

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Identification Number 200081X243 SSID 7565106622
 Student AZAR LIEL S
 Last First MI

Eligible (AUT)

Date of Birth: 01-JAN-2010

Section A: Meeting Information

Pertinent Dates	Type of Meeting
Date of Initial IEP Team Meeting: 01-FEB-2017	<input type="radio"/> Initial
Date of Present Meeting: 30-SEP-2024	<input type="radio"/> Amendment of IEP dated
Annual Review to be conducted by: 30-SEP-2025	<input type="radio"/> Annual Review
Next Three Year Review will be conducted by: 30-SEP-2027	<input checked="" type="radio"/> Three Year Review
Three Year Review or Evaluation was conducted on: 30-SEP-2024	<input type="radio"/> Early Start Transition
Transition to Kindergarten to be conducted by:	<input type="radio"/> Expulsion Analysis
	<input type="radio"/> Individual Transition Plan
Location of Meeting: VALLEY ACAD ARTS/SCI	District Name: Los Angeles Unified School Distri

Section B: Student Information

Date of Birth: 01-JAN-2010	Age: 14	Grade: 9
Gender: <input type="radio"/> Male <input checked="" type="radio"/> Female	Ethnic Code: White	
Location of the Psych Folder: REGION NORTH	Student has no Psych Folder: <input type="checkbox"/>	
Location of the Cum Folder: VALLEY ACAD ARTS/	Student has no Cum Folder: <input type="checkbox"/>	
Home Language: English	Student Language: English	Alternate Mode of Communication:
Home Address of Student: 5150 YARMOUTH AVE APT 302		
City: ENCINO CA	ZIP Code: 91316	Emergency Telephone:
Home Telephone: (310) 993-7944	Daytime Telephone:	
School of Attendance: Valley Acad Arts/Sci	Location Code: 8898	
School of Residence: Reseda Charter Hs	Location Code: 8814	
Name of Parent/Guardian: SHEREEN ZURNAME	Telephone: (310) 993-7944	
Address: 5150 YARMOUTH AVE APT 302		
City: CA	ZIP Code:	
Surogate Parent:	Telephone:	
Attends CURRENT SCHOOL as a result of one of the following:	Open Enrollment Program	
Is the student living in a Family Foster Home (FFH)? <input checked="" type="radio"/> No <input type="radio"/> Yes	FFH#:	
Is FFH Provider related to student? <input type="radio"/> No <input type="radio"/> Yes	Relationship:	
Licensed Children's Institution <input checked="" type="radio"/> No <input type="radio"/> Yes	LCI Name:	
	LCI#:	
Out of the home placement made by <input type="radio"/> Regional Center <input type="radio"/> Superior Court	<input type="radio"/> Department of Mental Health <input type="radio"/> Department of Children's Services	
Child's family living within LAUSD's boundaries? <input type="radio"/> No <input checked="" type="radio"/> Yes	<input type="radio"/> Other:	
If the student is 18 years old or older or is an emancipated minor, does he/she have educational decision-making rights?	<input type="radio"/> No <input type="radio"/> Yes	

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Section C: Language Acquisition

Language Classification: Start Date:

Withdrawal by Parent Request: Yes No Reclassification Date:

ELPAC Performance Level and Performance Descriptor: Test Date:

Alternate ELPAC Performance Level and Performance Descriptor: Test Date:

Section D: Goal Achievement from Current IEP

		Achieved		
Goal for: (example - Reading)		Yes	No	If No, explain the reason the goal/objective was not achieved
1	<input type="text" value="Written Language"/>	<input type="radio"/>	<input checked="" type="radio"/>	Student is at 70% accuracy.
Category	<input type="text" value="Writing"/>			
	Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	Student is at 70% accuracy.
2	<input type="text" value="Mathematics"/>	<input checked="" type="radio"/>	<input type="radio"/>	
Category	<input type="text" value="Math"/>			
	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="Reading"/>	<input checked="" type="radio"/>	<input type="radio"/>	
Category	<input type="text" value="Reading"/>			
	Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
4	<input type="text" value="Vocational Education"/>	<input type="radio"/>	<input checked="" type="radio"/>	Student can complete with 60% accuracy
Category	<input type="text" value="Vocational Education"/>			
	Objective 1 met	<input type="radio"/>	<input checked="" type="radio"/>	Student can complete with 60% accuracy
	Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	Student can complete with 60% accuracy
5	<input type="text" value="Social Emot/ERICS"/>	<input type="radio"/>	<input checked="" type="radio"/>	Needs more time
Category	<input type="text" value="Social Emotional"/>			
	Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	Needs more time
6	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	
Category	<input type="text"/>			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
7	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	
Category	<input type="text"/>			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
8	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	
Category	<input type="text"/>			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
9	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	
Category	<input type="text"/>			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
10	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	
Category	<input type="text"/>			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

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01-JAN-2010

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30-SEP-2024

Last

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MI

Section E: Present Level of Performance

Performance Area:

Health

Category:

Health

Assessment/Monitoring Process Used:

Health assessment, review of records, parent interview

State/District Assessment Results:

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

Health Summary: Liel is a 14-year-old student in the 9th grade. Liel has diagnoses of Scoliosis (abnormal curvature of the spine), and hyper flexible joints (joints that have a greater range of movement than normal). Liel has also been diagnosed with a condition that affects mood, thoughts and behavior. Student receives regular medical care for all of Liel's healthcare needs. Liel is not on any routine medications at home or at School. No allergies to food or medication have been reported at this time.

Strengths: Liel is able to ambulate without assistance and is independent with activities of daily living. Liel is able to communicate verbally. Liel passed an LAUSD vision screening with correction on 1/24/2024 and an LAUSD hearing screening on 9/11/2024.

Areas of Need: History of Scoliosis

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

Accommodations/Modifications: School personnel to limit physical activities that include repetitive bending, twisting and high impact activities (running, jumping). School personnel to refer student for rest/access the Health Office for any reports of pain.

Luz Karina Naranjo M.A., BSN, PHN, RN
Credentialed School Nurse
9/11/2024

Performance Area:

Category:

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

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Section E: Present Level of Performance

Performance Area: Reading

Category: Reading

Assessment/Monitoring Process Used: WJIV, Work Samples, Informal, and Observation

State/District Assessment Results: SBAC: 2589 Standard Met

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

Woodcock Johnson IV Test of Achievement Results:
Test Areas Standard Score Classification
Broad Reading 75 Low
Letter Word Identification 65 Very Low
Passage Comprehension 86 Low Average
Word Attack 79 Low
Oral Reading 79 Low
Sentence Reading Fluency 81 Low Average

Performance Area: Reading (Cont'd)

Category: Reading

Assessment/Monitoring Process Used: WJIV, Work Samples, Informal, and Observation

State/District Assessment Results: SBAC: 2589 Standard Met

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

Strengths: Liel demonstrates that she is able to use evidence from a text to support her inferences. When identifying evidence, she is fully aware to place quotations when citing her sources. She shows that she can create a theme and provide a justification for the theme she selected. Liel has demonstrated understanding with important elements within a story including conflict, rising action, climax, and falling action. When she is asked to read in front of the class, she shows that she can maintain an appropriate reading pace and volume.
Needs: Liel needs more support with finding online sources that support a claim that she is making based from a writing prompt. She also requires support with determining whether a source is credible or not credible. Also, she needs more adult support with creating strategies that help her distinguish between sources on the internet.
Impact of Disability: Liel's eligibility (AUT) has impacted her ability to assess the credibility of online resources, which has impacted her involvement and progress within the general education reading curriculum.

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Section E: Present Level of Performance

Performance Area:

Math

Category:

Math

Assessment/Monitoring Process Used:

Informal, Observation, and Student Work Samples

State/District Assessment Results:

SBAC: 2470 Standard Not Met

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

Woodcock Johnson IV Test of Achievement Results:
Test Areas Standard Score Classification
Broad Mathematics 65 Very Low
Applied Problems 87 Low Average
Calculation 66 Very Low
Math Facts Fluency 63 Very Low

Performance Area:

Math (Cont'd)

Category:

Math

Assessment/Monitoring Process Used:

WJIV, Work Samples, Informal, and Observation

State/District Assessment Results:

SBAC: 2470 Standard Not Met

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

Strengths: Liel demonstrates that she can solve simple mathematical problems involving problems such as multiplying, dividing, subtracting, and adding. She shows that she can use visuals to help her solve multiplication problems. Liel demonstrates understanding in regrouping when solving multiple step addition and subtraction problems. Liel shows that she can solve problems involving decimals. Also, she has shown that she can solve problems involving proportions and is able to combine like terms.

Needs: Liel demonstrates that she needs more support with solving algebraic mathematical problems that require multiple steps. She also demonstrates that she needs adult prompting with applying older learned concepts into newly learned material. Liel demonstrates that she needs more support with identifying the slope of a line. She also needs more support with formatting equations into slope intercept form.

Impact of Disability: Liel's eligibility (AUT) has impacted her ability to determine the slope, which has impacted her involvement and progress within the general education math curriculum.

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Section E: Present Level of Performance

Performance Area:

Writing

Category:

Writing

Assessment/Monitoring Process Used:

WJIV, Work Samples, Informal, and Observation

State/District Assessment Results:

SBAC: 2589 Standard Met

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

Woodcock-Johnson IV Test of Achievement Results:
Test Areas Standard Score Classification
Broad Written Language 79 Low
Spelling 61 Very Low
Writing Samples 116 High Average
Sentence Writing Fluency 77 Low

Performance Area:

Writing (Cont'd)

Category:

Writing

Assessment/Monitoring Process Used:

WJIV, Work Samples, Informal, and Observation

State/District Assessment Results:

SBAC: 2589 Standard Met

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

Strengths: Liel shows that she is able to create written works that maintains full relevance to a prompt. She also demonstrates the ability to write multiple paragraphs on a single topic. Liel shows that she is able to write an analysis of a reading that integrate her ideas based off the text. Liel demonstrates that she is able to adhere to MLA formatting. Liel can identify different clause types including independent and dependent clauses. She is growing her ability to vary her syntax by using complex, compound, and simple sentences.

Needs: Liel needs more support with creating a thesis statement that supports an analysis. Also, Liel needs more adult support with argumentative writing styles. She needs to develop her ability to create a counterclaim and use syntactical strategies that will effectively present a counterargument. Liel needs to continue to develop her ability to write multiple paragraphs that address a single prompt.

Impact of Disability: Liel's eligibility (AUT) has impacted her ability to write multiple-paragraph works that support an argument and implements a counterclaim, which has impacted her involvement and progress within the general education writing curriculum.

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Section E: Present Level of Performance

Performance Area: Vocational

Category: Vocational Education

Assessment/Monitoring Process Used: Informal and Observation

State/District Assessment Results: N/A

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

Strengths: Liel shows that she is able to follow up and communicate with teachers regarding work that she may have missed. Also, she shows to complete her work throughout her classes. Liel maintains focus and participates during class by raising her hand or calling out the answer when it is appropriate. She has been observed to be respectful and kind to peers and adult staff in the classroom. When she needs support or clarification, she will raise her hand and wait to be called on. During group activities, she demonstrates the ability to work with others and collaborate on presentations.

Needs: Liel needs more support with her school attendance. According to Liel's attendance records, she shows that she is absent or tardy from the first period of each day. She needs adult guidance that supports her coming to school each and every day on time. Liel also needs support with coping strategies that can help regulate her emotions involving anxiety, nervousness, or worry. Liel needs to set goals that will help her overcome attendance challenges.

Impact of Disability: Liel's eligibility (AUT) has impacted her ability to maintain appropriate attendance, which has impacted her involvement and progress within the general education learning 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):

[Empty text box for current performance/assessment summary]

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Section E: Present Level of Performance

Performance Area: ERICS Social Emotional

Category: Social Emotional

Assessment/Monitoring Process Used: Consultation, review of records, observation

State/District Assessment Results: NA

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

Strengths:
 Student has been coming regularly to counseling, talks about concerns and listens to strategies provided. Student is bright and articulate and can ask for her needs to be met. Student is also polite and participates in classes when she attends.

Area of Need
 Students goal last year was to describe and use the steps in a 'Think, Feel, Do' model and discuss how changing one's thinking/view point changes one's decision making process in 3 out of 4 opportunities/scenarios per session with minimal adult support as measured by provider's observations. This goal is not met. Since school recently started, student has not been able to use that model to change decision making process. The concerns this year is her level of anxiety and how hard it is to come to school on time, because of some obsessive rituals and thoughts when leaving the house. It is recommended that ERICS be continued, with modification of the goal, reflecting her anxiety coming to school.

Impact of Disability:
 Impact of the Disability: Liel's eligibility of Autism (AUT) appears to increase her anxiety which affect her ability to socialize appropriately and with ease in a variety of social settings which impacts her involvement and progress in 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):

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Section E: Present Level of Performance

Performance Area:

General Ability (Cognitive, Language, Motor)

Category:

General Ability

Assessment/Monitoring Process Used:

Record review, observation, standardized testing

State/District Assessment Results:

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

Areas of Strength:

With regard to cognitive ability, results of the current assessment indicate Liel is functioning within the Average range of cognitive ability based upon alternative assessment procedures. She demonstrated relative strength in her ability to interpret or give meaning to what is seen (visual processing). She also demonstrated relative strength in recalling orally presented sequences of numbers, words, and sentences (auditory processing-memory). She demonstrated adequate ability in comprehending oral language at the sentence and narrative level including inferences and figurative speech (auditory processing-comprehension) as well as her ability to recreate visual targets with pencil and paper (sensory-motor processing). She also demonstrated adequate ability in discriminating sounds in words, and isolating sounds in words, although she struggled with tasks that required the blending of sounds to form a word (phonological processing). She further demonstrated age-appropriate ability in utilizing higher order thinking skills to figure out complex verbal and nonverbal problems (cognitive processing-conceptualization), as well as relating units of information in memory (cognitive processing-association) and expressing her thoughts orally (cognitive processing-expression).

Liel demonstrated age appropriate receptive and expressive skills. While she appeared to demonstrate some rigidity when it came to questions that were broader in nature, often asking for more specifics, this appears to be more social emotional in nature. As such, Liel does not evidence significant language/communication needs which adversely impact her access to educational setting

Liel demonstrated age appropriate fine and gross motor skills. Liel does not evidence significant motor skills needs which adversely impact her access to her educational setting. However, please refer to school nurse present levels of performance for accommodations regarding Liel's Scoliosis and hyperflexible joints.

Performance Area:

General Ability cont.

Category:

General Ability

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:

With regard to cognitive ability, she demonstrated some variable performance in the area of attention processing. While she was able to engage in timed tasks that require resisting distractions on a page to provide verbal responses, she struggled with having to resist distractions and underline items. She also had some difficulty in organizing her thoughts into an appropriate plan to achieve a specific goal within given time limits. It should be noted that while Liel was mostly able to work on these tasks correctly, she struggled to do so within age-appropriate time frames. However, previous psychoeducational assessment did not indicate difficulties in this area, as such this does not appear to be a consistent area of deficit for Liel. Liel does evidence a psychological processing deficit in the area of attention processing which adversely impacts educational access and performance at this time.

Impact of Disability:

Liel's eligibility of Autism impacts her involvement and progress in the general education curriculum. However, it does not appear to impact her motor or expressive/receptive language skills at this time. Liel's processing deficit in the area of attention may impact her ability to complete tasks within age appropriate time limits.

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Section E: Present Level of Performance

Performance Area:

Social Emotional

Category:

Social Emotional

Assessment/Monitoring Process Used:

Record review, interview, observation, rating scales

State/District Assessment Results:

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

Areas of Strength:

With regard to social emotional ability, results of the current assessment indicate Liel exhibits strengths in being a kind, creative resilient student. Liel's mother and Liel report a good familial relationship. Parent reports Liel enjoys a variety of age appropriate activities such as Lego building/ 3D puzzles, swimming, baking, and coloring/craft. She noted that Liel is honest, respectful towards adults, and demonstrates patience and empathy towards the elderly and less fortunate. Liel's 9th grade SDC English teacher, Mr. Chan, report that Liel is a creative student, who comes to class prepared, participates, and stays focused to complete class work. Liel shared she enjoys building Lego sets and drawing. She shared her favorite subjects are math and robotics, noting that she is currently a part of Robotics Club. She shared that while it can be difficult to make friends, she initiated friendship with a group of peers at VAAS and indicated things are going well with them. While struggling, Liel was able to share coping skills that she has been trying to use to help her including looking for evidence to ease anxiety, ice on her hands to help with obsessive repetitive routines, and 'imaginary friends' to talk through problems, feel safe, and less lonely. In working with the examiner, Liel presented as a polite, focused student. She willingly engaged in conversation with the examiner and appeared honest while discussing her struggles.

Performance Area:

Social Emotional cont.

Category:

Social Emotional

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:

Liel appears to be struggling with anxiety and depression. Per parent and student report Liel has consistently struggled with coming to school on time since the beginning of the school year. Factors impacting this include: obsessive repetitive routines that keep Liel up late, anxiety triggered by history of difficulty with middle school peers and teachers, struggling with recent loss of her same age cousin as well as declining health of grandparents. While Liel demonstrated difficulties with anxiety and depression previously, based on the social emotional assessment done April 2024, it appears that current circumstance including those mentioned as well as transitioning to high school appear to be exacerbating these challenges. Additionally, rating scale responses indicate Liel is also struggling with self-esteem and difficulty with consistently interacting with peers. Parent noted slightly elevated concerns in the areas of peer socialization and behavioral rigidity on the ASRS. In working the examiner, Liel presented with some rigidity with broader statements on rating scales and often asked for clarification as she wanted specifics for statement. As such, Liel often included many additional written comments on rating scales (which was allowed by the examiner) to include specificity to her responses, even though they were intended to be broader questions. As such Liel appeared to demonstrate a certain level of rigidity in needing responses to be specific. Overall, Liel continues to evidence social, emotional and/or behavioral needs which adversely impact educational access and performance at this time. Additionally, she meets criteria to continue receiving ERICS services.

Impact of Disability:

Liel's eligibility of Autism impacts her involvement and progress in the general education curriculum. Currently, it appears to impact her ability to positively cope with major life changes and as such has impacted her getting to school in the morning.

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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: [Empty] [Empty]

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): [Empty]

This is a Final IEP, the student remains eligible for Special Education Services until the Effective Date below. Final IEP Reason: [Empty] Final IEP Effective Date: [Empty]

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

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

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Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

Liel will evaluate the credibility and accuracy of each source of information presented in diverse media or formats with minimal adult support as measured by student work samples in 4 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:

Liel will evaluate the credibility and accuracy of each source of information presented in diverse media or formats with maximum adult support as measured by student work samples in 3 out of 5 trials with 70% accuracy.

Incremental objective #2 related to the goal:

Liel will evaluate the credibility and accuracy of each source of information presented in diverse media or formats with moderate adult support as measured by student work samples in 3 out of 5 trials with 75% accuracy.

Date to be achieved: MO/YR

Date to be achieved: MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

Liel will write a multi-paragraph composition in support of an argument that introduces claims and addresses at least one opposing claim, with valid reasoning and sufficient evidence for each claim and counterclaim with minimal adult support as measured by student work samples in 4 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:

Liel will write a multi-paragraph composition in support of an argument that introduces claims and addresses at least one opposing claim, with valid reasoning and sufficient evidence for each claim and counterclaim with minimal adult support as measured by student work samples in 3 out of 5 trials with 70% accuracy

Incremental objective #2 related to the goal:

Liel will write a multi-paragraph composition in support of an argument that introduces claims and addresses at least one opposing claim, with valid reasoning and sufficient evidence for each claim and counterclaim with moderate adult support as measured by student work samples in 3 out of 5 trials with 75% accuracy

Date to be achieved: MO/YR

Date to be achieved: MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

Liel will identify the slope and the intercept of a linear model in the context of the data with minimal adult support as measured by student work samples in 4 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:

Liel will identify the slope and the intercept of a linear model in the context of the data with maximum adult support as measured by student work samples in 3 out of 5 trials with 70% accuracy.

Incremental objective #2 related to the goal:

Liel will identify the slope and the intercept of a linear model in the context of the data with moderate adult support as measured by student work samples in 3 out of 5 trials with 75% 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

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 #:

Liel will set goals of improving attendance and establish criteria for making decisions which support progress towards those goals in 4 out of 5 trials per 70% accuracy with minimal adult support as measured by observation.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

Liel will set goals of improving attendance and establish criteria for making decisions which support progress towards those goals in 3 out of 5 trials per 60% accuracy with maximum adult support as measured by observation

Incremental objective #2 related to the goal:

Liel will set goals of improving attendance and establish criteria for making decisions which support progress towards those goals in 3 out of 5 trials per 65% accuracy with moderate adult support as measured by observation

Date to be achieved: MO/YR

Date to be achieved: MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
 Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

Student will learn and use strategies to decrease her anxiety (positive self talk to build confidence, deep breaths, visualization) in 4 out of 5 days as evidenced by decrease in tardies.

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:

Student will learn and use strategies to decrease her anxiety (positive self talk to build confidence, deep breaths, visualization) in 2 out of 5 days as evidenced by decrease in tardies.

Incremental objective #2 related to the goal:

Student will learn and use strategies to decrease her anxiety (positive self talk to build confidence, deep breaths, visualization) in 3 out of 5 days as evidenced by decrease in tardies.

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 K: Participation in State and District-wide Assessments

Assessments administered will conform to those assessments determined for each grade by the California Department of Education and/or the Los Angeles Unified School District.

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

CAASPP - California Assessment of Student Performance and Progress

ELA

	Designated Support	Accommodations
Embedded	1. Text-to-speech - Text-to-speech allows text stimuli, items, and/or both to be read aloud to student. Within the testing interface, the student is able to control speed and volume. <ul style="list-style-type: none"> • Items (ELA) 	1. Text-to-speech - Text-to-speech allows the reading of text to student by TDS. Within the testing interface, student is able to control speed and volume. <ul style="list-style-type: none"> • Stimuli and Items (math)
Non-Embedded	1. Separate setting - Testing location, including time of assessment, lighting, acoustics, and furniture, may be altered.	

Math

	Designated Support	Accommodations
Embedded	1. Text-to-speech - Text-to-speech allows text stimuli, items, and/or both to be read aloud to student. Within the testing interface, the student is able to control speed and volume. <ul style="list-style-type: none"> • Items (ELA) and Stimuli and items (math) 	
Non-Embedded	1. Separate setting - Testing location, including time of assessment, lighting, acoustics, and furniture, may be altered.	1. Calculator - (6-8 and 11) Non-embedded calculator may be used by student as determined by IEP team. 2. Multiplication table - Multiplication table available at any tested grade level for reference.

Science

	Designated Support	Accommodations
Embedded	1. Text-to-speech - Text-to-speech allows text stimuli, items, and/or both to be read aloud to student. Within the testing interface, the student is able to control speed and volume. <ul style="list-style-type: none"> • Items (ELA) and Stimuli and items (math) 	

Non-Embedded	<ol style="list-style-type: none">1. Calculator - Non-embedded calculator may be used by student as determined by IEP team.2. Multiplication table - Multiplication table available at any tested grade level for reference.3. Separate setting - Testing location, including time of assessment, lighting, acoustics, and furniture, may be altered.	
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INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student AZAR LIEL S MI Last First MI

Date of Birth 01-JAN-2010

Meeting Date 30-SEP-2024

Section N: Procedural Safeguards and Follow-up Actions

- A Parent's Guide to Special Education Services including Procedural Rights & Safeguards was provided to the parent in his/her primary language.
The IEP Team Meeting Introductory Statements were read aloud at the beginning of the IEP Team meeting.
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:

*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. Any computer generated translation IEP documentation should not be considered an official IEP document.

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

Specify the Individual Pages to be translated:

Special Requests:

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:

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

10-NOV-2022 (Inactive) Amendment

Recoupment Services Consideration:

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

10-NOV-2022 (Inactive) Amendment

- 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: AZAR, First: LIEL, MI: S

Date of Birth: 01-JAN-2010

Meeting Date: 30-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. Rows include Email (A. Chan, 16-SEP-2024) and Student (A. Chan, 15-OCT-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 30-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 tómese un momento para completar la siguiente encuesta escaneando el código QR con la cámara de su teléfono inteligente. También puede realizar la encuesta en este enlace:

<http://lausd.PARENT-IEP-EXPERIENCE.alchemer.com/s3/>

Please ask your school staff if in need of assistance.

En caso que necesite asistencia, por favor solicitesela al personal de la escuela.



INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Reconvened Meeting
Date

Student
Last First MI

Date of Birth

Meeting Date

Section R: Names and Signatures (Signatures on File)

Team Member	Print Name	Signature
Parent/Guardian	<input type="text" value="Shereen Zurnamer"/>	<input type="text"/>
Parent/Guardian	<input type="text"/>	<input type="text"/>
Student Age 18 - 21 years	<input type="text"/>	<input type="text"/>
Student Under Age 18 years	<input type="text"/>	<input type="text"/>
Surrogate Parent	<input type="text"/>	<input type="text"/>
Foster Parent	<input type="text"/>	<input type="text"/>
Family Foster Home Provider	<input type="text"/>	<input type="text"/>
Administrator	<input type="text"/>	<input type="text"/>
Administrative Designee	<input type="text" value="Leticia Lopez"/>	<input type="text"/>
Special Education Teacher	<input type="text" value="Allan Chan"/>	<input type="text"/>
General Education Teacher	<input type="text" value="Jessica Aghajanian"/>	<input type="text"/>
School Psychologist	<input type="text" value="Michelle Godinez"/>	<input type="text"/>
School Nurse	<input type="text"/>	<input type="text"/>
Related Service Staff <input type="text" value="ERICs"/>	<input type="text" value="Tara Kesling"/>	<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

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="Shereen Zurnamer"/>	<input type="text"/>
Parent/Guardian	<input type="text"/>	<input type="text"/>
Student Age 18 - 21 years	<input type="text"/>	<input type="text"/>
Student Under Age 18 years	<input type="text"/>	<input type="text"/>
Surrogate Parent	<input type="text"/>	<input type="text"/>
Foster Parent	<input type="text"/>	<input type="text"/>
Family Foster Home Provider	<input type="text"/>	<input type="text"/>
Administrator	<input type="text"/>	<input type="text"/>
Administrative Designee	<input type="text" value="Leticia Barba"/>	<input type="text"/>
Special Education Teacher	<input type="text" value="Allan Chan"/>	<input type="text"/>
General Education Teacher	<input type="text" value="Naomi Oken"/>	<input type="text"/>
School Psychologist	<input type="text" value="Michelle Godinez"/>	<input type="text"/>
School Nurse	<input type="text" value="Luz Naranjo"/>	<input type="text"/>
Related Service Staff <input type="text" value="ERICS"/>	<input type="text" value="tara kesling"/>	<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 type="radio"/> General Education Class/General Education Site	<input checked="" 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?

Yes 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.

Yes 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?

Yes 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.

Yes 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

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.
<input style="width: 100%; height: 80px;" type="text"/>		

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.
<input style="width: 100%; height: 80px;" type="text"/>		

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.
	<input style="width: 100%; height: 80px;" type="text"/>	

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 checked="" 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"/>
Eligibility: (from Page 4)		Eligible (AUT)	
	Final IEP Reason Final IEP Effective Date:		
Curriculum		General Education	
Placement	Type of School	District Non-Resident School	
	Name of School	VALLEY ACAD ARTS/SCI	
Instructional Setting	Setting	Special Education	
	Program	SLD	
	Special Day Minutes/Wk	750	
	Addresses Goals	3(Math),2(Writing),4(Vocational),1(Reading),5(ER ICS Social Emotion)	
Additional Factors	Low Incident Support	None	
	Assistive Technology Support	No	
	Transportation	None	
	Extended School Year/Intersession	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Parent Counseling and Training (PCT)		<input checked="" type="radio"/> Yes <input type="radio"/> No	
	ESY Transportation	No	
Accommodation, Modifications, Supports	Instructional Accommodations	<p>preferred seating, visual cues, prompting, re-direct to task, graphic organizers, break lengthy assignments into chunks, clear expectations on directions for assignments, extra time for assessments and assignments as needed not to exceed one extra class period, shorten assignments as needed but must show mastery at teacher discretion , allow student to use ruler or line marker when reading/writing, Allow student to have a break when using computer for more than 20 min., Larger font/print when available, Allow student to use prism glasses as she needs, text to speech (as appropriate) , Print out large assignments that require reading on the computer, written student response (rather than on computer including worksheets as needed , paper copy of multiplication chart that is 1-20 to use as appropriate at teacher discretion, History Assignments printed as needed, non distracting toy to be supplied by parent to use in class, noise cancelling head phones to be supplied by parent to use in classroom as needed. Use of an index card during quizzes/tests.</p> <p>25% extra time on standardized tests (PSAT, SAT, AT, CAST, CAASPP, SBAC etc.)</p>	
	Instructional Modifications		
	Other Supports, including Non-Academic and Extra-curricular Activities		

		Limit physical activities that include repetitive bending, twisting and high impact activities (running, jumping) as these activities can cause pain/stress on the spine. Allow student to rest/access the Health Office for any reports of pain	
Preparation for Three Year Review IEP (At the second Annual Review IEP Meeting, the team must discuss and document the decision to conduct or not conduct a three-year comprehensive reassessment.)	Do the Parent and the District (local educational agency) agree that a reassessment is unnecessary?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
	If the Parent does not agree, specify the area(s) to be reassessed.		
Comments, as appropriate			
Low Incidence Equipment			
Assistive Technology Equipment			
Participation in General Education	Liel will participate in general education electives, advisory, and physical education classes.		

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student
 Last First MI

Date of Birth Meeting Date

		Effective With This IEP	Future Changes Related To This IEP
Service 1	Start Date:	Effective on Signature Date	
80	End Date:		
Psychological Services (ERIC)	Service applies to:	ESY	
	Frequency:	4	
This service addresses the following goals:	Interval:	Monthly	
5(ERIC Social Emotion)	Minutes/Interval:	120	
	Minutes/Interval (Pullout from Gen Ed):	120	
	Service Delivery Model:	Direct Service (By a Single Provider)	
	Responsible Personnel:	Licensed/Credentialed Provider	
Service 2	Start Date:	Effective on Signature Date	
80	End Date:		
Psychological Services (ERIC)	Service applies to:	Regular	
	Frequency:	4	
This service addresses the following goals:	Interval:	Monthly	

5(ERICS Social Emotion)	Minutes/Interval:	120	
	Minutes/Interval (Pullout from Gen Ed):	120	
	Service Delivery Model:	Direct Service (By a Single Provider)	
	Responsible Personnel:	Licensed/Credentialed Provider	

Notes:

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

Part 3 - Percentage of Time Outside of General Education

	Effective With this IEP	Future Changes Related to this IEP
% of Time per Week outside of General Education	<input type="text" value="43"/>	

Part 4 - Compensatory Education/Recoupment Services Discussion

The IEP team has reviewed and discussed whether compensatory education is required due to the COVID-19 pandemic. The IEP team has determined: Compensatory education consideration was documented on IEP dated 10-NOV-2022 (Inactive) Amendment.

The IEP team has reviewed and discussed student's progress/achievement and considered factors that may have impacted student's learning during the school facility closures as a result of the COVID-19 pandemic. The IEP team has determined: Recoupment services consideration was documented on IEP dated 10-NOV-2022 (Inactive) Amendment

Part 4 - Additional IEP Team Considerations & Parental Input

IEP team has expressed concerns regarding student attendance. We will reconvene for the psych evaluation completion.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student
 Last First MI

Date of Birth Meeting Date

FAPE Summary Grid

Program:	SLD		Setting:	Special Education					
Eligibility:	Eligible (AUT)		Curriculum:	General Education					
Transportation:	None		Low Incident Support:	None					
Date District Received									
Parent Signature:									
Service Code	Service Desc	Start Date	Service Applies To	Interval	Frequency	Area	Total Minutes	Addresses Goal(s)	No Consent
80	Psychological Services (ERICS)	Effective on Signature Date	Regular	Monthly	4	~	120	ERICS Social Emotion	--
80	Psychological Services (ERICS)	Effective on Signature Date	ESY	Monthly	4	~	120	ERICS Social Emotion	--

Alternative Remote/Distance Learning Services During Emergency Conditions

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

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

	Teacher-posted lessons, asynchronous (online or other media)	Virtual class meetings, synchronous	Personalized learning tools (virtual or paper packets, as available)	Scheduled teacher appointments (virtual or in-person, as available)	Scheduled email check-ins (parent or student)	Virtual office hours (drop-in; parent or student)
Specialized Academic Instruction and Related Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Transition Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Extended School Year Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supplementary Aids and Services (provided in general education classes and other general ed environments)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

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

For IEP Team Information

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

(ITP, pg. 1 of 3)

Student
 Last First MI

Date of Birth

Meeting Date

INDIVIDUAL TRANSITION PLAN (ITP)

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

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

Area	Completed	If no, indicate reason
Education/Training Activity	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> First ITP	<input type="text"/>
Employment Activity	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> First ITP	<input type="text"/>
Independent Living Skills Activity (as needed)	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A	<input type="text"/>

Section 1: Education/Training

Assessment (at least one assessment must be completed in this area).	Date	Assessment Name and Results: Indicate interests/abilities and area(s) of need (if applicable)
<input type="text" value="Transition Surveys, Checklists, or Informal Questionnaires"/> <input type="text"/> If other? <input type="text"/>	<input type="text" value="19-SEP-2024"/>	Assessments: Transition Planner Results: Liel is aware that she is able to pursue different colleges after high school. She is familiar with a few nearby colleges. She needs more support with knowing which colleges have her areas of interest.
<input type="text"/> <input type="text"/> If other? <input type="text"/>	<input type="text"/>	<input type="text"/>

Education/Training Postsecondary Goal

Upon completion of high school, the student will:
 If other?

Education/Training Activity to Support Goal	Timeline	Person/Agency Responsible
<input type="text" value="list colleges/vocational schools that have programs in field of interest"/> If other? <input type="text"/>	<input type="text" value="19-SEP-2025"/>	<input type="text" value="Student"/> <input type="text"/> <input type="text" value="Parent/Guardian/Family"/> <input type="text"/> <input type="text" value="Special Education Teacher"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Student AZAR

LIEL

S

Date of Birth 01-JAN-2010

Meeting Date 30-SEP-2024

Last

First

MI

Date

INDIVIDUAL TRANSITION PLAN (IEP)

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

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

Courses completed: Yes No

Courses currently enrolled in: Yes No

Courses still needed: Yes No

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

Student is working towards: Certificate of Completion Diploma

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

Student will participate in clubs and activities that supports her postsecondary goals.

Future Agency Involvement:

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

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

Agency Name:

Agency Name dropdown menu

Agency Name:

Agency Name dropdown menu

Agency Name:

Agency Name dropdown menu

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