

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Identification Number SSID

Student MI

Eligible (OHI)

Date of Birth:

Section A: Meeting Information

Pertinent Dates	Type of Meeting
Date of Initial IEP Team Meeting <input type="text" value="15-OCT-2024"/>	<input checked="" type="radio"/> Initial <input type="radio"/> Amendment of IEP dated <input type="text"/>
Date of Present Meeting <input type="text" value="15-OCT-2024"/>	<input type="radio"/> Annual Review <input type="radio"/> Early Start Transition
Annual Review to be conducted by <input type="text" value="15-OCT-2025"/>	<input type="radio"/> Three Year Review <input type="radio"/> Expulsion Analysis
Next Three Year Review will be conducted by <input type="text" value="15-OCT-2027"/>	<input type="radio"/> Other <input type="radio"/> Individual Transition Plan
Three Year Review or Evaluation was conducted on <input type="text" value="15-OCT-2024"/>	<input type="text"/>
Transition to Kindergarten to be conducted by <input type="text"/>	

Location of Meeting District Name

Section B: Student Information

Date of Birth Age Grade

Gender Male Female Ethnic Code

Location of the Psych Folder Student has no Psych Folder

Location of the Cum Folder Student has no Cum Folder

Home Language Student Language Alternate Mode of Communication

Home Address of Student

City CA ZIP Code

Home Telephone Daytime Telephone Emergency Telephone

School of Attendance Location Code

School of Residence Location Code

Name of Parent/Guardian Telephone

Address

City CA ZIP Code

Surogate Parent Telephone

Attends CURRENT SCHOOL as a result of one of the following ▼

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Date of Birth

Last First MI

Section C: Language Acquisition

Language Classification: Start Date:

Withdrawal by Parent Request: Yes No Reclassification Date:

ELPAC Performance Level and Performance Descriptor: Test Date:

Alternate ELPAC Performance Level and Performance Descriptor: Test Date:

Section D: Goal Achievement from Current IEP

		Achieved		
Goal for: (example - Reading)		Yes	No	If No, explain the reason the goal/objective was not achieved
1	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	
Category	<input type="text"/>			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
2	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	
Category	<input type="text"/>			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
3	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	
Category	<input type="text"/>			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
4	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	
Category	<input type="text"/>			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
5	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	
Category	<input type="text"/>			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
6	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	
Category	<input type="text"/>			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
7	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	
Category	<input type="text"/>			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
8	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	
Category	<input type="text"/>			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
9	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	
Category	<input type="text"/>			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
10	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	
Category	<input type="text"/>			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student

LEVY

MYLO

Date of Birth

08-JUL-2020

Meeting Date

15-OCT-2024

Last

First

MI

Section E: Present Level of Performance

Performance Area:

Initial Health

Category:

Health

Assessment/Monitoring Process Used:

health assessment, records review, parent interview

State/District Assessment Results:

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

Health Summary: Mylo is a 4-year-old student born full term with no prenatal, birth or newborn complications. Developmental milestones met within normal timeframes for gross motor skills and delayed in speech. Student is not on any routine medication at home or school. No history of any serious or chronic illness, accidents, injury, surgery or hospitalization. Student has no known allergies.

Strengths: Mylo is able to ambulate without assistance and is independent with all activities of daily living. Student is able to communicate needs and wants verbally. Passed LAUSD vision screening on 08/28/24 and hearing screen on 09/26/24.

Area of Need: Health is not an area of need.

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

Accommodations/Modifications: None in the area of health.

Anna Muradyan, RN, BSN
School Nurse
9/27/24

Performance Area:

Articulation

Category:

Articulation/Phonological Processes

Assessment/Monitoring Process Used:

GFTA-3, Spontaneous Language Sample

State/District Assessment Results:

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

Background: This is an initial speech and language assessment conducted as part of an initial comprehensive assessment for Mylo, a four year, two month old transitional kindergarten student at Haynes CES. Mylo was referred by his mother due to concerns with his speech and language development as well as his behavior. He has not received any interventions prior to enrollment at Haynes CES.

Strengths: Mylos is presenting with articulation skills that are in the average range for his age. He is able to produce all age appropriate sounds accurately in his spontaneous speech. He does have some later developing sounds in error but he has time for these to development along typical timelines and they do not have a significant impact on intelligibility at present.

Needs: Articulation skills do not impact access to the curriculum at this time.

Impact of Disability: Articulation does not impact students ability to access the general education curriculum.

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

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Section E: Present Level of Performance

Performance Area:

Receptive, Expressive and Pragmatic Language

Category:

Language – Expressive

Assessment/Monitoring Process Used:

OWLS-2, Spontaneous Language Sample

State/District Assessment Results:

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

Background: This is an initial speech and language assessment conducted as part of an initial comprehensive assessment for Mylo, a four year, two month old transitional kindergarten student at Haynes CES. Mylo was referred by his mother due to concerns with his speech and language development as well as his behavior. He has not received any interventions prior to enrollment at Haynes CES.

Strengths: Mylo is a bilingual speaker who understands when it is appropriate to use his English and when to use Hebrew at school. His English receptive language skills include the ability to follow routine directions in the classroom, respond to class questions and understand simple sentences. Expressively, he is able to formulate simple sentences to express his ideas and engage in simple class discussions. Pragmatic language skills include the ability to engage in ongoing conversations with peers and adults, talk about past events and use non-verbal language skills such as gestures and eye contact. Voice skills are age appropriate.

Needs: Mylo presents with a mild-moderate language delay. He is a bilingual speaker but this alone does not explain his language delay. Mylo uses simple sentences with repetitive language structures. He often joins two simple sentences with the conjunction 'and' as a way of expanding but does not expand his utterances using different grammatical structures such as prepositions (he does use one preposition). Mylo's vocabulary skills are limited and he often appears to struggle to find the word he needs.

Impact of Disability: Mylo's disability of Other Health Impairment (OHI) is accompanied by a language disorder that affects his ability to communicate which impacts his involvement and progress in the general education curriculum.

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

Performance Area:

Fluency

Category:

Fluency/Stuttering

Assessment/Monitoring Process Used:

SSI-4, Spontaneous Language Sample

State/District Assessment Results:

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

Background: This is an initial speech and language assessment conducted as part of an initial comprehensive assessment for Mylo, a four year, two month old transitional kindergarten student at Haynes CES. Mylo was referred by his mother due to concerns with his speech and language development as well as his behavior. He has not received any interventions prior to enrollment at Haynes CES.

Strengths: Mylo is able to maintain a slowed rate when his is focused on a task and can produce short simple familiar sentences that are free of dysfluencies. When his speech is dysfluency, most of his dysfluencies are easy and Mylo do not demonstrate any fear or concern when they occur. His secondary/concomitant behaviors are mild and not distracting unless looking for them.

Needs: Mylo presents as a dysfluent speaker. He presented with initial sound and whole word repetitions. He blocks (mild) on some words and will use a number of interjections although most often 'oo.' He presents with some secondary/concomitant behaviors such as audible inhalations, sighs and tension around his lips. He presents as moderately dysfluent.

Impact of Disability: Mylo's disability of OHI is accompanied by a fluency disorder that affects his ability to communicate which impacts his involvement and progress in the general education curriculum.

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

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Section E: Present Level of Performance

Performance Area:

Reading

Category:

Reading

Assessment/Monitoring Process Used:

Formal/District Assessments Grade Level Standards, Observations, Work Samples

State/District Assessment Results:

WJIV: Score 79 Low

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

Strengths

Formal and informal assessments indicate that Mylo is able to identify and match the letters Cc, P,p, and L. He is able to match some real pictures to a set of pictographs. The general education teacher notes that Mylo is able to find his name amongst a group of names in 3 out of 4 tries.

Areas of Need

Formal and informal assessments indicate that Mylo is just beginning to develop letter-sound correspondences which make it difficult for him to recognize common words. The general education teacher reports that Mylo has difficulty matching uppercase and lowercase letters and identifying letters with their corresponding sounds. When finding his name amongst a group of others in his class, he sometimes mistakes his name for another student whose name has the same initial sound.

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):

Impact of Disability

Mylo's Other Health Impairment (OHI) eligibility and challenges with phonemic awareness and letter-sounds correspondence may impact his ability to be involved and progress in the general education reading curriculum.

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Section E: Present Level of Performance

Performance Area:

Writing

Category:

Writing

Assessment/Monitoring Process Used:

Formal/District Assessments Grade Level Standards, Observations, Work Samples

State/District Assessment Results:

WJIV: Score 85 Low Average

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

Strengths

Formal and informal assessment scores indicate that Mylo is able to write the letters H, P, and V. The general education teacher reports that Mylo is able to trace his name from dotted lines. He has also attempted to write his name by memory when practicing his printing skills. The general education teacher also reports that he is able to use single words, phrases, and short sentences when speaking.

Areas of Need

Formal and informal assessment scores indicate that Mylo struggles to recognize the letters needed to write his name on his own. It was observed that whenever Mylo is writing a word he writes from right to left and reverses most of his letters. When practicing printing skills, his lack of understanding letter formation and letter-sound correspondence may impact his ability to write letters and one syllable words. For example, when given two pictures a sentence frame to add two words he understood the concept of the sentence but instead of writing happy to complete 'The girl is ____' He drew a happy face.

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):

Impact of Disability

Mylo's Other Health Impairment (OHI) eligibility and challenges with letter-sound correspondence and printing skills may impact his ability to be involved and progress in the general education writing curriculum.

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Section E: Present Level of Performance

Performance Area:

Math

Category:

Math

Assessment/Monitoring Process Used:

Formal/District Assessments Grade Level Standards, Observations, Work Samples

State/District Assessment Results:

WJIV: Score 80 Low Average

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

Strengths

Formal assessment scores indicate that Mylo is able to write the number one. He is able to solve some one-step problems when pictures are shown to him. Per student work samples and general education teacher reports, Mylo is able to count in sequence from one to thirteen. When presented numbers (1-20) out of order, Mylo is able to identify and recognize the numbers 1 and 5. He is also able to identify and draw a square, triangle, circle, and star.

Areas of Need

Formal assessment scores indicate that Mylo has not yet developed one digit addition or subtraction. The general education teacher reports that Mylo struggles to recognize numbers (1-10) which is expected to be met by the end of TK. Mylo is developing the concepts of the teen numbers. He has some difficulty representing numbers with objects and vice versa.

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):

Impact of Disability:

At this moment, Mylo is developing math skills at his grade level, therefore Mylo's Other Health Impairment (OHI) eligibility does not display a discrepancy between his mathematical abilities and curriculum expectations.

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Section E: Present Level of Performance

Performance Area: Study Skills/Behavior

Category: Behavior Intervention

Assessment/Monitoring Process Used: Teacher Observations

State/District Assessment Results:

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

Strengths

General education teacher reports that Mylo comes into school excited and ready to start his day at school. He knows the morning routine and follows it. Mylo is able to sit with the whole group. He is able to engage in conversations during unstructured setting such as recess and lunch with adult support. Mylo responds to teacher led modeling. He understands oral directions given by the teacher to complete general tasks such as walking to the rug, lining up for recess, going to their tables. With teacher direction Mylo is able to use scissors to cut appropriately.

Areas of Needs

Teacher observations report that Mylo needs adult support and modeling to wash his hands and reminders to flush the toilet. He needs frequent adult modeling and redirection to show expected behaviors when playing with others. Mylo has difficulty expressing his wants, needs, and emotions with words. Which may sometimes impact his social relationships with peers. He also has difficulty actively participating in teacher led activities because of his difficulty to recall the information.

Impact of Disability

Behaviors such as not using his words when expressing his wants, needs, and emotions may impact his academic progress as well as showing expected behaviors inside and outside the classroom setting.

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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MI

Section E: Present Level of Performance

Performance Area:

Cognitive Ability/General Ability

Category:

General Ability

Assessment/Monitoring Process Used:

Alternative Assessment, Interviews, Record Review, and Observations

State/District Assessment Results:

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

Results of the current assessment indicate Mylo is functioning within the Average range of cognitive ability based upon alternative assessment procedures administered in English.

Strengths: He demonstrated strength in his visual reception (ability to discriminate, recall, organize, and sequence visual stimuli), fine motor (ability in his visual motor planning, unilateral and bilateral manipulation, and writing readiness, and motor planning and motor control), sensory-motor (ability to combine input of sensory information with output of motor activity), auditory processing (effective listening and communication skills for higher order language skills, including literacy skills), phonological processing (sound/symbol automaticity), conceptualization (ability to see basic similarities and differences, draw conclusions, generalize information, classify, categorize and summarize), and Association (ability to see similarities, memorize and to learn by rote).

Needs: He demonstrated areas of need in his receptive (auditory discrimination, language conceptualization, auditory comprehension, and auditory memory) and expressive language (ability to use auditory discrimination, and auditory memory skills in order to verbally demonstrate development of concepts) based on performance on the MSEL. Mylo was not yet able to associate characteristics and differences between more complex items such as wood and cotton being hard and soft, and verbalizing knowledge for use of items such as an umbrella, basket, or letter. Additionally, he demonstrated challenges with understanding of comparative concepts such as not same, most, least, and middle, and is not yet able to understand the concepts of shorter and longer, follow three unrelated commands, or identify his letters.

Impact: Mylo's disability of Other Health Impairment due to characteristics of ADHD impacts his ability to independently organize and express his thoughts orally, explain his ideas, and speak fluently which impacts his involvement and progress in the general education curriculum.

Performance Area:

Academic Performance/School Readiness

Category:

Reading

Assessment/Monitoring Process Used:

Alternative Assessment, Interviews, Record Review, and Observations

State/District Assessment Results:

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

Strengths: Based on the BRAS-4, Mylo demonstrates strengths in the areas of color naming, shape identification, and demonstrating of self and social concept awareness.

Needs are identified in pre-reading skills such as Letter Naming, pre-math skills such as Number identification, and Size and Comparison concepts (long, short, deep, match, not the same, different). Based on Mylo's previous teacher's comments, Mylo was introduced to beginning sounds and numbers in class, but at times it was challenging to get him to engage in structured lessons. As a result, they focused more on activities using sensory materials, which he showed a strong preference for. While he did engage with some academic content, his progress was more aligned with hands-on, sensory experiences and practical life exercises like pouring, spooning, and tong work, which allowed him to explore concepts in a way that suited his learning style. His current teacher feedback suggests challenges with identifying numbers and letters. Mylo's current progress indicates overall academic performance is slightly below grade level expectations with the general education supports (front row seating, repeated instructions, work examples to reference, visual schedule, and adult modeling) put in place.

Impact: Mylo's disability of Other Health Impairment due to characteristics of ADHD impacts his academic performance/school readiness skills which impacts his progress and participation in the general education curriculum.

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15-OCT-2024

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Section E: Present Level of Performance

Performance Area:

Language/Bilingual Assessment

Category:

Language

Assessment/Monitoring Process Used:

Alternative Assessments, record review, interviews, and observations

State/District Assessment Results:

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

Strengths: Mylo is classified a Limited English Proficient student. Results of the current assessment indicate Mylo exhibits strengths in verbally expressing his ideas when given extra time to verbalize his thoughts, speaks in complete sentences in English, is able to engage in reciprocal conversation with simple sentences when motivated to do so, and appears to understand instructions with teacher and may require reminders.

Needs: He demonstrates areas of need in demonstrating challenges with his speech fluency (stuttering). At times, Mylo's conversational exchanges can be limited to 1-2 word responses depending on his motivation to engage in conversation. However, he demonstrates the ability to converse when given additional time to accommodate his stuttering.

Based on the results of the Supplemental Bilingual Consultation conducted by the bilingual school psychologist, Mylo appears to exhibit slightly better developed receptive and expressive skills in Hebrew. However, the difficulty he is experiencing in an academic and social setting can better attributed to behavior rather than a second language acquisition issue. Therefore, based on available information, reports, and interviews, it can be concluded that deficits found in the areas of language is not due to second language acquisition issues.

Impact: Mylo's disability of Other Health Impairment due to characteristics of ADHD may be accompanied by a fluency disorder that affects his ability to communicate which impacts his involvement and progress in the general education curriculum.

Performance Area:

Motor Abilities

Category:

Motor Abilities

Assessment/Monitoring Process Used:

Alternative Assessments, record review, interviews, and observations

State/District Assessment Results:

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

Strengths: At this time, evaluation of writing samples indicate that Mylo's pre-writing skills are developing, along with his fine motor skills related to cutting. Mylo is improving in his ability to trace letters based on work samples reviewed. Results of the standardized visual-motor integration tasks indicate Average to Above Average sensory motor skills. Mylo traced each shape with his finger, counted the lines or sides, and then replicated the shape. Mylo is able to run, jump, throw and walk based on informal observations, teacher reports and school nurse's informal assessment. He is able to navigate the educational environment without difficulty. Parent and teachers do not report concerns.

Needs: None at this time.

Impact: Mylo's disability of Other Health Impairment due to characteristics of ADHD does not impact his involvement and progress in the general education curriculum for his performance area.

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Section E: Present Level of Performance

Performance Area:

Social-Emotional

Category:

Social Emotional

Assessment/Monitoring Process Used:

Alternative Assessment, Interviews, Record Review, and Observations

State/District Assessment Results:

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

Strengths: Results of the current assessment indicate Mylo exhibits strengths in being loving and enjoys dancing to music in class. At home, he is a problem solver, loves anything with wheels and cars, loves to build, likes to do things in his own pace. He engages in play during recess and lunch based on observations.

Needs: He demonstrated areas of need in demonstrating hyperactive and impulsive behaviors which appear to contribute to defiant/aggressive behaviors such as taking other's toys, refusing to share, knocking over blocks, kicking someone if they encroach into his personal space during carpet time, and sometimes needing his hand held to shift to the next activity. These behaviors impact his peer relationships and reciprocal play as a result. Additionally, Mylo can be easily distracted and needs adult reminders to complete his work, and refuse to participate in tasks he is not motivated by. With teacher modeling and reminders/prompting, Mylo's overall behavioral functioning has improved as he is starting to show restraint from acting on his impulse to knock over or interrupt his classmates' play, but continues to require adult modeling and reminders during classroom activities. Mylo's characteristics associated with ADHD appear to contribute to behavioral concerns related to inflexibility and the need for immediate gratification, as discussed in the aforementioned behavioral responses.

Impact: Mylo's disability of Other Health Impairment due to characteristics of ADHD impacts his ability to remain on task without reminders and his peer relationships as a result of impulsive and aggressive behaviors, which impacts his involvement and progress in the general education curriculum. Although Mylo demonstrates these concerns, they can be supported in the general education classroom with accommodations and supports identified in the IEP.

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):

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

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Student LEVY MYLO MI

Date of Birth 08-JUL-2020

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Section F: Eligibility

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

Specific Learning Disability, Other Health Impairment due to characteristics associated with ADHD, and Autism. The Language and Speech assessment considered the eligibility of Speech or Language Impairment.

For Initial IEP, interventions attempted prior to determining eligibility:

Prior school academic/behavioral accommodations, general education supports (front row seating, repeated instructions, work examples to reference, visual schedule, and adult modeling)

Eligible as a student with the disability of:

Code: OHI Other Health Impairment

Not Applicable, Blind or Partially Sighted

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

Code:

Not Applicable, Blind or Partially Sighted

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

or

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

No Longer Eligible (Effective Date):

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

Final IEP Reason: Final IEP Effective Date:

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

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 Last First MI

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Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

In order to increase speech fluency, Mylo will decrease secondary characteristic's of dysfluency (e.g. labial tension, rapid inhalations, etc) with 70% accuracy given indirect models/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:

In order to increase speech fluency, Mylo will decrease secondary characteristic's of dyfluency (e.g. labial tension, rapid inhalations, etc) with 40% accuracy given indirect models/cues in 2/5 trials.

Incremental objective #2 related to the goal:

In order to increase speech fluency, Mylo will decrease secondary characteristic's of dyfluency (e.g. labial tension, rapid inhalations, etc) with 55% accuracy given indirect models/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

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 #:

Mylo 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 two consecutive weeks 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:

Mylo 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 2 consecutive weeks as measured by teacher charted records.

Incremental objective #2 related to the goal:

Mylo 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 2 consecutive weeks 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 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 #:

In order to increase speech fluency, Mylo will apply speech fluency techniques (e.g. slow rate, speech breathing, etc) with 70% accuracy given direct or indirect models in 4/5 trials.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

In order to increase speech fluency, Mylo will apply speech fluency techniques (e.g. slow rate, speech breathing, etc) with 40% accuracy given direct or indirect models in 2/5 trials.

Incremental objective #2 related to the goal:

In order to increase speech fluency, Mylo will apply speech fluency techniques (e.g. slow rate, speech breathing, etc) with 55% accuracy given direct or indirect models 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

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 **LEVY** **MYLO** **MI**

Date of Birth **08-JUL-2020**

Meeting Date **15-OCT-2024**

Section G: Annual Goals and Objectives

Performance Area: **Expressive Language** Category: **Language – Expressive** Annual Goal #: **3**

Mylo will produce simple expanded sentences that include age appropriate grammar to describe or respond with 70% 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:

Mylo will produce simple expanded sentences that include age appropriate grammar to describe or respond with 50% accuracy given maximum (5+) cues in 2/5 trials.

Incremental objective #2 related to the goal:

Mylo will produce simple expanded sentences that include age appropriate grammar to describe or respond with 60% accuracy given moderate (3-4) cues in 3/5 trials.

Date to be achieved: **February** **2025** MO/YR

Date to be achieved: **June** **2025** 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 **LEVY** **MYLO** **MI**

Date of Birth **08-JUL-2020**

Meeting Date **15-OCT-2024**

Section G: Annual Goals and Objectives

Performance Area: **Receptive Language** Category: **Language – Receptive** Annual Goal #: **4**

Given a picture, Mylo will follow simple directions (e.g. Color the ball blue, put an X on the cat, draw a circle around the cat then put an X on the dog) 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:

Given a picture, Mylo will follow simple directions (e.g. Color the ball blue, put an X on the cat, draw a circle around the cat then put an X on the dog) with 55% accuracy given maximum (5+) cues in 2/5 trials.

Incremental objective #2 related to the goal:

Given a picture, Mylo will follow simple directions (e.g. Color the ball blue, put an X on the cat, draw a circle around the cat then put an X on the dog) with 65% accuracy given moderate (3-4) cues in 3/5 trials.

Date to be achieved: **February** **2025** MO/YR

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

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student **LEVY** **MYLO** **MI**

Date of Birth **08-JUL-2020**

Meeting Date **15-OCT-2024**

Section G: Annual Goals and Objectives

Performance Area: **Social Emotional Dev** Category: **Social Emotional Develk** Annual Goal #: **5**

Mylo will share toys and allow a turn in response to another child's request, with 2-3 adult verbal reminders, with 80% accuracy over 2 consecutive 2 weeks 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
- teacher collected data
- Criterion Referenced
- Work Samples
- Curriculum Based
- Informal

Incremental objective #1 related to the goal:

Mylo will exchange a material with another child, with adult guidance (3-4 visual or oral prompts), with 60% accuracy over 2 consecutive weeks as measured by teacher charted records.

Incremental objective #2 related to the goal:

Mylo will share toys and allow a turn in response to another child's request, with adult guidance (2-3 visual or oral models), with 70% accuracy over 2 consecutive weeks as measured by teacher charted records.

Date to be achieved: **February** **2025** MO/YR

Date to be achieved: **June** **2025** MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

Mylo 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, Mylo 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, Mylo 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"/>		Progress Mark: <input type="text"/>		Progress Mark: <input type="text"/>		Progress Mark: <input type="text"/>		Objective 1 Met: <input type="radio"/> Yes <input type="radio"/> No											
Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No		Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No		Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No		Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No		Objective 2 Met: <input type="radio"/> Yes <input type="radio"/> No											
If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>		If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>		If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>		If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>		If "No" please explain: <input type="text"/>											

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

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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, Mylo 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, Mylo 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, Mylo 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

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

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Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

Mylo 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 two consecutive weeks 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:

Mylo 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 2 consecutive weeks as measured by teacher charted records.

Incremental objective #2 related to the goal:

Mylo 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 2 consecutive weeks 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 **LEVY** **MYLO** **MI**

Date of Birth **08-JUL-2020**

Meeting Date **15-OCT-2024**

Section G: Annual Goals and Objectives

Performance Area: **Social Emotional** Category: **Social Emotional** Annual Goal #: **9**

Mylo will demonstrate positive coping skills for dealing with interactions that could be interpreted negatively (e.g., being told No, limit setting, constructive criticism) in 4 out of 5 trials per counseling session with minimum adult support (1-2 verbal prompts and modeling) as measured by counseling session observations and 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:

Mylo will demonstrate positive coping skills for dealing with interactions that could be interpreted negatively (e.g., being told No, limit setting, constructive criticism) in 2 out of 5 trials per counseling session with maximum adult support (3-4 verbal prompts and modeling) as measured by counseling session observations and teacher observations.

Incremental objective #2 related to the goal:

Mylo will demonstrate positive coping skills for dealing with interactions that could be interpreted negatively (e.g., being told No, limit setting, constructive criticism) in 3 out of 5 trials per counseling session with moderate adult support (2-3 verbal prompts and modeling) as measured by counseling session observations and teacher observations.

Date to be achieved: **February** **2025** MO/YR

Date to be achieved: **June** **2025** MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

While entering and during play with peers, Mylo will be able to use an appropriate phrase to express his feelings, wants, and needs with 1-2 adult visual or oral models, or prompts, with 80% accuracy over 2 consecutive weeks 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:

While entering and during play with peers, Mylo will be able to use an appropriate phrase to express his feelings, wants, and needs, with 3-5 adult visual or oral models, or prompts, with 60% accuracy over 2 consecutive weeks as measured by teacher charted records.

Incremental objective #2 related to the goal:

While entering and during play with peers, Mylo will be able to use an appropriate phrase to express his feelings, wants, and needs, with 2-3 adult visual or oral models, or prompts, with 70% accuracy over 2 consecutive weeks 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 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 LEVY

First MYLO

MI

Date of Birth 08-JUL-2020

Meeting Date 15-OCT-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 LEVY MYLO MI Last First MI

Date of Birth 08-JUL-2020

Meeting Date 15-OCT-2024

Section N: Procedural Safeguards and Follow-up Actions

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

Is the parent/guardian requesting computer generated translation?*

Select Preferred Language: [dropdown]

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

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

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

Special Requests: [text box]

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

Pandemic Learning Loss Consideration of Compensatory and/or Recoupment Services

Compensatory Education Consideration:

- Checkboxes for: The IEP team has reviewed and discussed whether compensatory education is required due to the COVID-19 pandemic. The IEP team has determined: Student received all of their special education... Student did not receive all of their special education... Compensatory education consideration was documented on IEP dated

15-OCT-2024 (Active) Initial [dropdown]

Recoupment Services Consideration:

- Checkboxes for: 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... Student experienced learning loss... Recoupment services consideration was documented on IEP dated

15-OCT-2024 (Active) Initial [dropdown]

- Radio buttons for: 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: LEVY, First: MYLO, MI: []

Date of Birth: 08-JUL-2020

Meeting Date: 15-OCT-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: Student JAMES M 26-AUG-2024, Student JAMES M 01-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 box for parent concerns and comments.

Signature(s) []

[]

Date: 22-OCT-2024

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

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

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

Signature(s) []

[]

Date: 15-OCT-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="KIMBERLY LEVY via zoom"/>	<input type="text"/>
Parent/Guardian	<input type="text"/>	<input type="text"/>
Student Age 18 - 21 years	<input type="text"/>	<input type="text"/>
Student Under Age 18 years	<input type="text"/>	<input type="text"/>
Surrogate Parent	<input type="text"/>	<input type="text"/>
Foster Parent	<input type="text"/>	<input type="text"/>
Family Foster Home Provider	<input type="text"/>	<input type="text"/>
Administrator	<input type="text" 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="Adi Lerea"/>	<input type="text" value="Adi Lerea"/>
General Education Teacher	<input type="text" value="ISAMERY ROGERS"/>	<input type="text" value="ISAMERY 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="Anna Muradyan"/>
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"/>	<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" value="ADVOCATE"/>	<input type="text" value="LUCIANA CHEMELNIKER via zoom"/>	<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: LEVY, First: MYLO, MI

Date of Birth: 08-JUL-2020

Meeting Date: 15-OCT-2024

LEAST RESTRICTIVE ENVIRONMENT ANALYSIS

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

Student's Current Placement Type:

Form with radio buttons for placement types: General Education Class, Special Day Program, Home/Hospital, etc.

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.

Step A. Can the supports, services, accommodations and/or modifications in the student's IEP be made available in a general education classroom/setting? Includes Yes/No options and explanatory text.

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? Includes Yes/No options and explanatory 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 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 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" value="23-OCT-2024"/>	<input type="text"/>
Eligibility: (from Page 4)		Eligible (OHI)	
	<i>Final IEP Reason Final IEP Effective Date:</i>		
Curriculum		<input type="text" value="General Education"/>	<input type="text"/>
Placement	Type of School	<input type="text" value="Affiliated Charter"/>	<input type="text"/>
	Name of School	<input type="text" value="HAYNES CES"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Instructional Setting	Setting	<input type="text" value="General Education"/>	<input type="text"/>
	Program	<input type="text" value="GE"/>	<input type="text"/>
	Special Day Minutes/Wk	<input type="text"/>	<input type="text"/>
	Addresses Goals	<input type="text" value="3(Expressive Language),2(Fluency),4(Expressive Language),1(Fluency),7(Pre-reading),5(Social Emotional Dev),6(Pre-Reading),8(Behavior/Study Skill)"/>	<input type="text"/>
Additional Factors	Low Incident Support	<input type="text" value="None"/>	<input type="text"/>
	Assistive Technology Support	<input type="text" value="No"/>	<input type="text"/>
	Transportation	<input type="text" value="None"/>	<input type="text"/>
	Extended School Year/Intersession	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text"/>
	Parent Counseling and Training (PCT)	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text"/>
	ESY Transportation	<input type="text"/>	<input type="text"/>
Accommodation, Modifications, Supports	Instructional Accommodations	<input type="text" value="For LAS: Adults to model slow rate of speech. Model pausing when speaking to 'think' about what you're saying. Model taking breaths at appropriate points when speaking. Model stopping and restarting a sentence when stuck.

Academic: preferential seating, modeling expected and unexpected inside and outside the gen ed classroom, repeat the exact same oral directions and checking for understanding, oral and visual cues for transitions, provide breaks as needed, visual schedule, verbal and positive praise"/>	<input type="text"/>
	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 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	<input type="text"/>
	If the Parent does not agree, specify the area(s) to be reassessed.	<input type="text"/>	<input type="text"/>
Comments, as appropriate			

Low Incidence Equipment	
Assistive Technology Equipment	
Participation in General Education	All Gen. Ed. Program

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 23-OCT-2024	
04	End Date:		
Counseling and Guidance	Service applies to:	Regular	
	Frequency:	1	
This service addresses the following goals :	Interval:	Monthly	
<input type="text" value="9(Social Emotional)"/>	Minutes/Interval:	30	
	Minutes/Interval (Pullout from Gen Ed):	30	
	Service Delivery Model:	Direct Service (By a Single Provider)	
	Responsible Personnel:	Licensed/Credentialed Provider	
Service 2	Start Date:	Effective on Signature Date 23-OCT-2024	
RSP	End Date:		
RSP	Service applies to:	Regular	
	Frequency:	2	
This service addresses the following goals :	Interval:	Weekly	

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

Service 3	Start Date:	Effective on Signature Date 23-OCT-2024	
RSP	End Date:		
RSP	Service applies to:	Regular	
	Frequency:	4	
This service addresses the following goals :	Interval:	Weekly	

7(Pre-reading)	Minutes/Interval:	60	
6(Pre-Reading)	Minutes/Interval (Pullout from Gen Ed):	60	
	Service Delivery Model:	RSP: Direct Instruction Services	
	RSP Area:	Literacy/ELA/ELD	
	Responsible Personnel:	Resource Specialist Teacher	
		Other Provider(s)	

Service 4	Start Date:	Effective on Signature Date 23-OCT-2024	
10	End Date:		
Language/Speech	Service applies to:	Regular	
	Frequency:	2	
This service addresses the following goals :	Interval:	Weekly	

3(Expressive Language)	Minutes/Interval:	60	
2(Fluency)	Minutes/Interval (Pullout from Gen Ed):	60	
4(Receptive Language)	Service Delivery Model:	Direct Service (By a Single Provider)	
1(Fluency)	Area:	School-Based	
	Responsible Personnel:	Licensed/Credentialed Provider	
		General Education Teacher	

Notes:

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

Part 3 - Percentage of Time Outside of General Education

	Effective With this IEP	Future Changes Related to this IEP
% of Time per Week outside of General Education	<input type="text" value="8"/>	

Part 4 - Compensatory Education/Recoupment Services Discussion

Initial IEP- no comp./recoupment services warranted.

Part 4 - Additional IEP Team Considerations & Parental Input

Parent requesting CAP assessment and FBA to determine if there are additional needs.

LAS services will be provided two times weekly in 30 minute sessions totaling 60 minutes each week.

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:	GE		Setting:	General Education					
Eligibility:	Eligible (OHI)		Curriculum:	General Education					
Transportation:	None		Low Incident Support:	None					
Date District Received	23-Oct-2024								
Parent Signature:									
Service Code	Service Desc	Start Date	Service Applies To	Interval	Frequency	Area	Total Minutes	Addresses Goal(s)	No Consent
04	Counseling and Guidance	Effective on Signature Date	Regular	Monthly	1	~	30	Social Emotional	--
10	Language/Speech	Effective on Signature Date	Regular	Weekly	2	School-Based	60	Fluency, Fluency, Expressive Language, Receptive Language	--
RSP	RSP	Effective on Signature Date	Regular	Weekly	4	RSP-Literacy/ELA/ELD	60	Pre-Reading, Pre-reading	--
RSP	RSP	Effective on Signature Date	Regular	Weekly	2	RSP-Literacy/ELA/ELD	30	Pre-Reading, Pre-reading	--

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 Date of Birth Meeting Date

Last First MI

1 The behavior impeding learning is: Describe what it looks like: Will join a group of students who are playing and will knock the

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)

Reported by and/or observed by

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:

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:	<input type="checkbox"/> Classroom seating arrangement	<input type="checkbox"/> Noise levels	<input type="checkbox"/> Interactions (adult and/or peers)
Missing in the environment:	<input type="checkbox"/> Peer status gained for misbehavior	<input type="checkbox"/> Inappropriate materials (age-appropriate)	<input type="checkbox"/> Conflict resolution skills
	<input type="checkbox"/> Transition skills	<input type="checkbox"/> Schedule	<input type="checkbox"/> Effective communication with parent
	<input type="checkbox"/> Re-teaching	<input type="checkbox"/> Task structuring	<input type="checkbox"/> Communications system
	<input checked="" type="checkbox"/> Social skills instruction	<input type="checkbox"/> Consequences not clear to student	
	<input type="checkbox"/> Choices		

Other (Missing/Present):

REMOVE STUDENT'S NEED TO USE THE PROBLEM BEHAVIOR

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 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 type="checkbox"/> Use specific supportive words	<input 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? Who will monitor? Frequency

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 Date of Birth Meeting Date

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:

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?)

When joining a group of peers, Mylo should ask permission using his words to enter into play and enter with expected behaviors (not knocking down their toys, keeping hands to himself, etc).

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? Who will monitor? Frequency:

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:

Positive phone calls or notes to home Certificate sent home Other

Tangibles Tokens Points Seating Location

Tokens and Points: Exempt assignment Extra test points

Privileges:

Other ideas:

Selection of reinforcer based on: reinforcer for using replacement behavior reinforcer for general increase in positive behaviors

By whom? Frequency

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)

Model to student what is expected to be said when entering a group of peers. Student should repeat after the modeling. After following teacher led models, student is either allowed to enter play if space is available OR is redirected to another activity in the meantime.

Personnel?

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 LEVY MYLO MI
Last First MI

Date of Birth 08-JUL-2020

Meeting Date 15-OCT-2024

OUTCOMES

PART IV

BEHAVIORAL GOALS

13 Behavioral Goal: Goal #: 8

Mylo 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 two consecutive weeks as measured by teacher charted records.

- 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/Parent 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.