

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Identification Number 200323X625 SSID 1995947188

Eligible (OHI)

Student ELIYAHUO YARIN MI Preferred Name: Date of Birth: 09-AUG-2018

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, Name of Parent/Guardian, Telephone, Parent/Guardian Email, Surogate Parent, and various placement and decision-making questions.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Last First MI

Date of Birth

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"/>	Yarin requires more than minimal support. Percentage of goal not met.
Category	<input type="text" value="Social Emotional"/>			
	Objective 1	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="Requires more than minimal support."/>
2	<input type="text" value="Vocational Education"/>	<input type="radio"/>	<input checked="" type="radio"/>	Yarin has not been able to sit in directed time for more than 3 minutes.
Category	<input type="text" value="Vocational Education"/>			
	Objective 1	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="see above"/>
	Objective 2	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="see above"/>
3	<input type="text" value="Behavioral Support"/>	<input type="radio"/>	<input checked="" type="radio"/>	Yarin has used the breathing technique less than 60% in 4/5 times.
Category	<input type="text" value="Behavior Intervention"/>			
	Objective 1	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="see above"/>
	Objective 2	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="see above"/>
4	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	
Category	<input type="text"/>			
	Objective 1	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2	<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	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2	<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	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2	<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	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2	<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	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2	<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	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2	<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	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student

ELIYAHUO

YARIN

Date of Birth

09-AUG-2018

Meeting Date

04-NOV-2024

Last

First

MI

Section E: Present Level of Performance

Performance Area:

Health

Category:

Health

Assessment/Monitoring Process Used:

State/District Assessment Results:

record review, interview with parent, in person assessment of the student

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

HEALTH SUMMARY: Health information was obtained from mother during a health screening. Yarin is 6 years and 2 months student in Woodlake Elementary. Yarin has a diagnosis of Attention Deficit Hyperactive Disorder and Oppositional Defiant Disorder, and not taking any routine medications on daily basis. Yarin underwent outpatient surgery for adenoids removal and ear tubes back in March, 2024 and following up routinely with pediatrician. Yarin is allergic to the pollen from walnut trees but doesn't require any emergency or daily medications. In the past year mother reports no injuries, overnight hospitalization or chronic illnesses.

STRENGTHS: Yarin is in a good physical health. Passed LAUSD vision screening on 05/28/24 and audio screening on 10-21-24 . Student can clearly communicate needs and performs activities of daily living independently.

AREAS OF NEED: Health is not an area of need.

IMPACT OF DISABILITY: Yarin's physical health does not impact their involvement and progress in their educational program.

ACCOMMODATION/MODIFICATION: None in health

Oksana Reut, RN BSN CSN
10-21-2024

Performance Area:

Category:

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

[Empty text box for current performance/assessment summary]

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

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Student

ELIYAHUO

YARIN

Last

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MI

Date of Birth

09-AUG-2018

Meeting Date

04-NOV-2024

Section E: Present Level of Performance

Performance Area:

Reading

Category:

Literacy Development

Assessment/Monitoring Process Used:

Informal and Formal Assessment; DIBELS

State/District Assessment Results:

DIBELS 419 - Overall - Above Benchmark

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

Strengths: Independently, Yarin is able to retell story events. With minimal assistance, Yarin can read sign words and has the ability to predict what may happen based on what has happened. When informally assessed independently, he read CVC and high frequency words. Of the 60 Rainbow Words, Yarin correctly read 42 words. He showed high enthusiasm and for some stated that the words were easy.

There is no impact of disability identified at this time.

Performance Area:

Writing

Category:

Writing

Assessment/Monitoring Process Used:

Progress report, Work Samples, Teacher Questionnaire, Observation, Informal

State/District Assessment Results:

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

Strengths: Yarin is able to copy writing from the board onto his own paper. He is also capable of recognizing and writing his own letters when said aloud.

There is no impact of disability identified at this time.

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Student ELIYAHUO

YARIN

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Meeting Date 04-NOV-2024

Last

First

MI

Section E: Present Level of Performance

Performance Area: Math

Category: Math

Assessment/Monitoring Process Used: Progress report, Work Samples, Teacher Questionnaire, Observation, Informal

State/District Assessment Results: I-Ready Math - 376 - Mid K

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

Strengths: Yarin has strong number sense. In I-Ready math, he scored 384 (Mid K) in Number and Operations, 383 (Mid K) in Measurement and Data, 362 (Early K) in Geometry, 373 in Algebra and Algebraic Thinking (Early K), and 376 (Mid K) Overall. As per his general education teacher, Yarin is able to regroup on his own, has basic number sense, and can add up to 5. As per his general education teacher, Yarin needs help understanding/using ten frames.

Needs: There is no impact of disability identified at this time.

Performance Area: Behavioral Support

Category: Behavior Intervention

Assessment/Monitoring Process Used: Teacher Questionnaire, Observations

State/District Assessment Results: N/A

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

Strengths: Yarin is able to complete most work on his own. When finished with his own work, Yarin is kind enough to go help others. He is always present at school.

Needs: Student needs constant reminders of needing to sit down, raise hand, and use inside voices. Student has recently had challenges with transitions by running to different adults around the school. He also needs reminders about boundaries because he is jumping on top of adults and hitting other children.

Impact of Disability: Yarin's disability of Other Health Impairment (OHI) related to characteristics of ADHD impacts his ability to sustain attention, resist impulses, participating in a group, and engage with peers effectively. These challenges impact his involvement and progress in the general education curriculum.

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Student ELIYAHUO

YARIN

Date of Birth 09-AUG-2018

Meeting Date 04-NOV-2024

Last

First

MI

Section E: Present Level of Performance

Performance Area: Social Emotional

Category: Social Emotional

Assessment/Monitoring Process Used: teacher questionnaire, observations

State/District Assessment Results: n/a

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

Per Yarin's teacher, his behavioral strengths are that he likes to be the teacher's helper and consistently finishes all of his work. He is noted to be smart and helps other students when he is done with his assignments. In counseling, Yarin's behavioral strengths are that he consistently comes to counseling, is respectful towards the counselor and participates in all activities. Yarin is able to turn take, with moderate prompts, and often follows directions. He is learning how to resolve conflicts appropriately with his peers through discussion and role-play. He is also working on improving his self-regulation skills (e.g., remaining in his seat, staying on task and raising his hand when he has a question). Yarin is making slow but steady progress in a small setting. Per interview with Yarin's parent (mother), it is reported that he is very smart and likes to help around the house.

Per teacher, Yarin's behavioral weaknesses are that he cannot regulate his emotions, needs a lot of reassurance and can get physically aggressive with his peers on the playground. In the classroom, Yarin shouts out to his friends and tries to distract them. Teacher notes that Yarin is overly stimulated in a large classroom. In counseling, some of Yarin's behavioral weaknesses are that he struggles to remain focused, is easily distracted by items around his desk and has difficulty controlling the volume of his voice. Yarin can also improve in his active listening skills, as he has been observed to have difficulty waiting his turn to talk/share during discussions. Per interview with Yarin's parent, some of his behavioral weaknesses are that he does not listen at home, screams and says weird words. It is noted that Yaren wakes up too early and often seems tired.

Yarin's Other Health Impairment (OHI) due to ADHD-like behaviors may impact his peer relations, his on-task behavior and his progress and involvement in the general education curriculum.

Performance Area:

Category:

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

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ELIYAHUO

YARIN

Date of Birth

09-AUG-2018

Meeting Date

04-NOV-2024

Last

First

MI

Section E: Present Level of Performance

Performance Area:

Vocational Ed

Category:

Vocational Education

Assessment/Monitoring Process Used:

Teacher Questionnaire, Observations

State/District Assessment Results:

N/A

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

Strengths: Yarin is very helpful with other students. Once his work is done, he peer tutors classmates. He has excellent attendance.
This is not an area of need at this time.

Performance Area:

Category:

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

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Section F: Eligibility

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

[Empty text box for disability discussion]

For Initial IEP, interventions attempted prior to determining eligibility:

[Empty text box for interventions]

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

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

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Los Angeles Unified School District

Student **ELIYAHUO** **YARIN** **Last First MI**

Date of Birth **09-AUG-2018**

Meeting Date **04-NOV-2024**

Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

Yarin will develop a plan to respond to frustrating situations or tasks and use this plan in 4/5 opportunities, over a one-week period, with minimal adult support as measured by counselor and teacher.

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:

Yarin will develop a plan to respond to frustrating situations or tasks and use this plan in 2/5 opportunities, over a one-week period, with maximum adult support as measured by counselor and teacher.

Incremental objective #2 related to the goal:

Yarin will develop a plan to respond to frustrating situations or tasks and use this plan in 3/5 opportunities, over a one-week period, with moderate adult support as measured by counselor and teacher.

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 #:

When Yarin is about to exhibit impulsive behavior, he will take a deep breath, and use complete sentences to express his wants and needs 80% of the time in 4/5 school days.

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 Yarin is about to exhibit impulsive behavior, he will take a deep breath, and use complete sentences to express his wants and needs 60% of the time in 4/5 school days.

Incremental objective #2 related to the goal:

When Yarin is about to exhibit impulsive behavior, he will take a deep breath, and use complete sentences to express his wants and needs 70% of the time in 4/5 school days.

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 ELIYAHUO
Last

YARIN
First

MI

Date of Birth 09-AUG-2018

Meeting Date 04-NOV-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

Accommodations:

Student does not require any accommodations:

No assessment tests found.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student ELIYAHUO YARIN MI
Last First MI

Date of Birth 09-AUG-2018

Meeting Date 04-NOV-2024

Section N: Procedural Safeguards and Follow-up Actions

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

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

Select Preferred Language:

*Computer generated translation provides access to an immediate written translation of the IEP but translated content has not been fully vetted by a District translator. Any computer generated translation IEP documentation should not be considered an official IEP document. 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

ELIYAHUO

YARIN

MI

Date of Birth

09-AUG-2018

Meeting Date

04-NOV-2024

Last

First

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	MV	17-OCT-2024
Phone	MV	24-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

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

4-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="Shira Eliyahuo"/>	<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="Maria Vallone"/>	<input type="text"/>
Administrative Designee	<input type="text"/>	<input type="text"/>
Special Education Teacher	<input type="text" value="Jennifer Friedman"/>	<input type="text"/>
General Education Teacher	<input type="text" value="Vanessa Avina"/>	<input type="text"/>
School Psychologist	<input type="text"/>	<input type="text"/>
School Nurse	<input type="text" value="Oksana Reut"/>	<input type="text" value="Oksana Reut"/>
Related Service Staff <input type="text"/>	<input type="text"/>	<input type="text"/>
Related Service Staff <input type="text"/>	<input type="text"/>	<input type="text"/>
Related Service Staff <input type="text"/>	<input type="text"/>	<input type="text"/>
Interpreter	<input type="text"/>	<input type="text"/>
Sign Language Interpreter	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

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="Shira Eliyahu"/>	<input type="text" value="Handwritten Signature"/>
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="Maria Vallone"/>	<input type="text" value="Handwritten Signature"/>
Administrative Designee	<input type="text"/>	<input type="text"/>
Special Education Teacher	<input type="text"/>	<input type="text"/>
General Education Teacher	<input type="text" value="Vanessa Avina"/>	<input type="text" value="Handwritten Signature"/>
School Psychologist	<input type="text" value="Ninva Simon"/>	<input type="text" value="Ninva Simon"/>
School Nurse	<input type="text"/>	<input type="text"/>
Related Service Staff <input type="text"/>	<input type="text"/>	<input type="text"/>
Related Service Staff <input type="text"/>	<input type="text"/>	<input type="text"/>
Related Service Staff <input type="text"/>	<input type="text"/>	<input type="text"/>
Interpreter	<input type="text"/>	<input type="text"/>
Sign Language Interpreter	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
 Last First MI

Date of Birth

Meeting Date

LEAST RESTRICTIVE ENVIRONMENT ANALYSIS

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

Student's Current Placement Type:

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

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

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

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

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

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 checked="" type="checkbox"/>	Amount of socialization opportunities with typical peers
	<input type="checkbox"/>	Limited access to peers in student's home community
	<input type="checkbox"/>	Lack of exposure to appropriate behavioral models from peers
	<input type="checkbox"/>	Other: <input type="text"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 1 - Eligibility, Placements and Supports

Student ELIYAHUO

YARIN

Date of Birth 09-AUG-2018

Meeting Date 04-NOV-2024

Last

First

MI

		Effective With this IEP	Future Changes Related to this IEP
	As of Date:		
Eligibility: (from Page 4)		Eligible (OHI)	
	Final IEP Reason Final IEP Effective Date:		
Curriculum		General Education	
Placement	Type of School	Affiliated Charter	
	Name of School	WOODLAKE ECC	
Instructional Setting	Setting	General Education	
	Program	GE	
	Special Day Minutes/Wk		
	Addresses Goals	1(Social Emotional),3(Behavioral Support),2(Vocational Education)	
Additional Factors	Low Incident Support	None	
	Assistive Technology Support	No	
	Transportation	None	
	Extended School Year/Intersession	<input type="radio"/> Yes <input checked="" type="radio"/> No	
	Parent Counseling and Training (PCT)	<input checked="" type="radio"/> Yes <input type="radio"/> No	
	ESY Transportation		
Accommodation, Modifications, Supports	Instructional Accommodations	Continued exposure to English and Hebrew to promote continued dual-language development. Facilitate social interactions with peers to develop social skills (i.e. play dates, team sports, adult-led games during recess, etc.) Provide directions in a 'first, then' format to increase compliance. Provide forced choices to increase buy-in for task (i.e. 'Would you like to write using this pencil or this crayon?' 'Would you like to sit in this chair or this wiggle seat?' 'Would you like to complete Task A or Task B first?') Provide frequent positive reinforcement and praise for on-task behaviors, such as following directions, initiating tasks, and sustaining attention until a task is complete. Connect content to areas of high interest to increase engagement. Proximal seating near teacher and away from distractions. Access to study carrel during independent worktime to minimize visual stimuli as needed. Break larger tasks into smaller chunks with opportunities for breaks and positive reinforcement to reduce frustration. Directions repeated, broken down, and clarified as needed. Provide opportunities to lead, teach, and help others as appropriate. Extended time to complete work as needed. Reinforcement schedule. Warning for transitions, and preparing for new activity	
	Instructional Modifications		

	Other Supports, including Non-Academic and Extra-curricular Activities	The Resource Specialist Teacher and/or Resource Aide will assist the general education teacher in the use of supplementary instructional materials and strategies.	
Preparation for Three Year Review IEP (At the second Annual Review IEP Meeting, the team must discuss and document the decision to conduct or not conduct a three-year comprehensive reassessment.)	Do the Parent and the District (local educational agency) agree that a reassessment is unnecessary?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
	If the Parent does not agree, specify the area(s) to be reassessed.	Will be discussed at the second annual IEP meeting	
Comments, as appropriate			
Low Incidence Equipment			
Assistive Technology Equipment			
Participation in General Education	Yarin will participate in general education all day with pull-out counseling.		

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student **ELIYAHUO** **YARIN**
Last First MI **Date of Birth 09-AUG-2018 Meeting Date 04-NOV-2024**

		Effective With This IEP	Future Changes Related To This IEP
Service 1	Start Date:	Effective on Signature Date	
RSP	End Date:		
RSP	Service applies to:	Regular	
	Frequency:	5	
This service addresses the following goals :	Interval:	Weekly	
1(Social Emotional)	Minutes/Interval:	150	
3(Behavioral Support)	Minutes/Interval (Pullout from Gen Ed):	0	
	Service Delivery Model:	RSP: Collaborative Teaching and Planning	
	RSP Area:	Literacy/ELA/ELD	
	Responsible Personnel:	Resource Specialist Teacher	
		District Assigned Qualified Provider	
Service 2	Start Date:	Effective on Signature Date	
04	End Date:		
Counseling and Guidance	Service applies to:	Regular	
	Frequency:	2	
This service addresses the following goals :	Interval:	Monthly	

1(Social Emotional)	Minutes/Interval:	75	
	Minutes/Interval (Pullout from Gen Ed):	75	
	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="1"/>	

Part 4 - Additional IEP Team Considerations & Parental Input

The team reviewed progress with current goals, present level of performances, proposed goals and services. Mother requested to increase the counseling and guidance service. The team discussed how they see he needs more support in the area of behavior. The team reviewed his behavior and reviewed the behavior support plan. The team agreed that the behavior can be supported through resource and resource support was increased. Counseling and guidance service minutes remain the same.

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									
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	2	~	75	Social Emotional	--
RSP	RSP	Effective on Signature Date	Regular	Weekly	5	RSP-Literacy/ELA/ELD	150	Social Emotional, Behavioral Support	--

Alternative Remote/Distance Learning Services During Emergency Conditions

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

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

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

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

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

For IEP Team Information

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

INDIVIDUALIZED EDUCATION PROGRAM 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 **ELIYAHUO** **YARIN** Date of Birth **09-AUG-2018** Meeting Date **04-NOV-2024**

Last First MI

1 The behavior impeding learning is: Describe what it looks like:
 not getting his way, yells, cries, leaves

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) 1 Period hourly Intensity medium Duration (min) 3
 Reported by Teachers 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 checked="" 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 Observation Analysis 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 checked="" type="checkbox"/> Classroom seating arrangement	<input type="checkbox"/> Noise levels	<input checked="" 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 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 Intervention 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 checked="" type="checkbox"/> Cue the student	<input type="checkbox"/> Model
	<input checked="" 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 checked="" type="checkbox"/> Use specific support communications		

Other First _____, then _____

Who will establish? Teachers	Who will monitor? Teachers	Frequency As Needed
---	---	--

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) Attention (staff)

Task (too difficult) Task (too easy) Task (too long)

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?)

Observation Analysis

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 Smiles Handshake

Verbal: Pat on the back Recognition of student's str... Peer recognition

Contingent Access: Use specific praises Free time Listen to music

Time on the computer Describe: Other

Tangibles Preferred activity Certificate sent home Seating Location

Positive phone calls or notes to home Points

Tokens and Points: Tokens Extra test points

Privileges: Exempt assignment

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)

Personnel?