

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Identification Number 200305X322

SSID 1287681750

Eligible (AUT)

Student TZEMACH Last

AVIV First

S MI

Date of Birth: 18-JAN-2020

Section A: Meeting Information

Pertinent Dates

Type of Meeting

Date of Initial IEP Team Meeting 13-DEC-2022
Date of Present Meeting 23-JUL-2024
Annual Review to be conducted by 12-APR-2025
Next Three Year Review will be conducted by 12-DEC-2025
Three Year Review or Evaluation was conducted on 13-DEC-2022
Transition to Kindergarten to be conducted by

Initial
Amendment of IEP dated 12-APR-2024
Annual Review
Three Year Review
Other
Early Start Transition
Expulsion Analysis
Individual Transition Plan

Location of Meeting SUNNY BRAE AVE EL

District Name Los Angeles Unified School Distri

Section B: Student Information

Date of Birth 18-JAN-2020 Age 4 Grade 18
Gender Male Female Ethnic Code White
Location of the Psych Folder REGION NORTH Student has no Psych Folder
Location of the Cum Folder SUNNY BRAE AVE EL Student has no Cum Folder
Home Language Hebrew Student Language Hebrew Alternate Mode of Communication
Home Address of Student 8109 SUNNYBRAE AVE
City WINNETKA CA ZIP Code 91306
Home Telephone (310) 596-0470 Daytime Telephone Emergency Telephone
School of Attendance Sunny Brae Ave El Location Code 6986
School of Residence Location Code
Name of Parent/Guardian Telephone
Address
City CA ZIP Code
Surrogate Parent Telephone

Attends CURRENT SCHOOL as a result of one of the following Attends School of Residence

Is the student living in a Family Foster Home (FFH)? No Yes FFH#
Is FFH Provider related to student? No Yes Relationship
Licensed Children's Institution No Yes LCI Name LCI#
Out of the home placement made by Regional Center Department of Mental Health Department of Children's Services Superior Court Other
Child's family living within LAUSD's boundaries? No Yes
If the student is 18 years old or older or is an emancipated minor, does he/she have educational decision-making rights? No Yes

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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" value="Locomotor Skills"/>	<input type="radio"/>	<input checked="" type="radio"/>	Not due yet
Category <input type="text" value="Locomotor Skills"/>			
Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
2 <input type="text" value="Functional Mobility"/>	<input type="radio"/>	<input checked="" type="radio"/>	not yet due. Requires cues and rail support
Category <input type="text" value="Functional Mobility"/>			
Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
3 <input type="text" value="Literacy"/>	<input type="radio"/>	<input checked="" type="radio"/>	not yet expected - created 12/2023
Category <input type="text" value="Literacy Development"/>			
Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	not yet expected - created 12/2023
4 <input type="text" value="Social Emotional"/>	<input type="radio"/>	<input checked="" type="radio"/>	not yet expected - created 12/2023
Category <input type="text" value="Social Emotional"/>			
Objective 1 met	<input type="radio"/>	<input checked="" type="radio"/>	not yet at 60% of opportunities
Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	not yet expected - created 12/2023
5 <input type="text" value="fine motor"/>	<input checked="" type="radio"/>	<input type="radio"/>	
Category <input type="text" value="Fine Motor"/>			
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"/>
6 <input type="text" value="Pretend Play"/>	<input type="radio"/>	<input checked="" type="radio"/>	not yet expected - created 12/2023
Category <input type="text" value="Cognitive Development"/>			
Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	not yet expected - created 12/2023
7 <input type="text" value="Math"/>	<input type="radio"/>	<input checked="" type="radio"/>	not yet expected - created 12/2023
Category <input type="text" value="Math"/>			
Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	not yet expected - created 12/2023
8 <input type="text" value="Language"/>	<input type="radio"/>	<input type="radio"/>	
Category <input type="text" value="Language - Expressive"/>			
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: CTAR- Health Questionnaire for School Enrollment; Record Review

State/District Assessment Results:

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

HEALTH SUMMARY: Aviv is a 4-year-old student. Student has a history of autism spectrum disorder. Per parent, has a history of ear infections and has a history of constipation. Aviv does not take any medications and does not need medical treatments during the school day. Student does not have known allergies to food or medication and in the last 2-3 years, required surgery for inguinal hernia repair.

STRENGTH: Per record review, on 12/21/2022 student passed the vision and hearing screening. Student does not have a vision problem, does not require eyeglasses, and does not have a diagnosed hearing problem. Per record review, Aviv eats a regular diet with limited food choices, self-feeds using utensils, and drinks from an open cup. Student communicates by using words, pointing at the desired object, pulling parent/adult, and gestures. Aviv walks independently.

AREAS OF NEED: Per record review, student is not toilet trained. Parent reported that during feeding, Aviv food pockets and overstuff mouth with food. Parent reported that student needs handheld assist when navigating stairs.

IMPACT OF DISABILITY: Health does not impact student's participation, performance, and access to the educational program.

ACCOMMODATIONS/MODIFICATIONS: Trained staff to assist student with toileting needs, and navigating stairs. Trained staff to supervise during meals, remind not to overstuff mouth and swallow food properly.

By:  
 Jeannette Castro, RN, BSN, PHN  
 Credentialed School Nurse  
 Early Childhood Special Education  
 02/12/2024

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: Social Emotional

Category: Social Emotional

Assessment/Monitoring Process Used: observation; teacher report; parent report; ASQ3

State/District Assessment Results: DRDP

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

Strengths: Aviv comforts herself by seeking out a familiar adult or a special object, relying on communication or guidance from an adult to assist her in regulating her emotions. With minimal adult support, she is able to shared preferred items with peers. Aviv participates in episodes of cooperative play with a small group of peers, particularly preferred/familiar peers. With adults, Aviv engages in extended interactions in a variety of situations, seeking out interactions with adults. Overall, Aviv's teachers in her preschool class report that Aviv interacts well with peers and adults. Per parent report on the ASQ 3, Aviv knows her first and last name and age and identify the names of two or more friends.

Needs: Aviv is not yet able to comfort herself in a variety of ways, based on the situation. Per teacher report, Aviv has been experiencing more difficulty following classroom rules and routines since returning from winter break. Additionally, per teacher report, she is engaging in more crying and whining.

Impact: Delays in social emotional development impact Aviv's access to the general education curriculum.

Performance Area: Language - Classroom

Category: Language

Assessment/Monitoring Process Used: observation; teacher report; parent report; ASQ3

State/District Assessment Results: DRDP

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

Strengths: Aviv shows understanding of a wide variety of phrases or sentences. She is able to follow familiar one and two step directions. Aviv uses short phrases or sentences to communicate her wants and needs and engages in back and forth communication with adults and peers. Per parent report, based on the ASQ3, Aviv is able to identify two aspects of a common object.

Needs: Aviv can be difficult to understand and is not yet using short sentences that contain a variety of word forms (e.g. nouns, adjectives, verbs). Per parent report, based on the ASQ3, Aviv does not consistently use complete sentences to communicate, including words such as articles and conjunctions.

Impact: Delays in language development impact Aviv's access to the general education curriculum

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Section E: Present Level of Performance

Performance Area:

Category:

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

Strengths: Aviv adjusts, with adult guidance, aspects of movement (e.g. effort, directional, spatial) in relation to people and objects. She coordinates movement, in an upright position, that momentarily move the body off of the ground. Aviv is able to manipulate objects with one hand while stabilizing the objects with the other hand or with another body part, with minimal assistance. She is able to use scissors to cut along a vertical line. Per parent report on the ASQ 3, Aviv is able to catch a large ball with both hands and climb the rungs of a ladder of a playground slide and slide down without help. Per parent report on the ASQ 3, Aviv is able to copy a cross, vertical line, and circle.

Needs: Aviv has difficulty standing on one foot. When focused she can stand on one foot for 1-2 seconds. Aviv is not yet able to walk up and down stairs without the use of a rail.

Impact: Delays in gross motor development impact Aviv's access to the general education curriculum.

Performance Area:

Category:

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

Strengths: Aviv acts on objects to cause a specific result. She is able to maintain her attention, mostly independently, during classroom activities. Aviv imitates multiple steps of others actions and repeats phrases experienced at an earlier time. She continues self-selected activities, on her own, seeking out an adult to work through challenges.

Needs: Aviv is not initiating multi-step pretend play sequences. Per parent report on the ASQ 3, while Aviv will wear dress up clothes, she does not yet 'play-act' or pretend to be someone or something else.

Impact: Delays in cognitive development impact Aviv's access to the general education curriculum.

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Section E: Present Level of Performance

Performance Area: Literacy

Category: Literacy Development

Assessment/Monitoring Process Used: observation; teacher report; parent report; ASQ3

State/District Assessment Results: DRDP

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

Strengths: Aviv engages with print materials while being read to by an adult. She is able to identify several letters by name. Aviv makes scribble marks or simple drawings that represent people, things, or events.
Needs: Aviv is not yet able to answer simple Wh- questions that relate to a story.
Impact: Delays in literacy development, impact Aviv's access to the general education curriculum.

Performance Area: Math

Category: Math

Assessment/Monitoring Process Used: observation; teacher report; parent report; ASQ3

State/District Assessment Results: DRDP

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

Strengths: Aviv is able to sort objects into two groups, based on one attribute, mostly accurately. She is able to identify quantities up to 3 without counting. Aviv demonstrates understanding that adding objects to a group makes more and taking away objects makes less. She identifies several shapes in her environment. Per parent report on the ASQ3, Aviv is able to identify size differences of objects, such as identifying which circle is the smallest in an array of three.
Needs: Aviv is not yet able to independently count a group of at least 5 objects using one to one correspondence.
Impact: Delays in pre-math skills impact Aviv's access to the general education curriculum.

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Section E: Present Level of Performance

Performance Area: fine motor

Category: Fine Motor

Assessment/Monitoring Process Used: SPM 2 Preschool Form, informal, observations, interviews, review of records

State/District Assessment Results: n/a

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

This is a summary of an Occupational Therapy assessment: Areas of Strengths: Aviv presents with functional range of motion and strength to participate in classroom tasks and to play in the yard. She can transition motor positions without the need for physical support. Aviv exhibits functional visual processing skills to locate materials in her environment and to navigate her classroom/ yard. She can name colors, basic shapes and common concepts (animals, food). Aviv can match pictures and sort objects based from feature (colors, shape). Aviv presents with right hand preference when reaching for materials and when using classroom tools (marker, scissors). She exhibits functional bilateral coordination skills to carry materials, pull apart clay or rubber snapper, uncap marker, string blocks and to cut paper. She can use different gross and fine prehension patterns to grasp and use different materials and toys. Aviv exhibits dexterity patterns such as shifting of finger, simple rotation, and translation with stabilization. Aviv can draw pre- writing patterns. She can complete cut out wooden puzzles. Aviv uses classroom tools and plays with toys appropriately. She can follow 2-3 step directions and engages in novel tasks given modeling/ demonstrations. SPM 2 pre-school form Sensory Total fell under the Typical range. Aviv does not exhibit significant sensory processing difficulties that might impact her access to preschool curriculum. Teacher does not have any concerns on Aviv's motor skills

Performance Area: Fine Motor continued

Category: Fine Motor

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: SPM 2 pre- school scores in the areas of Planning and Ideas and Social Participation fell under the Moderate Difficulties range. Aviv will benefit from small group activities to practice turn taking, use of visual models, visual cues, modeling/ demonstrations, and use of behavioral strategies such as positive reinforcements to address positive behavior. These strategies can be implemented on a regular basis in the classroom by the teacher. Based from the assessment, Aviv presents with foundational motor skills to access her preschool curriculum. Impact of disability on academic and overall performance: Aviv's disability does not impact their involvement and progress in the gen ed curriculum for this performance area Joanne Gilgenbach OTR/L LAUSD Occupational Therapist

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Section E: Present Level of Performance

Performance Area: Perceptual Motor

Category: Perceptual Motor

Assessment/Monitoring Process Used: Birgance and Pre School Assessment Scale

State/District Assessment Results:

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

Strengths: Aviv can stand on one foot momentarily. She can stand on tiptoes for 1 to 5 seconds. She demonstrates difficulty standing on one foot for 1 second. Aviv can kick a playground ball with a backward and forward leg swing. She can catch a bounced tennis ball with both hands. She throws a ball from a position in back of her head with horizontal rotation of the body with feet stationary. She can trap/catch a tossed playground ball from 5 feet. Aviv can walk on her tiptoes for 1-2 feet. She can run with sharp turns. She can jump forward on 2 feet 10 times. She attempts to hop on one foot. She walks alone down stairs with 2 feet on each step. She can walk backwards 6 feet. Aviv demonstrates adequate physical fitness during classroom sessions.

Needs: Aviv's most significant need is Perceptual Motor, Balance.

Impact of student's disability on academic and overall performance: Student's disability of Autism and related need for intervention affects their overall perceptual motor skills which impacts her involvement and progress in the general physical education curriculum.

Tim Werner  
Adapted PE Teacher

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:

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 the physical therapy assessment:  
 Timed up and Go: Aviv's average score was 6.32 seconds. The value for typically developing 3-5-year-old children is 6.7 seconds +/- 1.2. Aviv walks at a similar pace for classroom transitions as typically developing peers. Aviv was observed at Ilan Ramon Day school to independently transition from sit to stand and walk short distances within the classroom at the same pace as her peers.  
 30 Second Walk Test (30sWT): The average distance completed in 30 seconds by 5 year olds was 135.7(+/-11.7= 124- 147.4 ). Aviv was able to walk 129 feet. This test is standardized for 5 year olds. Baseline data is collected for future reference. Aviv walked at her own pace and direction. Ambulation is functional and speed is functional within the school environment. She can keep up pace with her peers when transitioning across campus.  
 Pediatric Balance Scale: The average score for children 4.0-4.5 years old is 49.5 with a standard deviation of +/- 5.76 (43.74-55.26). Aviv's score of 45 places her in the lower average range for balance as compared to typically developing children her age. Aviv presents with decreased single limb balance on the left more than right and decreased attention during balance activities. Aviv demonstrates functional balance to access her school environment. She was observed at Ilan Ramon Day school to keep up with peers when walking up and down steps to the classroom holding the rail. She ascends steps with a step to pattern leading with her right leg and descends leading with the left leg holding a rail. When given cues she alternates her feet up and down stairs holding the rail.  
 Student's areas of strength: Aviv demonstrates good sitting balance on the floor and in a typical classroom chair. She sits with functional posture to participate in table- top activities. Aviv transitions between positions independently while on the floor. She transitions up and down from the floor independently. Aviv transitions in and out of chairs independently.

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):

Aviv transitions in and out of chairs independently. She walks and moves throughout the classroom independently, transitioning between areas and safely navigating obstacles. Aviv walks across a variety of terrain at school including black top, carpets, thresholds, sand and playground matting. On the playground apparatus at Sunny Brae, Aviv walks up the steps holding one rail with a step to pattern or with a reciprocal pattern when given cues. On campus at Ilan Ramon Day school, she was observed to keep up with peers in line walking up and down steps with rail support. On the playground at Sunny Brae, Aviv climbs the arch ladder and rock wall with supervision and independently slides down the slide. She was observed at Ilan Ramon to climb the first rung of the dome structure and hang for 6 seconds then drop to her feet and maintain her balance. Aviv's teacher reported she can access the playground structure with the steps and slide independently. She can pedal a tricycle independently. Aviv walks and runs on the black top and in the sand.  
 Student's areas of need: Aviv demonstrates mild decreased balance and strength in the left lower extremity and with single limb balance activities. This impacts her functional mobility on stairs requiring use of a hand rail or support when accessing the stairs.  
 Impact of student's disability on academic and overall performance: Student's disability of AUT does impact her ability to negotiate stairs without rail support which does impact her involvement and progress in the general education curriculum.  
 Chrissa Patterson, PT  
 School Physical Therapist

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Section E: Present Level of Performance

Performance Area: Articulation

Category: Articulation/Phonological Processes

Assessment/Monitoring Process Used: GFTA-4, Spontaneous Language Sample

State/District Assessment Results:

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

Background: This is a speech and language re-assessment for Aviv, a four year, two month old student who attends a private day school: Ilan Raman. She receives Occupational and Physical Therapy Services at her school of residence: Sunny Brae ES. This assessment will help to determine Aviv's current LAS needs as well as provide information as she transitions to from preschool to transitional kindergarten. Prior to enrolling with LAUSD, Aviv received OT, PT, Speech Therapy and child development services though the Regional Center.

Strengths: Aviv is presenting with articulation skills that include the ability to produce age appropriate speech sounds in short phrases. She can be understood by her listeners at the single word level and in short phrases when she is speaking slowly or is concentrating. Voice and fluency are age appropriate.

Needs: Aviv's articulation skills break down in longer utterances and when she is speaking rapidly. Sounds that she is able to use in shorter utterances are produced weakly and therefore are harder for listeners to hear. She will increase her use of cluster reduction and lacks pauses between words. This combined with her developmentally appropriate sound substitutions impact her intelligibility.

Impact: Aviv's disability of Autism is accompanied by a speech sound disorder that affects her ability to communicate which impacts her involvement and progress in the general education curriculum.

Sandra van Wijk, M.S., CCC-SLP  
Speech-Language Pathologist

Performance Area: Receptive, Expressive and Pragmatic Language

Category: Language – Expressive

Assessment/Monitoring Process Used: OWLS-2, Spontaneous Language Sample, Observations

State/District Assessment Results:

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

Background: See Articulation Above.

Strengths: Aviv presents with language skills that appear to be typically developing for a bilingual student. She is able to follow one and some two step directions and follows the routine of her class. She is able to formulate simple short phrases and sentences up to six words in length, although she typically uses two to four words, to express her wants and needs and to direct the actions of others. She asks and answers questions and comments on her actions. Aviv is able to use her pragmatic language skills to engage with peers in simple back and forth exchanges. She makes good eye contact and can use gestures to supplement her speech.

Needs: Aviv's English language skills are currently developing. She is inconsistent in her use of pronouns and has a limited number of prepositions. She drops the auxiliary in present progressing verb forms and will often use shorter phrases although she is capable of longer. This is typical of second language learners and is not uncommon among children her age. Her language development can be addressed by her classroom teacher as part of her curriculum.

Impact of Disability: None in the area of language at this time.

Sandra van Wijk, M.S., CCC-SLP  
Speech-Language Pathologist

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Section F: Eligibility

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

[Empty text box for disability discussion]

For Initial IEP, interventions attempted prior to determining eligibility:

[Empty text box for interventions]

Eligible as a student with the disability of:

Code: 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:

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

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Meeting Date

Section G: Annual Goals and Objectives

Performance Area:  Category:  Annual Goal #:

When experiencing distress, Aviv will utilize a variety of positive coping strategies (e.g. requesting a break, taking deep breaths, going to a quiet area, counting to ten) to regulate her emotions and behavioral response, with minimal support (1-2 prompts/cues), in 80% of opportunities.

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 experiencing distress, Aviv will utilize a variety of positive coping strategies (e.g. requesting a break, taking deep breaths, going to a quiet area, counting to ten) to regulate her emotions and behavioral response, with moderate support (3-4 prompts/cues), in 60% of opportunities.

Incremental objective #2 related to the goal:

When experiencing distress, Aviv will utilize a variety of positive coping strategies (e.g. requesting a break, taking deep breaths, going to a quiet area, counting to ten) to regulate her emotions and behavioral response, with moderate support (3-4 prompts/cues), in 80% of opportunities.

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"/>

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 #:

Aviv will independently initiate and engage in pretend play sequences (e.g. pretends to feed doll, change diaper, put to bed) with a group of 2-3 peers on 4 occasions during a school week.

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:

Aviv will engage in pretend play sequences (e.g. pretends to feed doll, change diaper, put to bed), with minimal adult/peer support, (1-2 prompts/cues) on 4 occasions during a school week.

Incremental objective #2 related to the goal:

Aviv will initiate pretend play sequences (e.g. pretends to feed doll, change diaper, put to bed) with minimal adult/peer support (1-2 prompts/cues) on 4 occasions during a school week.

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"/>

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 #:

During group interactive story time, Aviv will answer simple Wh- questions (what, where, and who) about the story, with 80% accuracy in 80% of opportunities.

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:

During group interactive story time, Aviv will answer simple Wh- questions (what, where, and who) about a story, with moderate support (3-4 prompts/cues), with 80% accuracy in 80% of opportunities.

Incremental objective #2 related to the goal:

During group interactive story time, Aviv will answer simple Wh- questions (what, where, and who) about the story, with minimal support (1-2 prompts/cues), with 80% accuracy in 80% of opportunities.

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"/>

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 #:

Using one to one correspondence, Aviv will count 10 objects, with 80% accuracy on 4 occasions during a school week.

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:

Using one to one correspondence, Aviv will count 5 objects, with 60% accuracy on 4 occasions during a school week.

Incremental objective #2 related to the goal:

Using one to one correspondence, Aviv will count 5 objects, with 80% accuracy on 4 occasions during a school week.

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"/>

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 #:

Gr TK Aviv will balance on one foot for 4 seconds 3 out of 5 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:

Aviv will balance on one foot for 2 seconds 3 out of 5 trials with 80% accuracy.

Incremental objective #2 related to the goal:

Aviv will balance on one foot for 3 seconds 3 out of 5 trials with 80% accuracy.

Date to be achieved:   MO/YR

Date to be achieved:   MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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 #:

In collaboration with classroom staff, Aviv will walk up and down 3 steps with supervision and cues without rail support, 3 out of 4 opportunities.

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:

In collaboration with classroom staff, Aviv will walk up and down 4 steps alternating her feet with supervision and cues with rail support as needed, 3 out of 4 opportunities.

Incremental objective #2 related to the goal:

In collaboration with classroom staff, Aviv will walk up 4 steps without use of a rail and adult supervision, 3 out of 4 opportunities.

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 #:

In order to increase intelligibility, Aviv will produce consonant clusters within words within sentences with 75% accuracy given not more than one cue in 4/5 opportunities.

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:

In order to increase intelligibility, Aviv will produce consonant clusters within words with 60% accuracy given a model and up to three cues in 2/5 trials.

Incremental objective #2 related to the goal:

In order to increase intelligibility, Aviv will produce consonant clusters within words in phrases with 70% accuracy given up to two cues in 3/5 opportunities.

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"/>

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 engaged in conflict with peer, Aviv will accept solution when suggested by peer, on 4 occasions during a school week.

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 engaged in conflict with peer, Aviv will accept solution when suggested by a peer, with moderate adult support, on 4 occasions during a school week.

Incremental objective #2 related to the goal:

When engaged in conflict with peer, Aviv will accept solution when suggested by a peer, with minimal adult support, on 4 occasions during a school week.

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"/>

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 #:

In order to increase intelligibility, Aviv will produce all age appropriate sounds in words using appropriate pressure during spontaneous speech with 75% accuracy given not more than one cue across 4/5 speaking opportunities.

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:

In order to increase intelligibility, Aviv will produce all age appropriate sounds in words using appropriate pressure during spontaneous speech with 65% accuracy given up to three cues across 2/5 speaking opportunities.

Incremental objective #2 related to the goal:

In order to increase intelligibility, Aviv will produce all age appropriate sounds in words using appropriate during spontaneous speech with 70% accuracy given not more than one cue across 3/5 speaking opportunities.

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"/>

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 #:

In order to increase intelligibility, Aviv will produce all age appropriate sounds in sentences with appropriate pausing between words with 75% accuracy given not more than one cue across 4/5 trials.

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:

In order to increase intelligibility, Aviv will produce all age appropriate sounds in sentences with appropriate pausing between words with 55% accuracy given up to three cues across 2/5 trials.

Incremental objective #2 related to the goal:

In order to increase intelligibility, Aviv will produce all age appropriate sounds in sentences with appropriate pausing between words with 65% accuracy given up to two cues ac3/5 trials.

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"/>

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 #:

In order to increase intelligibility in spontaneous speech, Aviv will speak at an appropriate rate producing all age appropriate sounds with 75% accuracy given not more than one cue in 4/5 trials.

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:

In order to increase intelligibility in spontaneous speech, Aviv will speak at an appropriate rate producing all age appropriate sounds with 55% accuracy given up to three cues in 2/5 trials.

Incremental objective #2 related to the goal:

In order to increase intelligibility in spontaneous speech, Aviv will speak at an appropriate rate producing all age appropriate sounds with 65% accuracy given up to two cues in 3/5 trials.

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"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student **TZEMACH**

**AVIV**

**S**

Date of Birth **18-JAN-2020**

Meeting Date **23-JUL-2024**

Last

First

MI

Section G: Annual Goals and Objectives

Performance Area:

Fine Motor

Category:

Fine Motor

Annual Goal #:

12

To demonstrate improved fine motor skills, Aviv will assume proper grasp on scissors and cut 3, 4' lines given 3 verbal and physical prompts in 3/3 trials

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

To demonstrate improved fine motor skills, Aviv will hold paper to peel of 5 1' stickers given 3 verbal and physical prompts in 3/3 trials

Incremental objective #2 related to the goal:

To demonstrate improved fine motor skills, Aviv will assume proper grasp on scissors and make 10 snips on paper given 3 verbal and physical prompts in 3/3 trials

Date to be achieved:

December

2024

MO/YR

Date to be achieved:

May

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 TZEMACH

Last

AVIV

First

S

MI

Date of Birth 18-JAN-2020

Meeting Date 23-JUL-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?

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:

Text input field for Accommodations

No assessment tests found.



INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Last: TZEMACH, First: AVIV, MI: S

Date of Birth: 18-JAN-2020

Meeting Date: 23-JUL-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?\*

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: [text box]

Special Requests: [text box]

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

Pandemic Learning Loss Consideration of Compensatory and/or Recoupment Services

Compensatory Education Consideration:

- Checkboxes for: The IEP team has reviewed and discussed whether compensatory education is required... Student received all of their special education... Student did not receive all of their special education... Compensatory education consideration was documented on IEP dated

13-DEC-2022 (Inactive) Initial [dropdown]

Recoupment Services Consideration:

- Checkboxes for: The IEP team has reviewed and discussed student's progress/achievement... Student has made expected progress... Student experienced learning loss... Recoupment services consideration was documented on IEP dated

13-DEC-2022 (Inactive) Initial [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 Last TZEMACH

First AVIV

S

MI

Date of Birth 18-JAN-2020

Meeting Date 23-JUL-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
Other	FSA	23-JUL-2024

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

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

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

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

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

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

Parent Concerns and Comments

Empty text box for Parent Concerns and Comments.

Signature(s)

Date

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

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

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

Signature(s)

Date 6-SEP-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

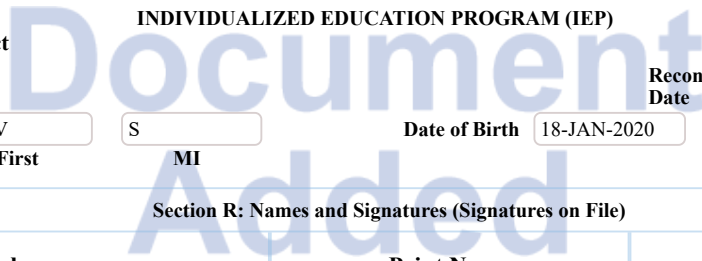
Meeting Date

Section R: Names and Signatures (Signatures on File)

Team Member	Print Name	Signature
Parent/Guardian	<input type="text" value="Maya Segal - attended via Zoom"/>	<input type="text"/>
Parent/Guardian	<input type="text" value="Nir Tzemach"/>	<input type="text"/>
Student Age 18 - 21 years	<input type="text"/>	<input type="text"/>
Student Under Age 18 years	<input type="text"/>	<input type="text"/>
Surrogate Parent	<input type="text"/>	<input type="text"/>
Foster Parent	<input type="text"/>	<input type="text"/>
Family Foster Home Provider	<input type="text"/>	<input type="text"/>
Administrator	<input type="text" value="Jessica Chavarria"/>	<input type="text" value="Jessica Chavarria"/>
Administrative Designee	<input type="text"/>	<input type="text"/>
Special Education Teacher	<input type="text" value="Liz Burruss"/>	<input type="text" value="Elizabeth Burruss"/>
General Education Teacher	<input type="text" value="Iris Yelinek"/>	<input type="text" value="Iris Yelinek"/>
School Psychologist	<input type="text"/>	<input type="text"/>
School Nurse	<input type="text"/>	<input type="text"/>
Related Service Staff <input type="text" value="LAS"/>	<input type="text" value="Sandra van Wijk"/>	<input type="text" value="Sandra Van Wijk"/>
Related Service Staff <input type="text" value="OT"/>	<input type="text" value="Joanne Gilgenbach"/>	<input type="text" value="Joanne Gilgenbach"/>
Related Service Staff <input type="text" value="APE"/>	<input type="text" value="Alexander Dikzas"/>	<input type="text" value="Alexander Dikzas"/>
Interpreter	<input type="text"/>	<input type="text"/>
Sign Language Interpreter	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Other <input type="text" value="PT"/>	<input type="text" value="Chrissa Patterson"/>	<input type="text" value="Chrissa Patterson"/>
Other	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>

Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM (IEP)



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"/>	<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" value="Rose Jauregui Santillan"/>	<input type="text" value="Rose Jauregui Santillan"/>
Administrative Designee	<input type="text"/>	<input type="text"/>
Special Education Teacher	<input type="text"/>	<input type="text"/>
General Education Teacher	<input type="text"/>	<input type="text"/>
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     
 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 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.

<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.

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.
<div style="border: 1px solid black; height: 80px;"></div>		

<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.
<div style="border: 1px solid black; height: 80px;"></div>		

<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.
<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 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 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"/>	<input type="text" value="12-AUG-2024"/>
Eligibility: (from Page 4)	<b>Eligible (AUT)</b>	
	<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 Non-Resident School"/>	<input type="text" value="District Resident School"/>
	Name of School <input type="text" value="MOSK CSPP"/>	<input type="text" value="SUNNY BRAE AVE EL"/>
Instructional Setting	Setting <input type="text" value="General Education"/>	<input type="text" value="General Education"/>
	Program <input type="text" value="PCC"/>	<input type="text" value="UTK/CC"/>
	Special Day Minutes/Wk <input type="text"/>	<input type="text"/>
	Addresses Goals <input type="text" value="4(Math),2(Pretend Play),3(Literacy),1(Social Emotional 1),5(Perceptual Motor),7(Articulation),6(Functional Mobilty),9(Social Emotional 2),8(Articulation)"/>	<input type="text" value="4(Math),2(Pretend Play),3(Literacy),1(Social Emotional 1),5(Perceptual Motor),7(Articulation),6(Functional Mobilty),9(Social Emotional 2),8(Articulation)"/>
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="Home to School"/>	<input type="text" value="None"/>
	Extended School Year/Intersession <input type="radio"/> Yes <input checked="" type="radio"/> No	
Parent Counseling and Training (PCT)	<input checked="" type="radio"/> Yes <input type="radio"/> No	
	ESY Transportation <input type="text"/>	
Accommodation, Modifications, Supports	Instructional Accommodations <input type="text" value="Modeling of 3-4 word phrases, increased opportunities to practice modeled phrases, redirection and repetition as needed. check for understanding before and during tasks; provide signals, scripts, and models for improved communication; facilitate peer interactions; break tasks into small steps; prompt to stay on task; provide visuals with instruction; provide opportunities for hands-on learning, positive behavior support, Modeling of articulation: model sounds in words clearly, provide many opportunities for student to hear and practice sounds in words in a variety of contexts, remind to self-correct with visual or verbal cue when appropriate, repeat back student productions with corrected articulation."/>	<input type="text" value="Modeling of 3-4 word phrases, increased opportunities to practice modeled phrases, redirection and repetition as needed. check for understanding before and during tasks; provide signals, scripts, and models for improved communication; facilitate peer interactions; break tasks into small steps; prompt to stay on task; provide visuals with instruction; provide opportunities for hands-on learning, positive behavior support, Modeling of articulation: model sounds in words clearly, provide many opportunities for student to hear and practice sounds in words in a variety of contexts, remind to self-correct with visual or verbal cue when appropriate, repeat back student productions with corrected articulation."/>
	Instructional Modifications <input type="text"/>	<input type="text"/>
	Other Supports, including Non-Academic and Extra-curricular Activities <input type="text" value="Health: Trained staff to assist student with toileting needs, and navigating stairs. Trained staff to supervise during meals, remind not to overstuff mouth and swallow food properly."/>	<input type="text" value="Health: Trained staff to assist student with toileting needs, and navigating stairs. Trained staff to supervise during meals, remind not to overstuff mouth and swallow food properly."/>
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="Aviv should have a full re-evaluation prior to her transition to kindergarten."/>	<input type="text"/>

Comments, as appropriate

**Low Incidence  
Equipment**

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**Assistive Technology  
Equipment**

--

**Participation in  
General Education**

Offers of FAPE for both 23/24 and 24/25 school year are general education collaborative classes. Full inclusion in general education.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student **TZEMACH**  
Last

**AVIV**  
First

**S**  
MI

Date of Birth **18-JAN-2020**

Meeting Date **23-JUL-2024**

		Effective With This IEP	Future Changes Related To This IEP
<b>Service 1</b>	Start Date:	Effective on Signature Date	
<b>09</b>	End Date:		
<b>Adapted PE</b>	Service applies to:	Regular	
	Frequency:	1	
This service addresses the following goals:	Interval:	Weekly	
5(Perceptual Motor)	Minutes/Interval:	20	
	Minutes/Interval (Pullout from Gen Ed):	20	
	Service Delivery Model:	Direct Service (By a Single Provider)*	
	Responsible Personnel:	Licensed/Credentialed Provider	
*			
<b>Service 2</b>	Start Date:	Effective on Signature Date	
<b>16</b>	End Date:		
<b>Occupational Therapy</b>	Service applies to:	Regular	
	Frequency:	5	
This service addresses the following goals:	Interval:	Monthly	

12(Fine Motor)	Minutes/Interval:	60	
	Minutes/Interval (Pullout from Gen Ed):	0	
	Service Delivery Model:	Direct Service (By a Single Provider)*	
	Responsible Personnel:	District Assigned Qualified Provider	
		Licensed/Credentialed Provider	
*			

<b>Service 3</b>	Start Date:	Effective on Signature Date	
<b>10</b>	End Date:		
<b>Language/Speech</b>	Service applies to:	Regular	
	Frequency:	1-5	
This service addresses the following <b>goals</b> :	Interval:	Weekly	
7(Phonology) 8(Articulation) 10(Articulation) 11(Articulation)	Minutes/Interval:	30	
	Minutes/Interval (Pullout from Gen Ed):	30	
	Service Delivery Model:	Direct Service (By a Single Provider)*	
	Area:	School-Based	
	Responsible Personnel:	Licensed/Credentialed Provider	
		Special Education Teacher	
		General Education Teacher	

\*

<b>Service 4</b>	Start Date:	Effective on Signature Date	
<b>13</b>	End Date:		
<b>Physical Therapy</b>	Service applies to:	Regular	
	Frequency:	1-5	

This service addresses the following goals:	Interval:	Monthly	
6(Functional Mobility)	Minutes/Interval:	45	
	Minutes/Interval (Pullout from Gen Ed):	45	
	Service Delivery Model:	Direct Service (Collaborative)*	
	Responsible Personnel:	Licensed/Credentialed Provider	
		Special Education Teacher	

**Notes:**

Parents of students who are Medi-Cal eligible authorize LAUSD to submit claims for reimbursement by Medi-Cal funded services unless parent(s) signs a Parent Medi-Cal Non-Authorization to Bill form. Please see Parent's Guide to Special Education Services (including Procedural Rights and Safeguards).

### Part 3 - Percentage of Time Outside of General Education

	Effective With this IEP	Future Changes Related to this IEP
% of Time per Week outside of General Education	<input type="text" value="4"/>	

### Part 4 - Compensatory Education/Recoupment Services Discussion

Compensatory education and recoupment of services consideration was documented on IEP dated 12/13/2022. N/A - Initial IEP Preschool Only Consideration (Transition)

### Part 4 - Additional IEP Team Considerations & Parental Input

The purpose of this IEP Meeting is to implement the terms of the Final Settlement Agreement (FSA) dated 07/23/2024 for Aviv Tzemach.

Per the terms of the FSA:

The District agrees to assess Aviv in the area of Occupational Therapy. The timeline for the OT assessment will begin on 09/09/2024. On 09/09/2024, Parents will be provided a copy of an assessment plan listing the OT assessment. Parents consent to the OT assessment timeline beginning on 09/09/2024 and agree that no further consent is required. The OT assessment and an IEP Meeting to review the OT assessment and to discuss services, supports and accommodations to meet Aviv's unique needs will be completed within legal timelines.

Pending the OT assessment results, through the date of the IEP referenced above that reviews the OT assessment results, the District agrees to continue to provide Aviv with 60 minutes per month of OT services as documented in Aviv's IEP dated 12/08/2023. These OT services are part of a settlement of disputed claims and issues and shall not be considered stay put under state and federal special education laws.

In lieu of any compensatory and recoupment services, the District agrees to fund through a direct payment model the following compensatory services: 10 hours of NPA Compensatory OT services. The compensatory OT services shall be delivered by Professional Tutors of America (PTA), Non-Public Agency (NPA) certified by the California Department of Education. The services shall be available through 12/31/2025. These compensatory services are part of a settlement of disputed claims and issues and shall not be considered stay put under state and federal special education laws.

The District agrees to reimburse Parents for private preschool tuition for the 2023-2024 Regular School Year and 2024 Extended School Year ( See FSA for terms of private preschool reimbursement).

The District agrees to reimburse Parents for private Language and Speech service provided by a private LAS provider from 04/01/2024 through 12/31/2025 (See FSA for terms related to private LAS services reimbursement).

Per IEP Team Discussion dated 04/12/2024:

This IEP meeting is being held to discuss progress and the transition to TK for the 24/25 school year.

IEP Team reviewed goal progress, present levels, assessments reports, eligibility, and developed new goals.

The Ages and Stages Questionnaire (ASQ-3) was completed with mother via phone on April 5, 2024 and is attached to this IEP.

The IEP team discussed a range of placements including general education, PAL, and PCC, for the 23/24 school year, and general education and UTK-CC, for the 24/25 school year.

For the remainder of the 23/24 school year, the IEP Team recommends the PCC program as the offer of FAPE. 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. Aviv'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.

For the 24/25 school year, the IEP Team recommends the UTK-CC classroom. The Universal Transition Kindergarten (UTK) and Collaborative (CC) class is an educationally based inclusive program that operates 6 hours a day, 5 days a week. The preschool curriculum is delivered through evidence-based practices. Aviv's goals, included in the IEP, will be supported by a collaborative team comprised of a credentialed teacher, an early childhood special education teacher, special education assistant, and general education classroom assistant.

Extended School Year: ESY services are NOT recommended, as Aviv has not exhibited significant regression or loss of critical skills during her educational breaks.

LAS: LAS services were offered at 30 minutes weekly. Parent inquired about an increase in LAS services. IEP Team continued to recommended 30 minutes weekly of LAS.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student   S    
 Last First MI

Date of Birth

Meeting Date

FAPE Summary Grid

<b>Program:</b>	PCC		<b>Setting:</b>	General Education					
<b>Eligibility:</b>	Eligible (AUT)		<b>Curriculum:</b>	General Education					
<b>Transportation:</b>	Home to School		<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)	No Consent
09	Adapted PE	Effective on Signature Date	Regular	Weekly	1	~	20	Perceptual Motor	--
10	Language/Speech	Effective on Signature Date	Regular	Weekly	1-5	School-Based	30	Phonology, Articulation, Articulation	--
16	Occupational Therapy	Effective on Signature Date	Regular	Monthly	5	~	60	Fine Motor	--
13	Physical Therapy	Effective on Signature Date	Regular	Monthly	1-5	~	45	Functional Mobility	--

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: AVIV S. TZEMACH

Date of Birth: 18-JAN-2020

Meeting Date: 23-JUL-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.**