

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Identification Number 200375X183 SSID 6898907654
 Student SHALMONI LEO S MI

Eligible (AUT)

Date of Birth: 26-MAY-2021

Section A: Meeting Information

| Pertinent Dates | Type of Meeting |
|---|--|
| Date of Initial IEP Team Meeting: 31-MAY-2024 | <input checked="" type="radio"/> Initial |
| Date of Present Meeting: 31-MAY-2024 | <input type="radio"/> Amendment of IEP dated |
| Annual Review to be conducted by: 31-MAY-2025 | <input type="radio"/> Annual Review |
| Next Three Year Review will be conducted by: 01-MAY-2026 | <input type="radio"/> Early Start Transition |
| Three Year Review or Evaluation was conducted on: 31-MAY-2024 | <input type="radio"/> Three Year Review |
| Transition to Kindergarten to be conducted by: 01-MAY-2026 | <input type="radio"/> Expulsion Analysis |
| | <input type="radio"/> Other |
| | <input type="radio"/> Individual Transition Plan |
| Location of Meeting: SP ED INF/PRE (1017) | District Name: Los Angeles Unified School Distri |

Section B: Student Information

| | | |
|--|---|----------------------------------|
| Date of Birth: 26-MAY-2021 | Age: 3 | Grade: -1 |
| Gender: <input checked="" type="radio"/> Male <input type="radio"/> Female | Ethnic Code: Decline to State | |
| Location of the Psych Folder: REGION NORTH | Student has no Psych Folder: <input type="checkbox"/> | |
| Location of the Cum Folder: | Student has no Cum Folder: <input checked="" type="checkbox"/> | |
| Home Language: | Student Language: | Alternate Mode of Communication: |
| Home Address of Student: 23839 SYLVAN ST | | |
| City: WOODLAND HILL CA | ZIP Code: 91367 | |
| Home Telephone: (747) 344-2067 | Daytime Telephone: | Emergency Telephone: |
| School of Attendance: Sp Ed Inf/Pre (1017) | Location Code: 1017 | |
| School of Residence: Lockhurst Dr Cel | Location Code: 4887 | |
| Name of Parent/Guardian: Jeffry and Revital | Telephone: (747) 344-2067 | |
| Address: 23839 SYLVAN ST | | |
| City: WOODLAND HILL CA | ZIP Code: 91367 | |
| Surrogate Parent: | Telephone: | |
| Attends CURRENT SCHOOL as a result of one of the following: Preschool Program | | |
| Is the student living in a Family Foster Home (FFH)? <input checked="" type="radio"/> No <input type="radio"/> Yes | FFH#: | |
| Is FFH Provider related to student? <input type="radio"/> No <input type="radio"/> Yes | Relationship: | |
| Licensed Children's Institution <input checked="" type="radio"/> No <input type="radio"/> Yes | LCI Name: | |
| | LCI#: | |
| Out of the home placement made by: <input type="radio"/> Regional Center <input type="radio"/> 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 | |

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Date of Birth **26-MAY-2021**

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

| Goal for: (example - Reading) | Achieved | | If No, explain the reason the goal/objective was not achieved |
|--------------------------------------|-----------------------|-----------------------|---|
| | Yes | No | |
| 1 <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"/> |
| 2 <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"/> |
| 3 <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"/> |
| 4 <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"/> |
| 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"/> |

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Section E: Present Level of Performance

Performance Area: Health

Category: Health

Assessment/Monitoring Process Used: Parent Interview; Audio & Vision

State/District Assessment Results:

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

Health Summary: Leo is a thirty four-month old student who was born full-term without significant prenatal, birth and newborn complications. Student was discharged home with parent with no medication or medical equipment. Developmental milestones as recalled by parent: he sat at 4-5 months, crawled at 7-8 months, walked at 16 months and first word at 30 months. Student is in process of toilet training. Student had an unremarkable physical examination on January 2024. Student has no known significant health issues and is not on any regular medications. There were no reported incidents of serious chronic illness, allergies, surgeries, and hospitalizations.

Strengths: Student is on a regular diet; able to self-feed eating finger foods, and drinks from a sippy cup. Student communicates his needs by grabbing desired object, pointing, pulling adult /parent, and using words. Student ambulates independently and is able to follow simple commands. Leo passed LAUSD audio screening and Spot vision screening on 4/11/2024.

Areas of Need: Student is in the process of toilet training and needs assistance with toileting and diapering.

Impact of Disability: Student's physical health does not impact involvement and progress in the educational program.

Accommodations/Modifications: Trained staff to assist student with toileting and diapering.

Fariba Akhiary, RN 4/11/2024

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):

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Section E: Present Level of Performance

Performance Area:

Cognitive Functioning

Category:

Cognitive Development

Assessment/Monitoring Process Used:

Formal and Informal Assessments, Review of Records, Interviews, and Observations

State/District Assessment Results:

N/A

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

Overall, Leo's current functioning in cognition/general ability is estimated to be in the Average range based on performance on the Mullen Scales of Early Learning (MSEL) and information gathered via observation and rater input on the Developmental Profile-4th Edition (DP-4).

Strengths: Cognitively, Leo exhibited strengths in problem-solving, imitation, and memory as addressed by the formal assessment and witnessed during the assessment observation. Throughout the assessment, he exhibited age appropriate ability in solving simple problems using a trial and error method, imitating and completing short-term concrete tasks initiated by the examiner, and acquiring, storing, and recalling visual and oral information. Moreover, Leo demonstrated the ability to sustain attention and shift focus from one activity to another. Overall, he performed within the average range on the Visual Reception, Fine Motor, Receptive Language, and Expressive Language scales.

Areas of need/challenge: Though his parents responses yielded a score within the below average range, is should be noted that this rating is inconsistent with Leo's performance during the assessment, in which he was observed to demonstrate skills not endorsed/reported on the DP4.

Educational Impact: A general ability/cognition impact was not identified at this time.

Performance Area:

Academic Readiness/School Performance

Category:

Cognitive Development

Assessment/Monitoring Process Used:

Formal and Informal Assessments, Review of Records, Interviews, and Observations

State/District Assessment Results:

N/A

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

Overall, Leo's current functioning in school readiness is developing as expected given the student's chronological age and school experience to date, based on performance on the Mullen Scales of Early Learning (MSEL) and information gathered via observation and interview on the Developmental Profile-4th Edition (DP-4).

Leo demonstrates strengths/relative strengths in general fund of information, pre-mathematics, pre-reading, and pre-writing.

Areas of need/challenge: None at this time.

Educational Impact: An academic performance/school readiness impact was not identified at this time. Leo's school readiness skills are developing as expected given his limited school experience.

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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):

Overall, Leo's motor abilities are found to be in the Average range.

Strengths: Per parent interview and assessment observation, gross motor skills and fine motor skills are age appropriate. Leo demonstrates strengths per alternative forms of assessment in the area of gross motor skills as he was observed to go from a sit to stand position, pick up objects from the floor, and ambulate around the testing/play area. Per ratings on the DP4, gross motor skills including the movement and coordination of the arms, legs, and other large body parts and movement are not an area of concern (e.g. running, walking, and jumping). Furthermore, fine motor skills including the movement and coordination of small body parts such as the wrists, hands, and fingers are not an area of concern (e.g. writing, drawing, and cutting). Leo performed within the average range on the Fine Motor scale of the MSEL.

Areas of Need: Though Leo's parent responses on the DP4 yielded a well below average score, it should be noted that this rating is inconsistent with Leo's performance during the assessment, in which he was observed to demonstrate skills not reported or endorsed on the DP4. During the evaluation and classroom/yard observation, he was observed to be able to manipulate small objects with his hands and maneuver around obstacles when walking in the classroom without any discernible difficulty.

Educational Impact: A motor impact was not identified at this time.

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):

Overall, based upon Leo's performance on the Mullen Scales of Early Learning (MSEL) and parent's responses on the Developmental Profile-4th Edition (DP-4), Leo's language skills are found to be in the Low Average range.

Leo evidences the following strengths: Receptively, Leo exhibits age appropriate skills in tasks that require the ability to discriminate, comprehend, and recall oral information. Additionally, receptive skills require the ability to interpret and grammatically understand what is being said. Tasks include comprehending action words, following two unrelated commands, and identifying colors. Expressively, he exhibits age appropriate skills in tasks that require the ability to comprehend and respond using developmentally appropriate sentence structures. Tasks include speaking in three to four word sentences, answering WH questions (e.g. 'what do you do when you're hungry'), and responding to verbal analogies (e.g. 'a man is big, a baby is small').

Leo evidences the following needs: Based on the BASC-3, as rated by parent, elevated levels of concerns were noted in the area of Functional Communication noting Leo has difficulty using language in a way others can easily understand. Furthermore, based on the ASRS, parent ratings, elevated levels were noted in the area of social/communication. In addition, both parent and teacher reports, repetitive speech where he repeats certain words or phrases out of context or repeats what others say. Leo was not observed to engage in a reciprocal conversation with the examiners.

Educational Impact: A communication impact was identified at this time.

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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):

Overall, Leo's social-emotional skills are found to be in the Below Average range.

Based on observations, informal interviews and the parent and teacher responses on formal rating scales, Leo evidences the following strengths: Leo is described as a happy and active child who enjoys going to the park, watching movies, and physical activity. He is capable of following instructions and can stay involved with a preferred activity for up to 10 minutes. Based on the DP4, as rated by parent, Leo can waive bye at the right times, usually likes to play with other children, shows that he knows what my means, and considered the preferences of others during shared play activities. Based on the BASC-3 as rated by teacher, average range responses were noted in the areas of Externalizing Problems, Internalizing Behaviors, and Adaptive Skills. Per teacher reports, Leo can stay involved in a preferred activity for up to 10 minutes, can transition with assistance, participates during circle time, and can play interactively with one other child.

Leo evidences the following needs/challenges: demonstrating consistent joint attention, answering questions, repetitive speech, transitioning, following directions, and overall socialization. Both parent and teacher note concerns with using appropriate verbal and non-verbal communication for social contact, has difficulty relating to children and adults, has difficulty providing appropriate emotional responses to people in social situations, uses language in an atypical manner, has difficulty tolerating changes in routine, and has problems with inattention and/or motor and impulse control. Based on the Autism Diagnostic Observation Schedule-Second Edition (ADOS-2), Leo's overall score on the Module 1 is consistent with an ADOS-2 Classification of autism spectrum.

Educational Impact: A social emotional impact was identified at this time.

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):

Overall, Leo self-help/adaptive behaviors are found to be in the Well Below Average range.

Based on observations, informal interviews and the parent's responses on formal rating scales, Leo evidences the following strengths: Leo can drink from a sippy cup or straw cup, look for and retrieve a toy that is at least 2 feet away, help with dressing, use a fork or spoon for self-feeding, and drink from a child sized cup with little spilling.

Leo evidences the following needs/challenges: Leo cannot take off his shoes or socks without help, undo at least two fasteners, undo or take off a zippered jacket, put on his shoes without help, and wipe his hands and face acceptably and dry them without help.

Educational Impact: A self-help/adaptive behavior impact was identified at this time.

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Section E: Present Level of Performance

Performance Area:
 Category:
 Assessment/Monitoring Process Used:
 State/District Assessment Results:

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

The following is a summary of occupational therapy findings:

Student's areas of strength:
 Leo demonstrates functional ability to perform all movements necessary for the classroom without assistance. He sits in a standard classroom chair without signs of fatigue independently. He can bend down to retrieve fallen items independently and demonstrates functional upper extremity range of motion to reach above his head to retrieve items. He demonstrates a neat pincer grasp to pick up coins and deposit them into a slot independently. He demonstrates good hand strength to pull apart legos independently, as well as to reconnect them. He demonstrates the ability to string beads with smooth bimanual control, and a three-jaw chuck grasp to stack six blocks. He has functional visual perceptual skills for the classroom setting based on his ability to scan the assessment room for desired items and match pictures, as well as good hand eye coordination skills to copy block designs independently. He demonstrated the ability to copy a vertical line, horizontal line, circle and circle within a circle independently. When presented with standard scissors, he demonstrated a functional grasp to make forward snips in paper, using his alternate hand to stabilize the paper as he snipped. He has functional tactile processing for the classroom setting, as Leo was noted to engage with a variety of tactile media including sand, sanitizer and soap without signs of aversion. He was noted to engage with a variety of school tools such as a crayon, scissors, string and beads, sand shovels etc. with appropriate tactile processing. He was not observed to overshoot or undershoot when reaching for desired items and was observed to appropriately grade his pressure when playing with toys or stacking blocks.

continued below

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):

When presented with zoomball in the assessment room, Leo independently sequenced the steps to the game, demonstrating smooth and coordinated movements. Per school observations, Leo has functional self-care skills to access an educational curriculum. He was noted to wash his hands with peers appropriately, use the restroom with age appropriate prompting, and eat a snack at the table independently in school observations. Moreover, Leo scored in the 'average' range on the Bayley Scales of Infant and Toddler Development- 4th edition fine motor subtest, consistent with his 'average' score on the Mullen Scales fine motor subtest administered by the LAUSD school psychologist.

Student's areas of need: Leo demonstrates foundational fine motor, visual motor and sensory processing skills to access an educational curriculum. Leo did not demonstrate any fine motor, visual motor, or sensory processing difficulties that would impact his social participation. He engaged with a variety of textures including sand with no signs of distress or aversion. While Leo was rated in the 'moderate difficulties' range for sensory total on the Sensory Processing Measure 2 School Form, Leo's abilities are within the scope of intervention of a preschool program as he demonstrated underlying motor skills with functional sensory processing to participate in a preschool setting. In general, a preschool setting can provide daily and consistent opportunities to learn to explore various classroom materials and participate in gross motor/fine motor multi-step tasks, sensorimotor experiences, as well as encourage social participation and meaningful engagement. The teacher and staff provide support as needed to follow and learn school routines and transition from one task to another.

Impact of Disability: None in relation to this performance area.

Talia Cohen, M.S. OTR/L
 LAUSD occupational therapist

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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):

Background/Summary of Services: Leo Shalmoni is a 2-year, 11-month-old child who was referred for a Language and Speech assessment. A psycho-educational assessment is also being conducted as part of this evaluation to determine if Leo is eligible for special education supports or services. Leo is a North Los Angeles County Regional Center client who receives Child Development Services, Occupational Therapy, Language and Speech services. Leo has been attending Woodland Hills Private since November of 2023.

Student Strengths: According to the Receptive Language subtest of the Mullen Scales of Early Learning, Leo identifies 6-7 body parts, comprehends questions, follows related commands, identifies pictures, demonstrates an understands of spatial concepts, comprehends action words, identifies object function, follows 2 unrelated commands, understands size concepts, and identifies colors. According to the Expressive Language subtest of the Mullen Scales of Early Learning, Leo names objects, labels pictures, uses pronouns, uses 3-4 word phrases, and answers questions. Leo speaks in 1-5 word phrases. He asks simple questions. He responds to yes/no questions and to logical questions. Leo's morphology includes the gerund form of verbs, present tense verb forms, articles, plurals, negation, and select possessive pronouns. His semantic repertoire consists of words the name objects/pictures, action words, words denoting possession, words denoting recurrence, words denoting quantity, and words to describe. Leo's social use of language includes directing one's attention to something, trying to get one's attention, talking about what he's doing, naming an object, protesting or resisting, asking a question, and using language in play.

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 Need: Leo's articulation was assessed using the Goldman-Fristoe Test of Articulation-3rd (GFTOA-3). The GFTOA-3 is a systematic means of assessing an individual's articulation of the consonant and consonant cluster sounds of Standard American English. It provides information about an individual's speech sound ability by sampling both spontaneous and imitative sound production in single words and connected speech. The GFTOA-3 is not normed on Hebrew-speaking individuals. Therefore, this test was administered solely to obtain qualitative information regarding Leo's articulation functioning and challenges. Leo presents with a phonemic repertoire that consists of p,b,t,d,k,g,m,n,w,h,y,f,v,s,sh,z. He possesses a complete vocalic repertoire. He produces the sounds in his phonemic and vocalic repertoires in multiple consonant-vowel combinations with impacted speech intelligibility. Leo exhibits use of phonological processes that include cluster reduction (pidah/spider; pate/plate; side/slide; sing/swing; gasses/glasses; fog/frog; piness/princess; tah/star), liquid gliding (yion/lion; byue/blue; yeaf/leaf), vowelization (hammah/hammer; guitah/guitar; appo/apple), and voicing (digh/tiger; buzzo/puzzle). Leo presents with significant speech sound errors. The frequency of the errors in sentences and spontaneous speech without context significantly impacts Leo's overall speech intelligibility and may impact his access the preschool curriculum in the area of oral language. Articulation/phonology is a suspected area of concern at this time.

Educational Impact: Leo's eligibility of Autism is accompanied by an articulation disorder that affects his ability to communicate which impacts his involvement and progress in the general education curriculum.

Younna Haddad, M.S., CCC-SLP

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Section F: Eligibility

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

health, general ability, academic function, motor ability, language and speech, social/emotional, self-help adaptive

For Initial IEP, interventions attempted prior to determining eligibility:

Regional Center: Child Development, Speech Therapy, Occupational Therapy

Eligible as a student with the disability of:

Code: AUT Autism
Not Applicable, Blind or Partially Sighted

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

Code: Not Applicable, Blind or Partially Sighted

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

or

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

No Longer Eligible (Effective Date):

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

Final IEP Reason: Final IEP Effective Date:

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

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

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Section G: Annual Goals and Objectives

Performance Area: **Social Emotional Dev** Category: **Social Emotional Develk** Annual Goal #: **1**

With minimal (1-2) prompts or reminders, Leo will respond to peers and engage in reciprocal interactions (i.e. rolling a ball back-and-forth with a peer, turn-taking with a toy, etc) with decreased aggressive behavior (i.e. pushing, hitting, throwing/pulling toys) for 5 minutes on 5 occasions during the school week as measured by teacher observation.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

With maximum (5-6) prompts and redirection, Leo will respond to peers and engage in reciprocal interactions (i.e. rolling a ball back-and-forth with a peer, turn-taking with a toy, etc) with decreased aggressive behavior (i.e. pushing, hitting, throwing/pulling toys) for 1 minute on 5 occasions during the school week as measured by teacher observation.

Incremental objective #2 related to the goal:

With moderate (3-4) prompts and redirection, Leo will respond to peers and engage in reciprocal interactions (i.e. rolling a ball back-and-forth with a peer, turn-taking with a toy, etc) with decreased aggressive behavior (i.e. pushing, hitting, throwing/pulling toys) for 3 minutes on 5 occasions during the school week as measured by teacher observation.

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

Date to be achieved: **January** **2025** 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 **SHALMONI** **LEO** **S**
 Last First MI

Date of Birth **26-MAY-2021**

Meeting Date **31-MAY-2024**

Section G: Annual Goals and Objectives

Performance Area: **Safety** Category: **Social Emotional Develk** Annual Goal #: **2**

Leo will respond to the safety directives of 'stop', 'come here', 'wait' and respond to his name with 85% accuracy during the school day with minimal (1-2) redirections or 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:

Leo will respond to the safety directives of 'stop', 'come here', 'wait' and respond to his name with 65% accuracy during the school day with maximum (5-6) redirections or models.

Incremental objective #2 related to the goal:

Leo will respond to the safety directives of 'stop', 'come here', 'wait' and respond to his name with 75% accuracy during the school day with moderate (3-4) redirections or prompts

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

Date to be achieved: **January** **2025** 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"/> |

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student **SHALMONI** **LEO** **S**
 Last First MI

Date of Birth **26-MAY-2021**

Meeting Date **31-MAY-2024**

Section G: Annual Goals and Objectives

Performance Area: **Language Develop** Category: **Language Development** Annual Goal #: **3**

With minimal (1-2) prompts or reminders, Leo will follow classroom routines by transitioning to and from preferred and non-preferred activities in 4 out of 5 opportunities as measured by teacher observation.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

With maximum (5-6) models and redirection, Leo will follow classroom routines by transitioning to and from preferred and non-preferred activities in 4 out of 5 opportunities as measured by teacher observation.

Incremental objective #2 related to the goal:

With moderate (3-4) prompts and redirection, Leo will follow classroom routines by transitioning to and from preferred and non-preferred activities in 4 out of 5 opportunities as measured by teacher observation.

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

Date to be achieved: **January** **2025** 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"/> |

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student **SHALMONI** **LEO** **S**
 Last First MI

Date of Birth **26-MAY-2021**

Meeting Date **31-MAY-2024**

Section G: Annual Goals and Objectives

Performance Area: **Artic/Phonology** Category: **Articulation/Phonologic** Annual Goal #: **4**

Leo will suppress the phonological pattern of cluster reduction by producing /s/ blends in 80% of opportunities given minimal (1-2) verbal/visual cues in 4 out of 5 sessions.

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:

Leo will suppress the phonological pattern of cluster reduction by producing /s/ blends in 80% of opportunities given maximum (5+) verbal/visual cues in 4 out of 5 sessions.

Incremental objective #2 related to the goal:

Leo will suppress the phonological pattern of cluster reduction by producing /s/ blends in 80% of opportunities given moderate (3-4) verbal/visual cues in 4 out of 5 sessions.

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

Date to be achieved: **February** **2025** 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 SHALMONI LEO S Last First MI

Date of Birth 26-MAY-2021

Meeting Date 31-MAY-2024

Section G: Annual Goals and Objectives

Performance Area: Language Development Category: Language Development Annual Goal #: 4

Leo will follow two-step directions when combined with gestures or visual cues, on 3 opportunities, during a school day.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

Leo will independently follow 1-step directions, on 3 opportunities, during a school day.

Incremental objective #2 related to the goal:

Leo will follow two-step directions when given adult guidance, on 3 opportunities, during a school day.

Date to be achieved: September 2024 MO/YR

Date to be achieved: January 2025 MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

Table with 5 columns: Ist Reporting Period, 2nd Reporting Period, 3rd Reporting Period, 4th Reporting Period (Secondary Only), Goal Achievement. Includes progress marks, goal achievement questions, and reasons for 'No' progress.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student SHALMONI

LEO

S

Date of Birth 26-MAY-2021

Meeting Date 31-MAY-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.

District Assessments

How will the student participate in District Assessments?

Full Participation

Partial Exemption from specific assessment(s). Indicate the exempt assessment **and** an appropriate replacement assessment below:

Exempt Assessment

Replacement Assessment

Dropdown menu for Exempt Assessment

Text input field for Replacement Assessment

Accommodations:

Large text input area for accommodations

DRDP-A - (Adaptations identified below are applicable)

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student SHALMONI LEO S Last First MI

Date of Birth 26-MAY-2021

Meeting Date 31-MAY-2024

Section N: Procedural Safeguards and Follow-up Actions

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

Is the parent/guardian requesting computer generated translation?* Yes No

Select Preferred Language: [dropdown]

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

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

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

Special Requests: [text box]

For students who are 17 years old, the student and parent(s)/guardian(s) have been informed that the educational decision-making rights will transfer to the student at 18 years of age, unless the court has determined otherwise.

Pandemic Learning Loss Consideration of Compensatory and/or Recoupment Services

Compensatory Education Consideration:

- Options for compensatory education: The IEP team has reviewed... Student received all... Student did not receive all... Student did not receive all... Compensatory education consideration was documented on IEP dated [dropdown]

Recoupment Services Consideration:

- Options for recoupment services: The IEP team has reviewed... Student has made expected progress... Student experienced learning loss... 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.

Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student SHALMONI LEO S Last First MI

Date of Birth 26-MAY-2021

Meeting Date 31-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

Table with 3 columns: Method, Whom, When. Rows include Other, Phone, ECSE, ECSE with dates 03-MAY-2024 and 09-MAY-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 Requires placement in a small setting ina cummunity based preschool with typical peers
Services Specify More speech, PKIT, ESY

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

Leo is currently at a typical preschool - Woodland Hills Private preschool. he learns from his typical peers and is progressing well there. He needs the small environment. Please accept this as our notice of continuing to place him there over the remainder of this school year, summer school, and the next school year. We will be filing for Formal Due process to seek reimbursement for it.

Signature(s)

Signature(s)

Date 10-JUN-2024

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

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

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

Signature(s)

Signature(s)

Date 31-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 tómesese 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="Jeffry Shalmoni via 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"/> | <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="Inez Rivera"/> | <input type="text" value="Inez Rivera"/> |
| Special Education Teacher | <input type="text" value="Terri Diamond"/> | <input type="text" value="Terri Diamond"/> |
| General Education Teacher | <input type="text" value="Wendy Cruz"/> | <input type="text" value="Wendy Cruz"/> |
| School Psychologist | <input type="text" value="Rebecca Bismejian - School Psycholog"/> | <input type="text" value="Rebecca Aroch Bismejian"/> |
| School Nurse | <input type="text"/> | <input type="text"/> |
| Related Service Staff <input type="text" value="OT"/> | <input type="text" value="Talia Cohen"/> | <input type="text" value="Talia Cohen"/> |
| Related Service Staff <input type="text" value="LAS"/> | <input type="text" value="Youmna Haddad"/> | <input type="text" value="Youmna Haddad"/> |
| Related Service Staff <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Interpreter | <input type="text" value="Irit Drori via Zoom"/> | <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
 Last First MI

Date of Birth

Meeting
 Date

LEAST RESTRICTIVE ENVIRONMENT ANALYSIS

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

Student's Current Placement Type:

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

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

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

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

| | | |
|----------------|--|--|
| 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? | |
| | <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. |
| | | |

Student SHALMONI

LEO

S

Date of Birth 26-MAY-2021

Meeting

31-MAY-2024

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 SHALMONI

Last

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Date of Birth 26-MAY-2021

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Date

31-MAY-2024

ANNUAL LEAST RESTRICTIVE ENVIRONMENT ANALYSIS (Continued)

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

| | | |
|----------------|--|---|
| Step F. | The student's needs as reflected in the contents of this IEP, and the placement being considered by the IEP team, outweigh any potential harmful effects at this time, including (check all that apply): | |
| | <input type="checkbox"/> | Diminished access to the full range of the curriculum |
| | <input type="checkbox"/> | Missed general education instruction taught by highly qualified staff |
| | <input type="checkbox"/> | Rate at which student may earn credits for graduation |
| | <input type="checkbox"/> | Lack of opportunity for social interaction |
| | <input type="checkbox"/> | Lack of opportunities for age-appropriate peer role models |
| | <input type="checkbox"/> | Amount of socialization opportunities with typical peers |
| | <input type="checkbox"/> | Limited access to peers in student's home community |
| | <input type="checkbox"/> | Lack of exposure to appropriate behavioral models from peers |
| | <input 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="11-JUN-2024"/> | <input type="text" value="12-AUG-2024"/> |
| Eligibility: (from Page 4) | Eligible (AUT) | |
| | <i>Final IEP Reason</i> <i>Final IEP Effective Date:</i> | |
| Curriculum | <input type="text" value="General Education"/> | <input type="text" value="General Education"/> |
| Placement | Type of School <input type="text" value="District Resident School"/> | <input type="text" value="District Non-Resident School"/> |
| | Name of School <input type="text" value="LOCKHURST DR CEL"/> | <input type="text" value="HART ST EL"/> |
| Instructional Setting | Setting <input type="text" value="Special Education"/> | <input type="text" value="General Education"/> |
| | Program <input type="text" value="PAL"/> | <input type="text" value="PCC"/> |
| | Special Day Minutes/Wk <input type="text" value="1350"/> | <input type="text"/> |
| | Addresses Goals | <input type="text" value="2(Safety),3(Language Develop),4(Artic/Phonology),1(Social Emotional Dev),4(Language Development)"/> |
| Additional Factors | Low Incident Support <input type="text" value="None"/> | <input type="text" value="None"/> |
| | Assistive Technology Support <input type="text" value="No"/> | <input type="text" value="No"/> |
| | Transportation <input type="text" value="None"/> | <input type="text" value="Home to School"/> |
| | Extended School Year/Intersession <input 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"/> | |
| Accommodation, Modifications, Supports | Instructional Accommodations | <input type="text" value="Instructional Accommodation will include daily structured language activities facilitated by an adult to engage in question, answer and conversations. Additional support may include modeling of language, small group instruction, repetition/rephrasing, vocabulary development, short verbal direction, visual/verbal cues, preview and review of new information to assist in comprehension, and additional time to respond."/> |
| | Instructional Modifications | <input type="text"/> |
| | Other Supports, including Non-Academic and Extra-curricular Activities | <input type="text"/> |
| Preparation for Three Year Review IEP (At the second Annual Review IEP Meeting, the team must discuss and document the decision to conduct or not conduct a three-year comprehensive reassessment.) | Do the Parent and the District (local educational agency) agree that a reassessment is unnecessary? <input checked="" type="radio"/> Yes <input type="radio"/> No | |
| | If the Parent does not agree, specify the area(s) to be reassessed. | <input type="text"/> |
| Comments, as appropriate | | |
| Low Incidence Equipment | <input type="text"/> | |

| | |
|---|---|
| Assistive Technology Equipment | |
| Participation in General Education | School wide assemblies, activities and outdoor play as appropriate. |

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student
 Last First MI

Date of Birth Meeting Date

| | | Effective With This IEP | Future Changes Related To This IEP |
|---|---|--|------------------------------------|
| Service 1 | Start Date: | Effective on Signature Date 11-JUN-2024 | |
| 10 | End Date: | | |
| Language/Speech | Service applies to: | Regular | |
| | Frequency: | 10-40 | |
| This service addresses the following goals: | Interval: | Yearly | |
| <input type="text" value="4(Artic/Phonology)"/> | Minutes/Interval: | 900 | |
| | Minutes/Interval (Pullout from Gen Ed): | 900 | |
| | Service Delivery Model: | Direct Service (By a Single Provider)* | |
| | Area: | School-Based | |
| | Responsible Personnel: | Licensed/Credentialed 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="86"/> | |

Part 4 - Compensatory Education/Recoupment Services Discussion
 Not applicable- initial preschool IEP

Part 4 - Additional IEP Team Considerations & Parental Input

For the remainder of the 2023 - 2024 school year, the IEP team recommends a Preschool for All Learners classroom (PAL). The Preschool for All Learners is an educationally based specialized program that operates 4 hours and 30 minutes, 5 days a week. The preschool curriculum is delivered through evidence-based practices.

Leo's goals, included in the IEP, will be supported by a multidisciplinary on-site team comprised of an early childhood special education teacher, district special education assistants, and a speech-language pathologist. The Speech Language Pathologist will provide 2 hours of support in the classroom each week.

For the 2024 - 2025 school year the IEP team recommends the Preschool Collaborative (PCC) and California State Preschool Program (CSPP) class. The Preschool Collaborative (PCC) and California State Preschool Program (CSPP) class is an educationally based inclusive program that operates for 6 hours a day, 5 days a week. The preschool curriculum is delivered through evidence based practices.

Leo's goals, included in the IEP, will be supported by a collaborative team comprised of an early childhood special education teacher, special education assistant, and general education staff. If any additional related services are needed to access the program they are noted above.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student
 Last First MI

Date of Birth Meeting Date

FAPE Summary Grid

| Program: | PAL | Setting: | Special Education | | | | | | |
|-------------------------------|-----------------|------------------------------|--------------------|----------|-----------|--------------|---------------|-------------------|------------|
| Eligibility: | Eligible (AUT) | Curriculum: | General Education | | | | | | |
| Transportation: | None | Low Incident Support: | None | | | | | | |
| Date District Received | 11-Jun-2024 | | | | | | | | |
| Parent Signature: | | | | | | | | | |
| Service Code | Service Desc | Start Date | Service Applies To | Interval | Frequency | Area | Total Minutes | Addresses Goal(s) | No Consent |
| 10 | Language/Speech | Effective on Signature Date | Regular | Yearly | 10-40 | School-Based | 900 | Artic/Phonology | -- |

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"/> |
| 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
LANGUAGE AND SPEECH SERVICES CERTIFICATION (LAS CERTIFICATION)**

Los Angeles Unified School District

Attachment B

Student: LEO S. SHALMONI

Date of Birth: 26-MAY-2021

Meeting Date: 31-MAY-2024

This page is to be completed for students with Special Education eligibility other than SLI when determining the need for LAS services to support the provision of FAPE.

Complete Step 1a or 1b

Step 1a. General Education Interventions - Check items as completed

- Intervention strategies implemented, including English Language Instruction or RtI2 prevention support (including but not limited to school staff development regarding language standards in the curriculum and referral for Special Education, consultation between the classroom teacher and school speech therapist for appropriate classroom accommodations, consultation with the SSPT that includes an EL expert if student is identified as an English Learner).
- Intervention support monitored over several weeks, and modified interventions as necessary based on student response.
- Interventions were not successful, student referred for special education assessment .
- Screening by a speech therapist or a Student Success Team meeting (including a speech therapist) with the focus being speech and language concerns OR an approved screening instrument for non-LAUSD enrolled preschoolers.

Step 1b. Interventions Not Applicable

- Interventions not applicable for non-LAUSD enrolled preschoolers or when determined unnecessary by the speech therapist.

Step 2. Review of Pre-referral Information - Check items as applicable

- The speech or language delay does not appear to be due to unfamiliarity with English.
- The delay does not appear to be due to a lack of instruction in English, dialectical factors or limited language experience.
- The delay does not appear to be due to environmental factors.
- The delay does not appear to be due to economic factors.
- The delay does not appear to be due to social or cultural factors.

Step 3. Assessment - Check either A or B, and complete the remaining items

- A.** Student has received an assessment by a school psychologist that gives an indication of where the student's general ability lies. (if a language impairment is suspected)

OR

- B.** A Psychological Assessment is not required if the suspected area of disability is voice, fluency or articulation.
- Student has received a health assessment that rules out whether an inability to communicate effectively is a result of a health or sensory condition.
- A credentialed or licensed speech therapist has conducted a comprehensive evaluation, including assessment in the student's primary language, that consists of multiple measures of assessment, including but not limited to standardized test instruments (or alternate forms of assessment if necessary), formal speech/language sample, parent interview or checklist, teacher interview or checklist, and observation in various communication settings.

Step 4. Determination of the Need for LAS Service (for students with Special Education eligibility *other than SLI*):

- The IEP team has determined that speech and language related services and support are necessary for the student to benefit from Special Education. Speech and Language Services are necessary due to the results of a formal assessment, which indicates that the student demonstrates difficulty understanding or using spoken language to such an extent that it adversely affects his/her educational performance and cannot be corrected without speech and language related services.
- The presenting need for LAS service is not due to: social maladjustment, health factors, poor school attendance, environmental, economic, or social disadvantage, or lack of instruction or the unfamiliarity with the English language.

If the above is so, identify the area(s) of difficulty:

- Language disorder
- Articulation disorder
- Fluency disorder
- Voice disorder

If the student is eligible, the IEP Team must consider service delivery models based on the student's identified needs and appropriate placement in the least restrictive environment. The IEP team should also include teacher and parent participation in the implementation of goals and supports and accommodations to ensure achievement of goals and objectives in a time-efficient manner and carry-over to multiple communication contexts.