

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Identification Number 031212F064 SSID 9469461554

Eligible (ID)

Student COHEN HODAYA MI Preferred Name: Date of Birth: 12-MAR-2012

Section A: Meeting Information

Section A: Meeting Information form with fields for Pertinent Dates (Initial IEP, Present Meeting, Annual Review, etc.) and Type of Meeting (Initial, Annual Review, etc.).

Section B: Student Information

Section B: Student Information form with fields for Date of Birth, Gender, Ethnic Code, Location of the Psych Folder, Home Language, Home Address, City, Home Telephone, School of Attendance, School of Residence, Parent/Guardian Information, and Surrogate Parent.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Date of Birth
 Last First

Section C: Language Acquisition

Language Classification: Start Date:
 Withdrawal by Parent Request: Yes No Reclassification Date:
 ELPAC Performance Level and Performance Descriptor: Test Date:
 Alternate ELPAC Performance Level and Performance Descriptor: Test Date:

Section D: Goal Achievement from Current IEP

		Achieved		
Goal for: (example - Reading)		Yes	No	If No, explain the reason the goal/objective was not achieved
1	<input type="text" value="Social Emotional"/>	<input type="radio"/>	<input checked="" type="radio"/>	Needs more time
Category	<input type="text" value="Social Emotional"/>			
	Objective 1 met	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="Needs more time"/>
	Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="Needs more time"/>
2	<input type="text" value="Language"/>	<input checked="" type="radio"/>	<input type="radio"/>	
Category	<input type="text" value="Language – Expressive"/>			
	Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
3	<input type="text" value="Language"/>	<input checked="" type="radio"/>	<input type="radio"/>	
Category	<input type="text" value="Language – Pragmatics"/>			
	Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
4	<input type="text" value="Functional Comm/Transportation"/>	<input checked="" type="radio"/>	<input type="radio"/>	
Category	<input type="text" value="Communication"/>			
	Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
5	<input type="text" value="Functional Math 1"/>	<input checked="" type="radio"/>	<input type="radio"/>	
Category	<input type="text" value="Math"/>			
	Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
6	<input type="text" value="Voc Ed"/>	<input checked="" type="radio"/>	<input type="radio"/>	
Category	<input type="text" value="Vocational Education"/>			
	Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
7	<input type="text" value="Functional Reading"/>	<input checked="" type="radio"/>	<input type="radio"/>	with adult modeling as needed
Category	<input type="text" value="Reading"/>			
	Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
8	<input type="text" value="Functional Writing"/>	<input checked="" type="radio"/>	<input type="radio"/>	with adult modeling as needed
Category	<input type="text" value="Writing"/>			
	Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
9	<input type="text" value="ELD"/>	<input checked="" type="radio"/>	<input type="radio"/>	
Category	<input type="text" value="English Language Development"/>			
	Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
10	<input type="text" value="Functional Math 2"/>	<input checked="" type="radio"/>	<input type="radio"/>	
Category	<input type="text" value="Math"/>			
	Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student

COHEN

HODAYA

Date of Birth

12-MAR-2012

Meeting Date

19-NOV-2024

Last

First

MI

Section E: Present Level of Performance

Performance Area:

Social/Emotional

Category:

Social Emotional

Assessment/Monitoring Process Used:

Informal, observation

State/District Assessment Results:

N/A

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

Hodaya is a 12 year old student attending Madison Middle School. She receives weekly ERICS (Educationally Related Intensive Counseling Services) to address social emotional goal of implementing strategies to reduce stress (e.g., talking to a friend or trusted adult, considering what led to these feelings, physical exercise) to deal with upsetting emotions in 3 out of 4 trials per week with maximum (4-5 prompts) adult support as measured by observations and review of records. Hodaya is enthusiastic, respectful, friendly and sociable. She greets others warmly, and maintains good eye contact. She has interests in P.E., regularly attends the gym, practices Pilates, and trains in martial arts. She is also interested in beauty, cosmetics, such as nails and hairstyles.

STRENGTHS: Hodaya is a vibrant and positive student. She is enthusiastic and has a genuine interest in building relations. Additionally, her passion for makeup and cosmetics highlights her creativity and attention to detail, serving as an outlet for self expression. She greets others appropriately, presents with good eye contact and socially appropriate smiles. Hodaya has shared she enjoys pilates, martial arts and going to the gym with mom.

--CONTINUED BELOW--

Performance Area:

Social Emotional

Category:

Social Emotional

Assessment/Monitoring Process Used:

Informal, observation

State/District Assessment Results:

N/A

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

--CONTINUED FROM ABOVE---

NEEDS: Per previous reports, Hodaya has a number of challenges navigating social situations. Her cognitive/processing deficits and difficulty with using oral language in the age-appropriate manner for appropriate communication with others appear to be significantly impacting her ability to socialize with peers. She also has experienced difficulty focusing. Currently, student has made great progress overall. She continues to struggle with social relationships and socializing in different settings.

Due to her overall progress, provider will continue to provide ERICS Counseling at the prescribed 60 min per month. Impact of the Disability: Hodaya's eligibility of Intellectual Disability (ID) appears to affect her ability to socialize appropriately in the group setting; follow directions, use appropriate words/expressions, and participate in class activities which impact her involvement and progress in the educational setting.

Yesenia Escalante, LCSW, PPSC
Psychiatric Social Worker
LAUSD School Mental Health

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student

COHEN

HODAYA

Date of Birth

12-MAR-2012

Meeting Date

19-NOV-2024

Last

First

MI

Section E: Present Level of Performance

Performance Area:

Functional Writing

Category:

Writing

Assessment/Monitoring Process Used:

Informal testing, observations, work samples

State/District Assessment Results:

SBAC ELA 2396 standard not met (5/7/2024)

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

Strengths: Hodaya is able to articulate and write simple disjointed sentences with moderate adult assistance. With adult assistance and redirection she is able to write a simple sentences using vocabulary words. Hodaya is able to print clearly. She will ask for help when she needs it, and maintains attention to her assigned writing tasks. She can write a simple sentences when given a word bank and writing prompts. She is also able to independently write simple sentences.

Needs: Hodaya needs to be able to write a simple paragraph with appropriate grammar when given a word bank and sentence starters as needed with adult assistance as needed.

Impact of Disability: Hodaya's' eligibility of Intellectual Disability impairs ability to write simple sentences in Functional Writing, which impacts her progress and involvement in general education curriculum to such a degree that her instruction is based on the Alternative curriculum.

Performance Area:

Functional Reading

Category:

Reading

Assessment/Monitoring Process Used:

Informal testing, observations, work samples

State/District Assessment Results:

SBAC ELA 2396 standard not met (5/7/2024)

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

Strengths: Hodaya can read basic words, all of her letters, and is able to decode new words and sound out spelling-sound correspondences for common vowel teams. Hodaya can sound out basic CVC words and is able to research unknown topics online and understand word definitions when given assistance. Hodaya is able to answer comprehension questions in writing and orally with some modeling. She can identify story elements and summarize with prompting. Hodaya can identify the main idea, characters, settings and basic story elements.

Needs: Hodaya needs to be able to recognize and identify the correct edits when given 10 complete sentences vs. sentence fragments, as well as correct punctuation and capitalization.

Impact of Disability: Hodaya's' eligibility of Intellectual Disability impairs her ability to decode and sound out words in Functional Reading, which impacts her progress and involvement in the general education curriculum to such a degree that her instruction is based on the Alternative curriculum.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student

COHEN

HODAYA

Date of Birth

12-MAR-2012

Meeting Date

19-NOV-2024

Last

First

MI

Section E: Present Level of Performance

Performance Area:

Functional Math

Category:

Math

Assessment/Monitoring Process Used:

Informal testing, observations, work samples

State/District Assessment Results:

SBAC Math 2306 standard not met (5/7/2024)

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

Strengths: Hodaya can measure area and perimeter given the formula. She can add, subtract, and multiple multi digit numbers when given a calculator and assistance.

Hodaya can find the missing variable when shown an example in basic algebraic equations when given adult assistance. She understands money and can determine his change when making purchases when given calculation supports. She is able to measure time intervals in minutes and solve word problems involving addition and subtraction of time intervals in minutes when given assistance.

Needs: Hodaya needs to be able to place sections on a visual fractional/decimal model to represent one fraction within the word problems when he is given three word problems with fractions/decimal numbers.

Impact of Disability: Hodaya's' eligibility of Intellectual Disability impairs her ability to skip count in Functional Math, which impacts her progress and involvement in the general education curriculum to such a degree that her instruction is based on the Alternative curriculum.

Performance Area:

Functional Communication

Category:

Communication

Assessment/Monitoring Process Used:

observations

State/District Assessment Results:

n/a

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

Empty text box for current performance/assessment summary.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student

COHEN

HODAYA

Date of Birth

12-MAR-2012

Meeting Date

19-NOV-2024

Last

First

MI

Section E: Present Level of Performance

Performance Area:

English Language Dev.

Category:

English Language Development

Assessment/Monitoring Process Used:

Informal testing, observations, work samples

State/District Assessment Results:

5/22/2024 ELPAC 1469 minimally developed

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

Areas of Strengths:

While speaking during conversations, Hodaya has good social skills when discussing with a partner (ex. waiting turn to speak, listening). She can pose and respond to specific questions to contribute ideas and elaborate on the remarks of others. After Reading a passage, Hodaya can summarize information from an oral, visual or media presentation or a read aloud. She can follow rules for discussion, such as listening to others and taking turns speaking. She asks and answers questions about key details of information presented orally. While writing directed responses, Hodaya can draw conclusions from the information and knowledge gained from the discussion. Hodaya adds multimedia components (e.g., graphics, sound) and visual displays to presentations when appropriate. She adds drawings or other visual displays to descriptions to give additional information. She prints uppercase and lowercase letters. She can capitalize the first word in a sentence and the pronoun I.

Hodaya recognizes inappropriate shifts in verb tense. While listening to class discussions, Hodaya can follow multi step directions and participates in discussions about some topics and books with peers and adults. She uses words and phrases learned through conversation and reading.

Performance Area:

English Language Dev. Continued

Category:

English Language Development

Assessment/Monitoring Process Used:

Informal testing, observations, work samples

State/District Assessment Results:

ELPAC 1469 minimally developed

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

Areas of Needs:

Impact of Disability: Hodaya's intellectual disability and challenges in/or with speaking, affects their ability referring to the text or to relevant background knowledge, which impacts their involvement and access to the general education curriculum to such a degree that instruction is based on alternate achievement standards using the alternate curriculum.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student

COHEN

HODAYA

Date of Birth

12-MAR-2012

Meeting Date

19-NOV-2024

Last

First

MI

Section E: Present Level of Performance

Performance Area:

Language

Category:

Language

Assessment/Monitoring Process Used:

Observation, Session Data, Teacher Feedback, Review of Records

State/District Assessment Results:

N/A

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

Background: Hodaya attends 7th grade in the IDM Special Education Program at Madison Middle School. Per available records, Hodaya originally became eligible for Language and Speech support at her initial IEP in October of 2017 to address weaknesses with expressive language. Hodaya currently received speech and language services for 900 minutes/ yearly to target specific areas of language and pragmatics. Hodaya has language exposure to both Hebrew and English and is currently classified as LEP (Limited English Proficient).

Strengths: Hodaya continues to demonstrate relative areas of strengths in working well with peers in a group as well as requesting information for a teacher or peer. She has been observed to ask questions in class when needed. She has made progress in being able to tell a recent experience while providing details in a logical and sequential order. She also enjoys engaging in conversations with peers and adults and is able to ask follow up questions while maintaining topic of conversation. Although Hodaya's expressive language continues to be characterized by syntactic inconsistencies and filler words, this does not adversely impact her overall intelligibility.

Needs: At this time, benefits from support during structured language activities targeting perspective taking of what others in a social scenario might be thinking or feeling as well as determining an appropriate solution.

Performance Area:

Language Continued

Category:

Language

Assessment/Monitoring Process Used:

Observation, Session Data, Teacher Feedback, Review of Records

State/District Assessment Results:

N/A

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

Impact of Disability: Hodaya's eligibility of ID is accompanied by a language disorder that affects their ability to communicate which impacts their involvement and progress in the general education curriculum to such a degree that instruction is based on alternate achievement standards using the alternate curriculum.

Natalie Kahn, M.S., CCC-SLP

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student COHEN HODAYA MI
Last First MI

Date of Birth 12-MAR-2012

Meeting Date 19-NOV-2024

Section F: Eligibility

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

[Empty text box for disability discussion]

For Initial IEP, interventions attempted prior to determining eligibility:

[Empty text box for interventions]

Eligible as a student with primary (and secondary, if applicable) disability/disabilities of:

Code: ID Intellectual Disability

Not Applicable, Blind or Partially Sighted

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

Code: [Empty text box]

Not Applicable, Blind or Partially Sighted

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

No Longer Eligible for Special Education Services (Review IEP).
No Longer Eligible (Effective Date): [Empty text box]

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

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

Student
 Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

Hodaya will implement strategies to reduce stress (e.g., talking to a friend or trusted adult, considering what led to these feelings, physical exercise) to deal with upsetting emotions in 3 out of 5 trials per week with moderate (2-3 prompts) adult support as measured by observations and review of 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:

Hodaya will implement strategies to reduce stress (e.g., talking to a friend or trusted adult, considering what led to these feelings, physical exercise) to deal with upsetting emotions in 2 out of 4 trials per week with maximum (4-5 prompts) adult support as measured by observations and review of records.

Incremental objective #2 related to the goal:

Hodaya will implement strategies to reduce stress (e.g., talking to a friend or trusted adult, considering what led to these feelings, physical exercise) to deal with upsetting emotions in 3 out of 4 trials per week with maximum (4-5 prompts) adult support as measured by observations and review of 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

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 #:

Hodaya needs to be able to recognize and identify the correct edits when given 10 complete sentences vs. sentence fragments, as well as correct punctuation and capitalization with 80% accuracy in 4/5 trials with adult assistance as needed.

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:

Hodaya needs to be able to recognize and identify the correct edits when given 5 complete sentences vs. sentence fragments, as well as correct punctuation and capitalization with 40% accuracy in 2/5 trials with adult assistance as needed.

Incremental objective #2 related to the goal:

Hodaya needs to be able to recognize and identify the correct edits when given 7 complete sentences vs. sentence fragments, as well as correct punctuation and capitalization with 60% accuracy in 3/5 trials with adult assistance as needed.

Date to be achieved: MO/YR

Date to be achieved: MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

4 GOAL MET OR EXCEEDED

3 SUBSTANTIAL PROGRESS (50-99% of goal met)

2 PARTIAL PROGRESS (1-49% of goal met)

1 NO PROGRESS

1st Reporting Period	2nd Reporting Period	3rd Reporting Period	4th Reporting Period (Secondary Only)	Goal Achievement
Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	
Progress Mark: <input type="text"/> Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	Progress Mark: <input type="text"/> Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	Progress Mark: <input type="text"/> Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	Progress Mark: <input type="text"/> Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	Objective 1 Met: <input type="radio"/> Yes <input type="radio"/> No Objective 2 Met: <input type="radio"/> Yes <input type="radio"/> No If "No" please explain: <input type="text"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
 Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

When Hodaya is given three word problems with fractions/decimal numbers, she will place sections on a visual fractional/decimal model to represent one fraction within the word problem with prompting to 80% accuracy in 4 out of 5 opportunities for 5 trial days as measured by staff observation and data collection.

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 Hodaya is given a word problem with fractions, she will place sections on a visual fractional model to represent one fraction within the word problem with prompting to 70% accuracy in 2 out of 5 opportunities for 5 trial days as measured by staff observation and data collection.

Incremental objective #2 related to the goal:

When Hodaya is given two word problems with fractions/decimal numbers, she will place sections on a visual fractional/decimal model to represent one fraction within the word problem with prompting to 75% accuracy in 3 out of 5 opportunities for 5 trial days as measured by staff observation and data collection.

Date to be achieved: MO/YR

Date to be achieved: MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student **COHEN** **HODAYA** **MI**
 Last First MI

Date of Birth **12-MAR-2012**

Meeting Date **19-NOV-2024**

Section G: Annual Goals and Objectives

Performance Area: **Functional Comm** Category: **Communication** Annual Goal #: **4**

Hodaya will practice strategies for maintaining positive relationships (e.g., pursuing shared interests, spending time together, giving and receiving help, practicing forgiveness) in 4 out of 5 trials at 80% with minimal adult support as measured by observations and data collection.

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:

Hodaya will practice strategies for maintaining positive relationships (e.g., pursuing shared interests, spending time together, giving and receiving help, practicing forgiveness) in 2 out of 5 trials at 40% with minimal adult support as measured by observations and data collection.

Incremental objective #2 related to the goal:

Hodaya will practice strategies for maintaining positive relationships (e.g., pursuing shared interests, spending time together, giving and receiving help, practicing forgiveness) in 3 out of 5 trials at 60% with minimal adult support as measured by observations and data collection.

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

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

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
 Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

Hodaya needs to be able to write an informational paragraph stating on a given text at her ability level (with a topic sentence, three detail sentences and a conclusion sentence) on a given topic or text, grouping related ideas, reasons, and information in an organizational structure to support the writer's purpose with 80% accuracy 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:

Hodaya needs to be able to write a topic sentence and two detail sentences for an informational paragraph stating on a given text at her ability level on a given topic or text, grouping related ideas, reasons, and information in an organizational structure to support the writer's purpose with 80% accuracy in 4/5 trials

Incremental objective #2 related to the goal:

Hodaya needs to be able to write a topic sentence and three detail sentences for an informational paragraph stating on a given text at her ability level on a given topic or text, grouping related ideas, reasons, and information in an organizational structure to support the writer's purpose with 80% accuracy in 4/5 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

Student
 Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

When presented with a social scenario, Hodaya will identify others' perspectives (e.g. 'what are they thinking', 'how are they feeling') and provide at least one solution to the scenario with moderate (2-3) verbal prompts and 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 presented with a social scenario, Hodaya will identify others' perspectives (e.g. 'what are they thinking', 'how are they feeling') and provide at least one solution to the scenario with maximum verbal (more than 3) prompts and 70% accuracy.

Incremental objective #2 related to the goal:

When presented with a social scenario, Hodaya will identify others' perspectives (e.g. 'what are they thinking', 'how are they feeling') and provide at least one solution to the scenario with moderate (2-3) verbal prompts and 70% accuracy.

Date to be achieved: MO/YR

Date to be achieved: MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
 Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

After listening to or reading an informational text, Hodaya will offer opinions and prove good reasons (e.g., My favorite book is X because X.) referring to the text or to relevant background knowledge with 2 or less prompts as measured by student work samples in 4 out of 5 trials with 80% accuracy.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

After listening to or reading an informational text, Hodaya will offer opinions and prove good reasons (e.g., My favorite book is X because X.) referring to the text or to relevant background knowledge with 2 or less prompts as measured by student work samples in 2 out of 5 trials with 40% accuracy.

Incremental objective #2 related to the goal:

After listening to or reading an informational text, Hodaya will offer opinions and prove good reasons (e.g., My favorite book is X because X.) referring to the text or to relevant background knowledge with 2 or less prompts as measured by student work samples in 3 out of 5 trials with 60% accuracy.

Date to be achieved: MO/YR

Date to be achieved: MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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 #:

Hodaya will be able to read a simple set of directions in regards to bus boarding and understand and explain to others a map to her destination with 80% accuracy in 4/5 trials without teacher prompting.

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:

Hodaya will be able to read a simple set of directions in regards to bus boarding and understand and explain to others a map to her destination with 40% accuracy in 2/5 trials without teacher prompting.

Incremental objective #2 related to the goal:

Hodaya will be able to read a simple set of directions in regards to bus boarding and understand and explain to others a map to her destination with 60% accuracy in 3/5 trials without teacher prompting.

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 K: Participation in State and District-wide Assessments

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

District Assessments	
How will the student participate in District Assessments?	
<input checked="" type="checkbox"/>	Full Participation
<input type="checkbox"/>	Partial Exemption from specific assessment(s). Indicate the exempt assessment and an appropriate replacement assessment below:
Exempt Assessment	Replacement Assessment
<input type="text" value=""/>	<input type="text" value=""/>
<input type="checkbox"/>	Accommodations:
<input type="checkbox"/>	Student does not require any accommodations:

CAA - California Alternate Assessments for ELA, mathematics and science

ELA

	Designated Support	Accommodations
Embedded		
Non-Embedded		

Math

	Designated Support	Accommodations
Embedded		
Non-Embedded		

Science

	Designated Support	Accommodations
Embedded		
Non-Embedded		

AltELPAC - Alternate English Language Proficiency Assessments for California

Listening

	Designated Support	Accommodations
Embedded		

Non-Embedded	<p>1. Separate setting - Testing location, including time of assessment, lighting, acoustics, and furniture, may be altered.</p> <p>2. Simplified test directions - Simplified or paraphrased test directions are provided to the student by the test administrator or examiner.</p>	
Speaking		
	Designated Support	Accommodations
Embedded		
Non-Embedded	<p>1. Separate setting - Testing location, including time of assessment, lighting, acoustics, and furniture, may be altered.</p> <p>2. Simplified test directions - Simplified or paraphrased test directions are provided to the student by the test administrator or examiner.</p>	
Reading		
	Designated Support	Accommodations
Embedded		
Non-Embedded	<p>1. Separate setting - Testing location, including time of assessment, lighting, acoustics, and furniture, may be altered.</p> <p>2. Simplified test directions - Simplified or paraphrased test directions are provided to the student by the test administrator or examiner.</p>	
Writing		
	Designated Support	Accommodations
Embedded		
Non-Embedded	<p>1. Separate setting - Testing location, including time of assessment, lighting, acoustics, and furniture, may be altered.</p> <p>2. Simplified test directions - Simplified or paraphrased test directions are provided to the student by the test administrator or examiner.</p>	

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student

COHEN

HODAYA

Date of Birth

12-MAR-2012

Meeting

19-NOV-2024

Last

First

MI

Date

Section N: Procedural Safeguards and Follow-up Actions

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

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

Select Preferred Language:

*Computer generated translation provides access to an immediate written translation of the IEP but translated content has not been fully vetted by a District translator. Any computer generated translation IEP documentation should not be considered an official IEP document. While this service is offered and available to assist parents/guardians to participate in IEP development, it is not a substitute for formal written translation services by a District translator. Parents/Guardians who elect access to computer generated written IEP translation are still able to receive oral interpretation and/or a formal translation of the IEP at any time. Only formal translations will be considered official IEP documentation.

Is the parent/guardian requesting official translation? Yes No

Select Preferred Language:

Specify the Individual Pages to be translated:

Special Requests:

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

THIS SPACE DELIBERATELY LEFT BLANK.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student

COHEN

HODAYA

Last

First

MI

Date of Birth

12-MAR-2012

Meeting Date

19-NOV-2024

Section Q: Parent Participation and Consent

Parent Participation

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

Parent Notification

Method	Whom	When
Student	M Chowdhury	07-OCT-2024
Student	M Chowdhury	18-OCT-2024
Student	M Chowdhury	15-NOV-2024

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

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

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

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

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

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

Parent Concerns and Comments

Empty text box for Parent Concerns and Comments.

Signature(s)

Signature box 1

Signature box 2

Date

Date box

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

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

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

Signature(s)

Signature box 1

Signature box 2

Date

19-NOV-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="Hila Cohen 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" value="Hodaya Cohen (need signature)"/>	<input type="text"/>
Surrogate Parent	<input type="text"/>	<input type="text"/>
Foster Parent	<input type="text"/>	<input type="text"/>
Family Foster Home Provider	<input type="text"/>	<input type="text"/>
Administrator	<input type="text"/>	<input type="text"/>
Administrative Designee	<input type="text" value="Anne Downes"/>	<input type="text" value="AS"/>
Special Education Teacher	<input type="text" value="Jenny Peterson"/>	<input type="text" value="JP"/>
General Education Teacher	<input type="text" value="Priscilla Hernandez"/>	<input type="text"/>
School Psychologist	<input type="text"/>	<input type="text"/>
School Nurse	<input type="text"/>	<input type="text"/>
Related Service Staff <input type="text" value="LAS Provider"/>	<input type="text" value="Natalie Kahn"/>	<input type="text" value="nk"/>
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="Sharon Azoulay 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 First MI

Date of Birth

Meeting
 Date

LEAST RESTRICTIVE ENVIRONMENT ANALYSIS

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

Student's Current Placement Type:

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

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

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

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

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

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 checked="" type="checkbox"/>	Diminished access to the full range of the curriculum
	<input checked="" type="checkbox"/>	Missed general education instruction taught by highly qualified staff
	<input checked="" type="checkbox"/>	Rate at which student may earn credits for graduation
	<input checked="" type="checkbox"/>	Lack of opportunity for social interaction
	<input checked="" type="checkbox"/>	Lack of opportunities for age-appropriate peer role models
	<input checked="" type="checkbox"/>	Amount of socialization opportunities with typical peers
	<input checked="" type="checkbox"/>	Limited access to peers in student's home community
	<input checked="" type="checkbox"/>	Lack of exposure to appropriate behavioral models from peers
	<input type="checkbox"/>	Other: <input type="text"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 1 - Eligibility, Placements and Supports

Student
 Last First MI

Date of Birth

Meeting Date

	Effective With this IEP	Future Changes Related to this IEP
	As of Date: <input type="text"/>	<input type="text"/>
Eligibility: (from Page 4)	Eligible (ID)	
	<i>Final IEP Reason</i> <i>Final IEP Effective Date:</i>	
Curriculum	<input type="text" value="Alternate Curriculum"/>	<input type="text"/>
Placement	Type of School <input type="text" value="District Resident School"/>	<input type="text"/>
	Name of School <input type="text" value="MADISON MS"/>	<input type="text"/>
Instructional Setting	Setting <input type="text" value="Special Education"/>	<input type="text"/>
	Program <input type="text" value="IDM"/>	<input type="text"/>
	Special Day Minutes/Wk <input type="text" value="1125"/>	<input type="text"/>
	Addresses Goals <input type="text" value="1(Social Emotional),3(Functional Math),6(Language),5(Functional Writing),4(Functional Comm),2(Functional Reading)"/>	<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="Home to School"/>	<input type="text"/>
	Extended School Year/Intersession <input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
	Parent Counseling and Training (PCT) <input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
	ESY Transportation <input type="text" value="Home to School"/>	<input type="text"/>
Accommodation, Modifications, Supports	Instructional Accommodations <input type="text" value="pre-teaching, reteaching, modeling, positive reinforcement, verbal praise, small-group instruction, visual cues, directions read aloud, calculator as needed, Physical education Accommodations: Extended time on mile runs and pacers, shortened mile and shortened pacer requirements, accommodated written work at her ability level, all physical education assignments modified for her ability level, written, oral and take home included"/>	<input type="text"/>
	Instructional Modifications <input type="text" value="LAUSD Alternate Curriculum"/>	<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	<input type="text" value="n/a"/>	

**Assistive Technology
Equipment**

--

**Participation in
General Education**

Hodaya will interact with general education peers in pe, electives, lunch, field trips and school-wide activities.

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	
10	End Date:		
Language/Speech	Service applies to:	Regular	
	Frequency:	1	
This service addresses the following goals:	Interval:	Weekly	
<input type="text" value="6(Language)"/>	Minutes/Interval:	30	
	Minutes/Interval (Pullout from Gen Ed):	0	
	Service Delivery Model:	Direct Service (Collaborative)	
	Area:	School-Based	
	Responsible Personnel:	Licensed/Credentialed Provider	
Service 2	Start Date:	Effective on Signature Date	
80	End Date:		
Psychological Services (ERICs)	Service applies to:	Regular	
	Frequency:	2	
This service addresses the following goals:	Interval:	Monthly	

1(Social Emotional)	Minutes/Interval:	60	
	Minutes/Interval (Pullout from Gen Ed):	60	
	Service Delivery Model:	Direct Service (By a Single Provider)	
	Responsible Personnel:	Licensed/Credentialed Provider	

Notes:

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

Part 3 - Percentage of Time Outside of General Education

	Effective With this IEP	Future Changes Related to this IEP
% of Time per Week outside of General Education	<input type="text" value="60"/>	

Part 4 - Additional IEP Team Considerations & Parental Input

-Parent gave permission to hold IEP via Zoom. IEP paperwork will be sent home with student for parent signature.

-Hodaya needs access to specialized supports, services, and curriculum that necessitates participation for part of the day in the special day class setting. Hodaya will receive instruction with the Intellectual Disability-Moderate (IDM) Special Day Program with appropriate accommodations to address their educational needs.

-Parent and advocate contributed to IEP discussions, gave their input and asked questions about her academic progress as well as LAS progress and social emotional report.

ERICs provider was not able to attend meeting. Advocate had questions about her service minutes. ERIC's provider contacted parents as documented in the attached email.

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:	IDM	Setting:	Special Education						
Eligibility:	Eligible (ID)	Curriculum:	Alternate Curriculum						
Transportation:	Home to School	Low Incident Support:	None						
Date District Received									
Parent Signature:									
Service Code	Service Desc	Start Date	Service Applies To	Interval	Frequency	Area	Total Minutes	Addresses Goal(s)	No Consent
10	Language/Speech	Effective on Signature Date	Regular	Weekly	1	School-Based	30	Language	--
80	Psychological Services (ERICS)	Effective on Signature Date	Regular	Monthly	2	~	60	Social Emotional	--

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Extended School Year Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 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.