of 4 trials with 85% accuracy as measured by student 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 written assignment, Avigayil will demonstrate knowledge of correct punctuation and capitalization in 3 out of 4 trials with 75% accuracy as measured by student work samples.

Incremental objective #2 related to the goal:

When given a written assignment, Avigayil will demonstrate knowledge of correct punctuation and capitalization in 3 out of 4 trials with 80% accuracy as measured by student work samples.

Date to be achieved:   MO/YR

Date to be achieved:   MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student     
 Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area:  Category:  Annual Goal #:

Avigayil will use the properties of integer exponents to generate equivalent numerical expressions in supported class work as measured by observation in 2 out of 4 trials with 75% 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:

Avigayil will use the properties of integer exponents to generate equivalent numerical expressions in supported class work as measured by observation in 3 out of 4 trials with 70% accuracy.

Incremental objective #2 related to the goal:

Avigayil will use the properties of integer exponents to generate equivalent numerical expressions in supported class work as measured by observation in 3 out of 4 trials with 70% 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

4 GOAL MET OR EXCEEDED

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

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

1 NO PROGRESS

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



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Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area:  Category:  Annual Goal #:

Avigayil will use a student agenda to record her assignments, successfully completing and submitting them on time 85% of the time as reported by teachers in all classes.

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 observation/report card comm
- Criterion Referenced
- Work Samples
- Curriculum Based
- Informal

Incremental objective #1 related to the goal:

Avigayil will use a student agenda to record her assignments, successfully completing and submitting them on time 75% of the time as reported by teachers in all classes.

Incremental objective #2 related to the goal:

Avigayil will use a student agenda to record her assignments, successfully completing and submitting them on time 80% of the time as reported by teachers in all classes.

Date to be achieved:   MO/YR

Date to be achieved:   MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student GHALILI AVIGAYIL MI  
Last First MI

Date of Birth 24-JUL-2009

Meeting Date 09-MAY-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.

District Assessments	
How will the student participate in District Assessments?	
<input checked="" type="checkbox"/>	Full Participation
<input type="checkbox"/>	Partial Exemption from specific assessment(s). Indicate the exempt assessment <b>and</b> an appropriate replacement assessment below:
<b>Exempt Assessment</b>	<b>Replacement Assessment</b>
<input type="text" value="▼"/>	<input type="text"/>
<input type="checkbox"/>	Accommodations:
<input type="text"/>	

<b>Student will participate in Regular State and District Assessments.</b> <i>(Designated Supports and/or Accommodations identified below are applicable)</i>	<b>CAASPP Subject</b> ELA and Math
Designated Supports: <ul style="list-style-type: none"> <li>- Test in a separate/smaller setting</li> <li>- Simplified or paraphrased test directions (non-embedded designated support)</li> </ul>	
Accommodations: <ul style="list-style-type: none"> <li>- Multiplication table for single digits 1-9 (paper-based; not allowed for Grade 3; non-embedded accommodation)</li> <li>- 100s Number Table (paper-based; not allowed for Grade 3; non-embedded accommodation)</li> <li>- Text-to-Speech software enabled for ELA reading passages (embedded accommodation).</li> </ul>	

<b>Student will participate in Regular State and District Assessments.</b> <i>(Designated Supports and/or Accommodations identified below are applicable)</i>	<b>CAST Subject</b> Science
Designated Supports: <ul style="list-style-type: none"> <li>- Multiplication Table (non-embedded support)</li> <li>- 100s Number Table (non-embedded support)</li> </ul>	

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student GHALILI AVIGAYIL MI

Date of Birth 24-JUL-2009

Meeting Date 09-MAY-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?\*

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:

entire IEP

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 and related aids and services required by their IEP. Student did not receive all of their special education and related aids and services required by their IEP. Student did not receive all of the special education and related aids and services required by their IEP. Compensatory education consideration was documented on IEP dated [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 and/or progress is in alignment with expectations of progress/goal achievement. Student experienced learning loss as a result of the school facility closures caused by the COVID-19 pandemic and recoupment services are necessary. Recoupment services consideration was documented on IEP dated [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 GHALILI AVIGAYIL MI Last First MI

Date of Birth 24-JUL-2009

Meeting Date 09-MAY-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

Method Whom When

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

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 16-MAY-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="Ester Ghalili (by phone conference)"/>	<input type="text"/>
Parent/Guardian	<input type="text" value="Shahram Ghalili (by phone conference)"/>	<input type="text"/>
Student Age 18 - 21 years	<input type="text"/>	<input type="text"/>
Student Under Age 18 years	<input type="text" value="Avigayil Ghalili"/>	<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="Anne Marie Ankers"/>	<input type="text" value="Anne Ankers"/>
Administrative Designee	<input type="text"/>	<input type="text"/>
Special Education Teacher	<input type="text" value="Aliza Wine"/>	<input type="text" value="AW"/>
General Education Teacher	<input type="text" value="Danielle Klapproth"/>	<input type="text" value="DK"/>
School Psychologist	<input type="text"/>	<input type="text"/>
School Nurse	<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"/>
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"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student GHALILI AVIGAYIL MI  
Last First MI

Date of Birth 24-JUL-2009

Meeting Date 09-MAY-2024

LEAST RESTRICTIVE ENVIRONMENT ANALYSIS

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

Student's Current Placement Type:

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

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

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

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

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

**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

<b>Step C.</b>	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"/>		

<b>Step D.</b>	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"/>		

<b>Step E.</b>	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 GHALILI

First AVIGAYIL

MI

Date of Birth 24-JUL-2009

Meeting Date 09-MAY-2024

ANNUAL LEAST RESTRICTIVE ENVIRONMENT ANALYSIS (Continued)

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 1 - Eligibility, Placements and Supports

Student     
 Last First MI

Date of Birth

Meeting Date

		Effective With this IEP	Future Changes Related to this IEP
	As of Date:	<input type="text" value=""/>	<input type="text" value="01-AUG-2024"/>
Eligibility: (from Page 4)		<b>Eligible (OHI)</b>	
	Final IEP Reason Final IEP Effective Date:		
Curriculum		<input type="text" value="General Education"/>	<input type="text" value="General Education"/>
Placement	Type of School	<input type="text" value="District Resident School"/>	<input type="text" value="District Resident School"/>
	Name of School	<input type="text" value="WEBSTER MS"/>	<input type="text" value="HAMILTON SH"/>
Instructional Setting	Setting	<input type="text" value="General Education"/>	<input type="text" value="General Education"/>
	Program	<input type="text" value="GE"/>	<input type="text" value="GE"/>
	Special Day Minutes/Wk	<input type="text" value=""/>	<input type="text" value=""/>
	Addresses Goals	<input type="text" value="3(Written Expression),1(Reading),3(Math),2(Vocational Education)"/>	<input type="text" value="3(Written Expression),1(Reading),3(Math),2(Vocational Education)"/>
Additional Factors	Low Incident Support	<input type="text" value="None"/>	<input type="text" value="None"/>
	Assistive Technology Support	<input type="text" value="No"/>	<input type="text" value="No"/>
	Transportation	<input type="text" value="None"/>	<input type="text" value="None"/>
	Extended School Year/Intersession	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Parent Counseling and Training (PCT)		<input type="radio"/> Yes <input checked="" type="radio"/> No	
	ESY Transportation	<input type="text" value=""/>	
Accommodation, Modifications, Supports	Instructional Accommodations	<ul style="list-style-type: none"> <li>• Preferential Seating,</li> <li>• Check in on work completion and understanding the task</li> <li>• Modeling and scaffolding of tasks and assignments</li> <li>• Increased time for writing tasks and fine motor tasks</li> <li>• Use of graphic organizers tables, and charts.</li> <li>• Multiplication chart available for reference</li> <li>• Frequent checks for understanding</li> <li>• Masking of unnecessary information</li> <li>• Highlighting of key vocabulary</li> <li>• Extended time for assignments</li> <li>• Option to submit writing assignments in digital form</li> <li>• Testing in smaller setting upon request</li> <li>- Use of planner to organize assignments</li> </ul>	<ul style="list-style-type: none"> <li>• Preferential Seating,</li> <li>• Check in on work completion and understanding the task</li> <li>• Modeling and scaffolding of tasks and assignments</li> <li>• Increased time for writing tasks and fine motor tasks</li> <li>• Use of graphic organizers tables, and charts.</li> <li>• Multiplication chart available for reference</li> <li>• Frequent checks for understanding</li> <li>• Masking of unnecessary information</li> <li>• Highlighting of key vocabulary</li> <li>• Extended time for assignments</li> <li>• Option to submit writing assignments in digital form</li> <li>• Testing in smaller setting upon request</li> <li>- Use of planner to organize assignments</li> </ul>
	Instructional Modifications	<input type="text" value=""/>	<input type="text" value=""/>
	Other Supports, including Non-Academic and Extra-curricular Activities	<input type="text" value=""/>	<input type="text" value=""/>
Preparation for Three Year Review IEP (At the second Annual Review IEP Meeting, the team must discuss and document the decision to conduct or not conduct a three-year comprehensive reassessment.)	Do the Parent and the District (local educational agency) agree that a reassessment is unnecessary?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
	If the Parent does not agree, specify the area(s) to be reassessed.	<input type="text" value="complete comprehensive psychological assessment and OT assessment"/>	<input type="text" value=""/>

Comments, as appropriate

**Low Incidence  
Equipment**

--

**Assistive Technology  
Equipment**

--

**Participation in  
General Education**

Avigayil will be programmed into general education core content classes with RSP push in support in Math and English Language Arts classes. She will be programmed into the RSP Learning Center for one elective.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student GHALILI AVIGAYIL MI  
Last First MI

Date of Birth 24-JUL-2009 Meeting Date 09-MAY-2024

		Effective With This IEP	Future Changes Related To This IEP
<b>Service 1</b>	Start Date:	Effective on Signature Date	01-AUG-2024
<b>RSP</b>	End Date:	11-JUN-2024	
<b>RSP</b>	Service applies to:	Regular	Regular
	Frequency:	1-5	1-5
This service addresses the following <b>goals:</b>	Interval:	Weekly	Weekly
	Minutes/Interval:	60	45
	Minutes/Interval (Pullout from Gen Ed):	0	0
	Service Delivery Model:	RSP: Collaborative Teaching and Planning*	RSP: Collaborative Teaching and Planning
	RSP Area:	Literacy/ELA/ELD	
	Responsible Personnel:	Resource Specialist Teacher	Resource Specialist Teacher
		General Education Teacher	General Education Teacher
		District Assigned Qualified Provider	District Assigned Qualified Provider

\*

<b>Service 2</b>	Start Date:	Effective on Signature Date	01-AUG-2024
<b>RSP</b>	End Date:	11-JUN-2024	
<b>RSP</b>	Service applies to:	Regular	Regular
	Frequency:	1-5	1-5
This service addresses the following <b>goals:</b>	Interval:	Weekly	Weekly

3(Math)	Minutes/Interval:	60	45
4(Vocational Education)	Minutes/Interval (Pullout from Gen Ed):	0	0
	Service Delivery Model:	RSP: Collaborative Teaching and Planning*	RSP: Collaborative Teaching and Planning
	RSP Area:	Math	
	Responsible Personnel:	Resource Specialist Teacher	Resource Specialist Teacher
		General Education Teacher	General Education Teacher
		Licensed/Credentialed Provider	Licensed/Credentialed Provider

\*

<b>Service 3</b>	Start Date:	Effective on Signature Date	01-AUG-2024
<b>RLC</b>	End Date:	11-JUN-2024	
<b>RSP: Learning Center - Roster Carrying</b>	Service applies to:	Regular	Regular
	Frequency:	1-5	10-20
This service addresses the following goals:	Interval:	Weekly	Monthly

2(Written Expression)	Minutes/Interval:	100	450
1(Reading)	Minutes/Interval (Pullout from Gen Ed):	100	450
4(Vocational Education)	Service Delivery Model:	RSP: Direct Instruction Services*	RSP: Direct Instruction Services
	Learning Center Area:	ELA	
	Responsible Personnel:	Resource Specialist Teacher	Resource Specialist Teacher
		General Education Teacher	General Education Teacher
		District Assigned Qualified Provider	District Assigned Qualified Provider

\*

<b>Service 4</b>	Start Date:	Effective on Signature Date	01-AUG-2024
<b>RLC</b>	End Date:	11-JUN-2024	
<b>RSP: Learning Center - Roster Carrying</b>	Service applies to:	Regular	Regular

	Frequency:	1-5	10-20
This service addresses the following <b>goals</b> :	Interval:	Weekly	Monthly
3(Math)	Minutes/Interval:	100	450
4(Vocational Education)	Minutes/Interval (Pullout from Gen Ed):	100	450
	Service Delivery Model:	RSP: Direct Instruction Services*	RSP: Direct Instruction Services
	Learning Center Area:	Math	
	Responsible Personnel:	Resource Specialist Teacher	Resource Specialist Teacher
		General Education Teacher	General Education Teacher
		District Assigned Qualified Provider	District Assigned Qualified Provider

\*

**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="11"/>	

Part 4 - Compensatory Education/Recoupment Services Discussion
Avigayil was enrolled in private school before, during, and after pandemic period.

Part 4 - Additional IEP Team Considerations & Parental Input
<p>This is a re-evaluation IEP for Avigayil. Both parents attended by video conference/ phone conference. Introductions and procedural safeguards shared. This meeting was held at Webster Middle School. Results of academic assessments were shared by the Special Education Teacher. Results of any assessments not completed will be shared at a future IEP.</p> <ul style="list-style-type: none"> <li>• Offer of FAPE is Webster Middle School for the remainder of the 23-24 school year with RSP push-in services in Reading and Math. For extra support with reading and writing, Avigayil will be programmed into the Learning Center. Avigayil will have LAS and Counseling services. Offer of FAPE for 24-25 school year is Hamilton High School. All RSP services and related services will transition to high school.</li> <li>- Per parent, Avigayil has not been participating in OT services.</li> <li>• The IEP team discussed how Avigayil is independent and responsible with her assessments and social skills. Parents discussed classroom supports and discussed 'shadow', which is similar to what our school considers BII services. The IEP team agreed she does not need adult support (BII) and/or prompting beyond the regular classroom teacher. E</li> </ul>

**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**

<b>Program:</b>	GE		<b>Setting:</b>	General Education				
<b>Eligibility:</b>	Eligible (OHI)		<b>Curriculum:</b>	General Education				
<b>Transportation:</b>	None		<b>Low Incident Support:</b>	None				
<b>Date District Received</b>								
<b>Parent Signature:</b>								
Service Code	Service Desc	Start Date	Service Applies To	Interval	Frequency	Area	Total Minutes	Addresses Goal(s)
RSP	RSP	Effective on Signature Date	Regular	Weekly	1-5	RSP-Literacy/ELA/ELD	60	Written Expression, Reading, Vocational Education
RSP	RSP	Future Changes 01-Aug-2024	Regular	Weekly	1-5	RSP-Literacy/ELA/ELD	45	Written Expression, Reading, Vocational Education
RSP	RSP	Effective on Signature Date	Regular	Weekly	1-5	RSP-Math	60	Math, Vocational Education
RSP	RSP	Future Changes 01-Aug-2024	Regular	Weekly	1-5	RSP-Math	45	Math, Vocational Education
RLC	RSP: Learning Center - Roster Carrying	Effective on Signature Date	Regular	Weekly	1-5	RLC-Math	100	Math, Vocational Education
RLC	RSP: Learning Center - Roster Carrying	Future Changes 01-Aug-2024	Regular	Monthly	10-20	~	450	Math, Vocational Education
RLC	RSP: Learning Center - Roster Carrying	Effective on Signature Date	Regular	Weekly	1-5	RLC-ELA	100	Written Expression, Reading, Vocational Education
RLC	RSP: Learning Center - Roster Carrying	Future Changes 01-Aug-2024	Regular	Monthly	10-20	~	450	Written Expression, Reading, Vocational Education

**Alternative Remote/Distance Learning Services During Emergency Conditions**

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

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

Teacher-posted lessons, asynchronous (online or other media)	Virtual class meetings, synchronous	Personalized learning tools (virtual or paper packets, as available)	Scheduled teacher appointments (virtual or in-person, as available)	Scheduled email check-ins (parent or student)	Virtual office hours (drop-in; parent or student)
--	-------------------------------------	--	---	---	---

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

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

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

**For IEP Team Information**

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



INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

(ITP, pg. 1 of 3)

Student Last: GHALILI, First: AVIGAYIL, MI: [ ]

Date of Birth: 24-JUL-2009

Meeting Date: 09-MAY-2024

INDIVIDUAL TRANSITION PLAN (ITP)

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

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). Includes assessment details for Avigayil.

Education/Training Postsecondary Goal

Upon completion of high school, the student will: [ ] Other - (textbox) Attend professional school of music and drama

Table with 3 columns: Education/Training Activity to Support Goal, Timeline, Person/Agency Responsible. Includes activity 'develop a personal career / education plan' with timeline '16-APR-2024' and responsible parties 'Student' and 'Parent/Guardian/Family'.

Student Last GHALILI

First AVIGAYIL

MI

Date of Birth 24-JUL-2009

Meeting Date 09-MAY-2024

Last

First

MI

Meeting Date

INDIVIDUAL TRANSITION PLAN (ITP)

Section 2: Employment

Assessment (at least one assessment must be completed in this area).	Date	Assessment Name and Results: Indicate interests/abilities and area(s) of need (if applicable)
Other - (textbox) If other? Interview with parent	16-APR-2024	Avigayil would like to have a career in the arts
Other - (textbox) If other?		

Employment Postsecondary Goal

Upon completion of high school, the student will:

If other?

attend professional school

Other - (textbox)

Employment Activity to Support Goal	Timeline	Person/Agency Responsible
develop a career plan and identify career goals If other?	16-APR-2024	Student Parent/Guardian/Family

Section 3: Independent Living (as needed)

Assessment (at least one assessment must be completed in this area).	Date	Assessment Name and Results: Indicate interests/abilities and area(s) of need (if applicable)
Other - (textbox) If other?		
Other - (textbox) If other?		

Independent Living Postsecondary Goal

Upon completion of high school, the student will:

If other?

Other - (textbox)

Independent Living Activity to Support Goal	Timeline	Person/Agency Responsible
Other - (textbox) If other?		

Student GHALILI  
Last

AVIGAYIL  
First

MI  
MI

Date of Birth 24-JUL-2009

Meeting Date 09-MAY-2024

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:

Avigayil is enrolled in an educational program that will enable her to graduate high school and attend the college or professional program of her choice.

Future Agency Involvement:

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

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

Agency Name:
Agency Name:
Agency Name:

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