

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Identification Number 200329X265 SSID 3779112216
 Student AMIEL RAY R
 Last First MI

Eligible (AUT)

Date of Birth: 31-AUG-2020

Section A: Meeting Information

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

Section B: Student Information

Date of Birth: 31-AUG-2020 Age: 4 Grade: 19
 Gender: Male Female Ethnic Code: Israeli
 Location of the Psych Folder: REGION NORTH Student has no Psych Folder:
 Location of the Cum Folder: HAYNES CES Student has no Cum Folder:
 Home Language: Hebrew Student Language: Hebrew Alternate Mode of Communication:
 Home Address of Student: 23813 ARCHWOOD ST
 City: WEST HILLS CA ZIP Code: 91307
 Home Telephone: (818) 877-9665 Daytime Telephone: Emergency Telephone:
 School of Attendance: Haynes Ces Location Code: 4473
 School of Residence: Haynes Ces Location Code: 4473
 Name of Parent/Guardian: ROTEM AMIEL 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	
<input type="text" value="1"/>	<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"/>
<input type="text" value="2"/>	<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"/>
<input type="text" value="3"/>	<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"/>
<input type="text" value="4"/>	<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"/>
<input type="text" value="5"/>	<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"/>
<input type="text" value="6"/>	<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"/>
<input type="text" value="7"/>	<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"/>
<input type="text" value="8"/>	<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"/>
<input type="text" value="9"/>	<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"/>
<input type="text" value="10"/>	<input type="radio"/>	<input type="radio"/>	
Category <input type="text"/>			
Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student AMIEL RAY R Date of Birth 31-AUG-2020 Meeting Date 12-SEP-2024
Last First MI

Section E: Present Level of Performance

Performance Area: Health
Category: Health
Assessment/Monitoring Process Used: Parent Interview; Audio & Vision
State/District Assessment Results:

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

Health Summary: Ray is a three-year and eight-month old student who was born full-term without significant prenatal, birth and newborn complications. Student was discharged home with parent with no medication or medical equipment. Student passed the newborn hearing screening. Developmental milestones as recalled by parent were delayed in both areas of motor and speech development. Student has no known significant health issues and is not on any regular medications. There were no reported incidents of serious chronic illness, allergies, accidents, injuries, surgeries, and hospitalizations.
Strengths: Student is on a regular diet; able to self-feed using his hands/utensils, and drinks from an open cup. Student communicates his needs by using words. Student ambulates independently and is able to follow simple commands. Ray passed LAUSD audio screening and Spot vision screening on 5/2/2024.
Areas of Need: Student is in the process of toilet training and needs assistance with toileting.
Impact of Disability: Student's physical health does not impact involvement and progress in the educational program.
Accommodations/Modifications: Trained staff to assist student with toileting. Fariba Akhiary, RN 5/2/2024

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

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

Addendum to update during the IEP meeting that was shared by parent that student may benefit from food related tasks such as opening containers.
Anna Muradyan, RN
9/12/24

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Date of Birth Meeting Date

Last First MI

Section E: Present Level of Performance

Performance Area:

Category:

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

Background: Ray is a 3 year 10-month-old boy who is eligible to attend transitional kindergarten with LAUSD in the fall. This assessment was conducted as part of Ray's initial evaluation to determine present levels of performance and need for speech and language services. Ray is an enthusiastic and active boy. His mother expressed concerns regarding Ray's speech and language delays. His primary language is Hebrew.

Strengths: Receptively, Ray has been observed to respond to greetings by waving 'bye!' He demonstrates an understanding of inhibitory words, and tries to find items he is interested in if they are out of sight/hidden. He demonstrates awareness of cause and effect as well as various words, short phrases, and sentences. He identifies objects, follows one step directions, and identifies colors, shapes, and animals. He can recognize actions in pictures such as 'sleeping,' 'eating,' and 'washing.' Ray demonstrates an understanding of object use, spatial concepts, and analogies. In the area of expressive language, Ray typically uses vocalizations, pointing, gestures, and 2-4-word utterances to communicate. When given several options he is able to choose which item/color he wants and can indicate his choice by grabbing the item or using his words (with prompting). In the area of social language, Ray enjoys playing with toys and he demonstrates pretend play skills when playing with cars, bears, and play food items. Ray can accurately produce many sounds including his expected age-appropriate sounds /m, n, h, w, b, p, t, d, k, g/.

Continued Below...

Performance Area:

Category:

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

Needs: Ray presents with delays in expressive language, receptive language, and social language. In the area of expressive language, he needs to expand his utterance length to effectively communicate his wants, needs, and ideas. Ray also needs more practice answering a greater variety of wh questions. He needs help consistently using words, phrases, and sentences when interacting with others. Ray also needs to improve his overall intelligibility when speaking in longer utterances. Furthermore, Ray needs help engaging in turn taking activities, games, and conversations with his peers.

Impact of Disability: Ray's eligibility of Autism (AUT) is accompanied by a language disorder that affects his ability to communicate which impacts his involvement and progress in the general education curriculum.

Parent Input: Parent and advocate shared information provided by Ray's private speech therapist indicating that his has significant needs across all language areas (receptive, expressive, pragmatic) and that the bilingual speech therapist provided information indicating that Ray's bilingual status is not a factor in his language delay.

Lorena Zarotsky M.S. CCC-SLP
LAUSD Speech Language Pathologist

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Student

AMIEL

RAY

R

Date of Birth

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Section E: Present Level of Performance

Performance Area:

Sensorimotor

Category:



Assessment/Monitoring Process Used:

Informal tests, observations, interviews, record review, attempted PDMS

State/District Assessment Results:

N/A

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

Student's areas of strengths: Ray is a sweet and eager learner who enjoys cars, bubbles, and hands-on activities. He demonstrates functional ability to perform all movements necessary for the classroom without assistance. He can maintain an upright posture in a standard classroom chair, without signs of fatigue, independently. He can bend down to retrieve fallen items without loss of balance. He presents with the ability to assume and maintain postural stability for desktop tasks, access a play structure with supervision for safety, and maneuver effectively in a classroom setting. He demonstrates functional range of motion to reach for objects in various planes and levels, including across the desk or low to the ground. During tabletop tasks in the assessment, Ray was observed to display a variety of visual perceptual, visual motor, and fine motor skills. He is able to sort items by color, shape, and size, and can match images to complete inset puzzles. He can imitate a vertical line, horizontal line, diagonal line, circle, and spiral. Ray also demonstrated appropriate use of the following grasps during the assessment: refined pincer (on wind-up toys), lateral pinch (on coins), spherical (on a ball), three-jaw chuck (on blocks), and a digital pronate grasp (on crayons). He was also able to use a more mature grasp (static tripod) independently. Bimanual coordination skills were observed when opening containers, drawing, cutting, stringing blocks, using stickers, among other activities. Ray also demonstrates the ability to perform translation (in both directions), shift (to flip pages in a book), and simple rotation (to position pegs into a pegboard). He can follow simple directions and use tools for their intended purpose (i.e. scissors, utensils, crayons). Furthermore, he demonstrates functional sensory discrimination and modulation skills to access an early childhood education curriculum.

Continued below...

Performance Area:

Sensorimotor (continued)

Category:



Assessment/Monitoring Process Used:

Informal tests, observations, interviews, record review, attempted PDMS

State/District Assessment Results:

N/A

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

He has functional tactile processing skills for the classroom setting, as he can locate stickers placed on his arms and without his vision, and he enjoyed playing with putty, bubbles, and stickers during the assessment. He has appropriate balance and posture and was not observed to over-shoot or under-shoot his targets when reaching for desired items. He shows appropriate body awareness and was observed to grade his pressure well when stacking blocks and when coloring. He was not observed to seek excessive movement nor be averse to movement. Lastly, parent reports sufficient self-care skills to access an educational curriculum.

Student's areas of needs: Ray demonstrates foundational fine motor, visual motor skills to access an educational curriculum. His abilities are within the scope of intervention of an early childhood special education program, as he demonstrates underlying motor skills with functional processing to participate in a special education setting. In general, an early childhood special education setting can provide daily and consistent opportunities to learn to explore various classroom materials and participate in gross motor/fine motor, multi-step tasks; sensorimotor experiences; as well as encourage social participation and meaningful engagement. The teacher(s) and staff provide support as needed to follow and learn school routines and transition from one task to another. At this time per IEP team discussion Ray would benefit from Occupational Therapy consult minutes to support teacher and student with his current sensory processing needs.

Impact of Disability: Ray's disability of AUT and challenges registering, and processing sensory input affects their social participation which impacts their involvement and progress in the general education curriculum.

Narwon Rahimi, OTR/L
LAUSD Occupational Therapist

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Los Angeles Unified School District

Student AMIEL

RAY

R

Date of Birth 31-AUG-2020

Meeting Date 12-SEP-2024

Last

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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):

Ray's current functioning in cognition/general ability is unable to be determined at this time due to his self-directed behaviors, inconsistent joint attention, and task refusal. However, information gathered via interview on the Developmental Profile 4, indicates below average cognitive skills.

Strengths: Based on assessment observations, Ray is showing emerging skills in solving simple problems using trial and error method, imitating an completing short term concrete tasks initiated by the examiner, and recalling visual information. Based on the DP4, as rated by parent, Ray can identify an object pictured in a book, understands that a doll or stuffed animal represents a living thing, correctly identifies colors, can classify things by size, and understands number concepts.

Areas of need/challenge: Ray demonstrated below age ability to sustain attention and shift his focus from one activity to another. Based on the DP4, Ray does not understand the difference between living and non-living things, is showing emerging awareness in spatial awareness, rote count to 15, and does not recognize his name in print.

During the IEP, Ray's mother expressed that Ray is able to recognize his name in print now.

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

Performance Area:

Category:

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

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

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

Areas of need/challenge: None at this time.

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

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AMIEL

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Section E: Present Level of Performance

Performance Area:

Communication

Category:

Communication

Assessment/Monitoring Process Used:

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

State/District Assessment Results:

N/A

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

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

Ray evidences the following strengths: Based on the DP4, as rated by parent, Ray is capable of following instructions, can repeat parts of nursery rhymes, understands non-verbal gestures, can name at least 20 things seen in pictures, speaks at least 50 different words when speaking, can tell people how old he is, and can show by asking or gesturing the need to use the restroom.

Ray evidences the following needs: Ray's expressive and receptive language skills fall below age level expectations. Ray does not exhibit age-appropriate skills in tasks that require the ability to comprehend and respond using developmentally appropriate sentence structures. Based on the DP4, Ray does not clearly understand the meaning of no and does not use nonverbal cues (i.e. smiling/nodding) to show that he is listening. Based on the BASC-3, as rated by parent, Ray's functional communication scale fell within the at-risk range indicating needs in his ability to use language in a way others can easily understand. In addition, very elevated ratings were noted on the ASRS in the area of social communication indicating concerns with Ray's ability to use both verbal and nonverbal communication for social contact. Based on assessment observations, Ray's reciprocal conversation was limited where his comments followed his own train of thought with little sense of reciprocity.

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

Performance Area:

Motor Functioning

Category:

Motor Abilities

Assessment/Monitoring Process Used:

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

State/District Assessment Results:

N/A

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

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

Based on the student's performance on the Mullen Scales of Early Learning (MSEL) and the parent's responses on the Developmental Profile 4th Edition (DP-4), Ray evidences the following strengths: Per parent interview and assessment observation, gross motor skills and fine motor skills are age appropriate. Ray demonstrates strengths per alternative forms of assessment in the area of gross motor skills as he was observed to go from a sit to stand position, pick up objects from the floor, and ambulate around the testing/play area. Per ratings on the DP4, gross motor skills including the movement and coordination of the arms, legs, and other large body parts and movement are not an area of concern (e.g. running, walking, and jumping). Furthermore, fine motor skills including the movement and coordination of small body parts such as the wrists, hands, and fingers are not an area of concern (e.g. writing, drawing, and cutting).

Ray evidences the following needs/challenges: Ray's identified weaknesses in fine motor development appear to be the result of limited willingness and/or interest in performing activities as opposed to deficits in motor skills. During the evaluation, he was observed to be able to manipulate small objects with his hands and maneuver around obstacles when walking in the classroom without any discernible difficulty.

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

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RAY

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Date of Birth 31-AUG-2020

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Section E: Present Level of Performance

Performance Area:

Category:

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

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

Based on observations, informal interviews and the parent's responses on formal rating scales, Ray evidences the following strengths: Ray is identified to engage in essential social skills that includes communicative intent. Ray is described as a kind and affectionate child who is showing emerging skills in following two step directions. Based on the DP4, as rated by parent, Ray likes to play with other children, shows that he knows what my means, will seek out other children for play, can stay involved in a preferred activity for over 15 minutes, shows awareness of how others feel, and can waive bye at the right times.

Ray evidences the following needs/challenges: Ray is exhibits below age appropriate skills that includes cooperation, self-control (attention), peer and adult socialization, and adaptability. During the assessment observation, Ray was easily distracted by his surroundings. He was unable to attend to stimuli for age appropriate periods of time or shift his attention from one task to another without being distracted. Based on the DP4, ray does not appropriate change his behavior for the setting, ask permission to play with a toy that belongs to someone else, or carry a conversation with another peer. Based on the BASC-3, elevated levels were noted in the areas of Externalizing Problems, Behavioral Symptoms Index, and Adaptive Skills. Furthermore, on the ASRS, Ray has difficulty using appropriate verbal and non-verbal communication for social contact, engages in unusual behaviors, has difficulty relating to children and adults, has difficulty providing appropriate emotional responses to people in social situations, has difficulty tolerating changes in routine, overreacts to sensory stimulation, and has problems with inattention and/or motor and impulse control.

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

Performance Area:

Category:

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

Overall, Ray's self-help/adaptive behaviors are found to be in the Average range.

Based on observations, informal interviews and the parent's responses on formal rating scales, Ray's evidences the following strengths: Ray's self-help skills in the area of feeding, clothing, and hygiene is developing as expected.

Ray evidences the following needs/challenges: None at this time.

Educational Impact: A self-help/adaptive behavior impact was not identified at this time.

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Section F: Eligibility

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

Autism and Speech and Language Impairment

For Initial IEP, interventions attempted prior to determining eligibility:

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:

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

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Student
 Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

Ray will demonstrate basic knowledge of one-to-one letter-name and letter-sound correspondences by naming the letter and/or producing the most frequent sound when presented orally or in writing as measured by teacher charted records in 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:

When working in a small collaborative group, Ray will be able to match the letter with the letter sound with 13 out of 26 letters of the alphabet with adult modeling (visual or oral modeling of sounds) as measured by teacher charted records in 80% accuracy in 2 out of 4 trials.

Incremental objective #2 related to the goal:

When working in a small collaborative group, Ray will be able to match the letter with the letter sound with 20 out of 26 letters of the alphabet with adult modeling (visual or oral modeling of sounds) with 1-2 prompts as measured by teacher charted records in 70% accuracy in 3 out of 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"/>

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Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

When given a direction, Ray will demonstrate the desired behavior (ie: begin washing hands, clean up, sit down, etc) within 1-2 minutes of being asked in 3 out 5 trials measured by teacher observations.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

When given a direction, Ray will demonstrate the desired behavior (ie: begin washing hands, clean up, sit down, etc) within 1-2 minutes of being asked 70% of the time measured by teacher observations.

Incremental objective #2 related to the goal:

When given a direction, Ray will demonstrate the desired behavior (ie: begin washing hands, clean up, sit down, etc) within 1-2 minutes of being asked 80% of the time measured by teacher observations.

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 #:

After listening to a short story read by the teacher, Ray will be able to retell the story with 2 to 3 simple sentences as measured by teacher observation and/or records in 3 out of 5 trials with 80% accuracy with adult prompting and modeling (ie., Asking Who, What, Where).

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:

After listening to a short story read by the teacher, Ray will be able to retell the story with 1 to 2 simple sentences as measured by teacher observation and/or records in 3 out of 5 trials with 60% accuracy with adult prompting and modeling (ie., Asking Who, What, Where).

Incremental objective #2 related to the goal:

After listening to a short story read by the teacher, Ray will be able to retell the story with 2 to 3 simple sentences as measured by teacher observation and/or records in 3 out of 5 trials with 70% accuracy with adult prompting and modeling (ie., Asking Who, What, Where).

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 #:

Ray will be able to use a word or a phrase instead of his hands or body to express his feelings with 1-2 adult visual or oral models, or prompts, with 80% accuracy over 5 consecutive days as measured by teacher charted records.

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:

Ray will be able to use a word or a phrase instead of his hands or body to express his feelings with 3-5 adult visual or oral models, with 60% accuracy over 5 consecutive days as measured by teacher charted records.

Incremental objective #2 related to the goal:

Ray will be able to use a word or a phrase instead of his hands or body to express his feelings with 2-3 adult visual or oral models, or prompts, with 70% accuracy over 5 consecutive days as measured by teacher charted records. out of 5 interactions as measured by teacher charted records.

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 #:

To develop sensory regulation techniques and to manage sensory dysregulation during the school day, Ray will use 1-2 sensory strategies provided in his classroom with adult support 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:

To develop sensory regulation techniques and to manage sensory dysregulation during the school day, Ray will use 1-2 sensory strategies provided in his classroom with adult support in 3/5 trials.

Incremental objective #2 related to the goal:

To develop sensory regulation techniques and to manage sensory dysregulation during the school day, Ray will use 1-2 sensory strategies provided in his classroom with adult support in 2/5 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 Date: <input type="text"/>	2nd Reporting Period Date: <input type="text"/>	3rd Reporting Period Date: <input type="text"/>	4th Reporting Period (Secondary Only) Date: <input type="text"/>	Goal Achievement
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 #:

Ray will participate in age appropriate back and forth conversational exchanges of up to three turns with 70% accuracy given minimal (1-2) cues 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:

Ray will participate in age appropriate back and forth conversational exchanges of 1-2 turns with 50% accuracy given maximum (5+) cues in 2/5 opportunities.

Incremental objective #2 related to the goal:

Ray will participate in age appropriate back and forth conversational exchanges of 2-3 turns with 60% accuracy given moderate (3-4) 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 #:

Using 4-5 word age appropriate sentences, Ray will describe pictures or relate events providing at least two details with 75% accuracy given minimal (1-2) cues 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:

Using 4-5 word age appropriate sentences, Ray will describe pictures or relate events providing at at least one detail with 55% accuracy given maximum (5+) cues in 2/5 trials.

Incremental objective #2 related to the goal:

Using 4-5 word age appropriate sentences, Ray will describe pictures or relate events providing 1-2 details with 65% accuracy given moderate (3-4) 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 Date: <input type="text"/>	2nd Reporting Period Date: <input type="text"/>	3rd Reporting Period Date: <input type="text"/>	4th Reporting Period (Secondary Only) Date: <input type="text"/>	Goal Achievement
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INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student AMIEL
Last

RAY
First

R
MI

Date of Birth 31-AUG-2020

Meeting Date 12-SEP-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]

[Text input field]

Accommodations:

[Large text input area]

No assessment tests found.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student AMIEL RAY R MI Last First MI

Date of Birth 31-AUG-2020

Meeting Date 12-SEP-2024

Section N: Procedural Safeguards and Follow-up Actions

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

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

Select Preferred Language: [dropdown]

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

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

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

Special Requests: [text box]

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

Pandemic Learning Loss Consideration of Compensatory and/or Recoupment Services

Compensatory Education Consideration:

- 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

12-SEP-2024 (Pending) 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

12-SEP-2024 (Pending) 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.

Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student AMIEL RAY R Last First MI

Date of Birth 31-AUG-2020

Meeting Date 12-SEP-2024

Section Q: Parent Participation and Consent

Parent Participation

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

Parent Notification

Table with 3 columns: Method, Whom, When. Row 1: Student, JAMES M, 26-AUG-2024

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

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

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

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

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

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

Parent Concerns and Comments

Large empty text box for parent concerns and comments.

Signature(s) Date

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

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

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

Signature(s) Date 12-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="ROTEM AMIEL"/>	<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="JAMES MCGROARTY"/>	<input type="text" value="James Mc Groarty"/>
Administrative Designee	<input type="text"/>	<input type="text"/>
Special Education Teacher	<input type="text" value="Edith Longmire"/>	<input type="text" value="Edith Longmire"/>
General Education Teacher	<input type="text" value="ISAMERY ROGERS"/>	<input type="text" value="Isa Rogers"/>
School Psychologist	<input type="text" value="Raquel Luna"/>	<input type="text" value="Raquel Luna"/>
School Nurse	<input type="text" value="Anna Muradyan"/>	<input type="text" value="na"/>
Related Service Staff <input type="text" value="OT"/>	<input type="text" value="Narwon Rahimi"/>	<input type="text" value="Narwon Rahimi"/>
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="RSP"/>	<input type="text" value="ADI LEREREA"/>	<input type="text" value="Adi Lererea"/>
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="ADVOCATE"/>	<input type="text" value="LUCIANA CHEMELNIKER"/>	<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.

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

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

Student
Last First MI

Date of Birth

Meeting
Date

ANNUAL LEAST RESTRICTIVE ENVIRONMENT ANALYSIS (Continued)

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

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

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
Last

First

MI

Date of Birth

Meeting Date

ANNUAL LEAST RESTRICTIVE ENVIRONMENT ANALYSIS (Continued)

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 1 - Eligibility, Placements and Supports

Student
 Last First MI

Date of Birth

Meeting Date

		Effective With this IEP	Future Changes Related to this IEP
	As of Date:	<input type="text"/>	<input type="text"/>
Eligibility: (from Page 4)		Eligible (AUT)	
	Final IEP Reason Final IEP Effective Date:		
Curriculum		General Education	
Placement	Type of School	Affiliated Charter	
	Name of School	HAYNES CES <input type="text"/>	<input type="text"/>
Instructional Setting	Setting	General Education	
	Program	GE	
	Special Day Minutes/Wk	<input type="text"/>	<input type="text"/>
	Addresses Goals	2(Pre-Reading),1(Pre-Reading),3(Social Development),4(Sensory regulation),5(Pragmatic Language),6(Expressive Language),7(Behavioral Support)	
Additional Factors	Low Incident Support	None	
	Assistive Technology Support	No	
	Transportation	None	
	Extended School Year/Intersession	<input type="radio"/> Yes <input checked="" type="radio"/> No	
	Parent Counseling and Training (PCT)	<input type="radio"/> Yes <input checked="" type="radio"/> No	
	ESY Transportation	<input type="text"/>	
Accommodation, Modifications, Supports	Instructional Accommodations	Repeat back students sentences with corrected grammar Expand on students utterances with more information Reword student utterances to model different sentence structure Provide clear articulation models and opportunities to practice. Repeat back student sound productions with corrected articulation. Model expected and unexpected behaviors in and outside the general education setting. Use all teaching modalities to support academic learning. Use sentence frames to support oral and writing sentence structure, . Provide breaks as needed and use different strategies or manipulative material use sensory strategies when needed. repeated oral instructions and check for understanding, verbal praise and positive behavior system, visual schedule near table, and oral and visual cues for transitions, provide expectation when learning new concepts or transitioning to new class activities. ,	
	Instructional Modifications	<input type="text"/>	<input type="text"/>
	Other Supports, including Non-Academic and Extra-curricular Activities	<input type="text"/>	<input type="text"/>
Preparation for Three Year Review IEP (At the	Do the Parent and the District (local educational	<input checked="" type="radio"/> Yes <input type="radio"/> No	

<p>second Annual Review IEP Meeting, the team must discuss and document the decision to conduct or not conduct a three-year comprehensive reassessment.)</p>	<p>agency) agree that a reassessment is unnecessary?</p>		
<p>Comments, as appropriate</p>			
<p>Low Incidence Equipment</p>			
<p>Assistive Technology Equipment</p>			
<p>Participation in General Education</p>	<p>All Gen. Ed. Program</p>		

4(Sensory regulation)	Minutes/Interval:	600	
	Minutes/Interval (Pullout from Gen Ed):	0	
	Service Delivery Model:	Direct Service (Collaborative)*	
	Responsible Personnel:	Licensed/Credentialed Provider	
		General Education Teacher	
		Special Education Teacher	
	*		

Service 3	Start Date:	Effective on Signature Date	
47	End Date:	31-JAN-2025	
Behavior Intervention Consultation (BIC)	Service applies to:	Regular	
	Frequency:	7	
This service addresses the following goals:	Interval:	Yearly	

3(Social Development) 4(Sensory regulation)	Minutes/Interval:	420	
	Minutes/Interval (Pullout from Gen Ed):	0	
	Service Delivery Model:	Collaborative Behavioral Services*	
	Responsible Personnel:	District Assigned Qualified Provider	
	*		

Service 4	Start Date:	Effective on Signature Date	
RSP	End Date:		
RSP	Service applies to:	Regular	
	Frequency:	2	
This service addresses the following goals:	Interval:	Weekly	

2(Pre-Reading)	Minutes/Interval:	30	
1(Pre-Reading)	Minutes/Interval (Pullout from Gen Ed):	30	
3(Social Development)	Service Delivery Model:	RSP: Direct Instruction Services*	
	RSP Area:	Literacy/ELA/ELD	
	Responsible Personnel:	Resource Specialist Teacher	
		General Education Teacher	
		Other Provider(s)	

*

Service 5	Start Date:	Effective on Signature Date	
RSP	End Date:		
RSP	Service applies to:	Regular	
	Frequency:	2	
This service addresses the following goals:	Interval:	Weekly	

2(Pre-Reading)	Minutes/Interval:	30	
1(Pre-Reading)	Minutes/Interval (Pullout from Gen Ed):	0	
3(Social Development)	Service Delivery Model:	RSP: Direct Instruction Services*	
	RSP Area:	Literacy/ELA/ELD	
	Responsible Personnel:	Resource Specialist Teacher	
		General Education Teacher	
		Other Provider(s)	

*

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

Initial IEP- no comp./recoupment services warranted.

Part 4 - Additional IEP Team Considerations & Parental Input

Per IEP team discussion, IEP team came to the conclusion/agreement that at this time Ray would benefit from 600 yearly Occupational Therapy minutes at this time, to support student with his overall sensory regulation.

After team discussion, it was agree that LAS services will be provided to Ray in twice weekly 30 minute sessions for a total of 1800 minutes per year. The FAPE service grid is only allowing a maximum of 20 to be applied under frequency, but in reality Ray will receive sessions twice weekly (approximately 60 sessions annually). to address his pragmatic and expressive language goals.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student
 Last First MI

Date of Birth Meeting Date

FAPE Summary Grid

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 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 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 Behavior Intervention Plan

For Behavior Interfering with Student's Learning or the Learning of His/Her Peers

Los Angeles Unified School District

(Behavior Intervention Plan, pg. 1 of 3)

Student **AMIEL RAY R** Date of Birth **31-AUG-2020** Meeting Date **12-SEP-2024**

Last First MI

1 The behavior impeding learning is: Describe what it looks like:
leaves without permission he elopes

2 It impedes learning because: lack of work production disrupts other students requires instruction to stop
instructional time is lost negative interaction with peers
other

3 The need for a Behavior Intervention Plan: early stage intervention moderate serious extreme

4 Frequency or intensity or duration of behavior: Frequency (x) Period Intensity Duration (min)

5 Reported by Teachers and/or observed by Staff

5 daily low 5

PREVENTION

PART 1

ENVIRONMENTAL FACTORS AND NECESSARY CHANGES

5 What are the predictors for the behavior? (Situations in which the behavior is likely to occur: people, time, place, subject, etc).

<input type="checkbox"/> Disruption in routines	<input type="checkbox"/> Work level higher than student's ability	<input type="checkbox"/> Verbal directives	<input type="checkbox"/> Lack of predictability
<input type="checkbox"/> Time of day	<input type="checkbox"/> Internal physical/emotional state	<input type="checkbox"/> Peer conflict	<input type="checkbox"/> Over stimulation
<input type="checkbox"/> Unstructured time	<input type="checkbox"/> Lack of freedom, choice, desirable activities, friends	<input type="checkbox"/> Room conditions	<input type="checkbox"/> Specific room arrangement
<input type="checkbox"/> Events from previous environments	<input type="checkbox"/> Under stimulation		

Other Describe: Transitions

Observation Analysis

6 What supports the student using the problem behavior? (What is missing in the environment/curriculum or what is in the environment/curriculum that needs changing?)

Present in the environment: Classroom seating arrangement Noise levels Interactions (adult and/or peers)

Missing in the environment: Peer status gained for misbehavior Inappropriate materials (age-appropriate) Conflict resolution skills

Transition skills Schedule Effective communication with parent

Re-teaching Task structuring Communications system

Social skills instruction Consequences not clear to student

Choices

Other (Missing/Present):

REMOVE STUDENT'S NEED TO USE THE PROBLEM BEHAVIOR

Intervention

7 What environmental changes, structure and supports are needed to remove the student's need to use this behavior? (Changes in Time/Space/Materials/Interactions to remove the likelihood of behavior)

Time Changes:	<input type="checkbox"/> Give more time on tasks	<input type="checkbox"/> Allow completion in parts	<input type="checkbox"/> Teach a closure system
Space Changes:	<input checked="" type="checkbox"/> Signal transition	<input type="checkbox"/> Provide a break	<input type="checkbox"/> Give less time on tasks
Material Changes:	<input type="checkbox"/> Preferred seating	<input type="checkbox"/> Different work areas	<input type="checkbox"/> Study carrels
Interaction:	<input type="checkbox"/> Personal space	<input type="checkbox"/> Hands-on learning	<input type="checkbox"/> Tasks organized
	<input type="checkbox"/> Accommodated work	<input type="checkbox"/> Notebook organizer	<input type="checkbox"/> Enlarged print size books
	<input type="checkbox"/> High interest materials	<input type="checkbox"/> Cue the student	<input checked="" type="checkbox"/> Model
	<input checked="" type="checkbox"/> Use specific supportive words	<input checked="" type="checkbox"/> Praise successes	<input type="checkbox"/> Peer Models
	<input checked="" type="checkbox"/> Verbally praise student	<input type="checkbox"/> Use calm, de-escalating language	
	<input type="checkbox"/> Use specific support communications		

Other

Who will establish? Teachers Who will monitor? Teachers/Staff Frequency: daily

INDIVIDUALIZED EDUCATION PROGRAM
Behavior Intervention Plan

For Behavior Interfering with Student's Learning or the Learning of His/Her Peers

Los Angeles Unified School District

(Behavior Intervention Plan, pg. 2 of 3)

Student AMIEL RAY R Date of Birth 31-AUG-2020 Meeting Date 12-SEP-2024
Last First MI

ALTERNATIVE PART II FUNCTIONAL FACTORS AND NEW BEHAVIORS TO TEACH AND SUPPORT

8 Team believes the behavior occurs because: (Function of behavior in terms of getting, protest or avoiding something)
To Get: Sensory input Attention (peer) Attention (staff)
To Avoid: Tangible (desired item) Tangible (desired activity) Attention (staff)
 Sensory input Attention (peer) Task (too long)
 Task (too difficult) Task (too easy)
Describe: wants to play on the yard
9 What team believes the student should do INSTEAD of the problem behavior? (How should the student escape/protest/avoid or get his/her need met in an acceptable way?)

Observation Analysis
Ray should be able to follow one-step directions.
ie: Wash hands, grab our snack, and sit in line.

10 What teaching Strategies/Necessary Curriculum/Materials are needed?
 Better communication skills Anger management Communication system Self-management systems
 Following schedules & routines Learning new social skills Learning how to negotiate Learning structured choice
 Learning new scripts Learning notebook organization Learning to use conflict resolution Learning to request breaks
 Other
Who will establish? Teachers/Staff Who will monitor? Teachers/Staff Frequency: Daily

11 What are reinforcement procedures to use for establishing, maintaining, and generalizing the replacement behavior(s)?
Physical: High-fives Pat on the back Smiles Handshake
Verbal: Use specific praises Recognition of student's str... Peer recognition
Contingent Access: Time on the computer Free time Listen to music
 Preferred activity Describe: Other
Tangibles Positive phone calls or notes to home Certificate sent home Seating Location
Tokens and Points: Tokens Points
Privileges: Exempt assignment Extra test points
Other ideas:
Selection of reinforcer based on: students needs
 reinforcer for using replacement behavior reinforcer for general increase in positive behaviors
By whom? Teachers Frequency: Daily

EFFECTIVE REACTION PART III REACTIVE STRATEGIES

12 What strategies will be employed if the problem behavior occurs again. (1. Prompt student to switch to the replacement behavior, 2. Describe how staff should handle the problem behavior if it occurs again, 3. Positive discussion with student after behavior ends, 4. Any necessary further classroom or school consequences)
Give the student oral, auditory, and visual cues for future transitions.
One-to-one conversations reinforce expected behaviors.
Personnel?
Teachers/Staff

INDIVIDUALIZED EDUCATION PROGRAM
Behavior Intervention Plan

For Behavior Interfering with Student's Learning or the Learning of His/Her Peers

Los Angeles Unified School District

(Behavior Intervention Plan, pg. 3 of 3)

Student AMIEL RAY R
Last First MI

Date of Birth 31-AUG-2020

Meeting Date 12-SEP-2024

OUTCOMES

PART IV

BEHAVIORAL GOALS

13 Behavioral Goal: Goal #: 7

When given a direction, Ray will demonstrate the desired behavior (ie: begin washing hands, clean up, sit down, etc) within 1-2 minutes of being asked in 3 out 5 trials measured by teacher observations.

The above behavioral goal is to: Increase use of replacement behavior and may also include:

- Reduce frequency of problem behavior
- Develop new general skills that remove student's need to use the problem behavior

Observation and Analysis Conclusion

Are curriculum accommodations or modifications also necessary? Where described?

Yes No

Are environmental supports/changes necessary?

Yes No

Is reinforcement of replacement behavior alone enough? (no new teaching is necessary)?

Yes No

Are both teaching of new replacement behavior AND reinforcement needed?

Yes No

This BIP to be coordinated with other agency's service plans? Agency?

Yes No

Person responsible for contact between agencies.

COMMUNICATION

PART V

COMMUNICATION PROVISIONS

14 Manner and content of communication:

- Phone calls
- Daily reports
- Weekly reports
- Other
- Email
- Daily charting
- Written notes
- Behavioral logs

Between? Teacher/Parents Frequency? Weekly or as needed

**INDIVIDUALIZED EDUCATION PROGRAM
LANGUAGE AND SPEECH SERVICES CERTIFICATION (LAS CERTIFICATION)**

Los Angeles Unified School District

Attachment B

Student Date of Birth Meeting Date

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.