

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

## Los Angeles Unified School District

Student Identification  
Number

200100X217

SSID

**Eligible (SLI)**

Student

PRISHKOLN

LENI

MI

Date of Birth:

22-SEP-2016

Last

First

MI

## Section A: Meeting Information

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

Location of Meeting	District Name
Preschool Assessment Center @	Los Angeles Unified School Dis

## Section B: Student Information

Date of Birth	22-SEP-2016	Age	2	Grade	-1
Gender	<input type="radio"/> Male <input checked="" type="radio"/> Female	Limited English Proficient Student	<input type="radio"/> Yes <input checked="" type="radio"/> No	Ethnic Code	White
Location of the Psych Folder	SUPPORT UNIT NOF	Student has no Psych Folder	<input type="checkbox"/>		
Location of the Cum Folder		Student has no Cum Folder	<input checked="" type="checkbox"/>		
Home Language		Student Language		Alternate Mode of Communication	
Home Address of Student	6106 WILKINSON AVE				
City	NORTH HOLLYV CA	ZIP Code	91606		
Home Telephone	(818) 284-8864	Daytime Telephone		Emergency Telephone	
School of Attendance	Sp Ed Inf/Pre (1017)	Location Code	1017		
School of Residence	Monlux El	Location Code	5342		
Name of Parent/Guardian		Telephone			
Address					
City		CA	ZIP Code		
Surogate Parent		Telephone			
Attends <b>CURRENT SCHOOL</b> as a result of one of the following	Preschool Program ▼				
Is the student living in a Family Foster Home (FFH)?	<input checked="" type="radio"/> No <input type="radio"/> Yes	FFH#			
Is FFH Provider related to student?	<input type="radio"/> No <input type="radio"/> Yes	Relationship			
Licensed Children's Institution	<input type="radio"/> No <input type="radio"/> Yes	LCI Name			
		LCI#			
Out of the home placement made by	<input type="radio"/> Regional Center	<input type="radio"/> Department of Mental Health	<input type="radio"/> Department of Children's Services		
	<input type="radio"/> Superior Court	<input type="radio"/> Other			
Child's family living within LAUSD's boundaries?	<input type="radio"/> No <input checked="" type="radio"/> Yes				
If the student is 18 years old or older or is an emancipated minor, does he/she have educational decision-making rights?	<input type="radio"/> No <input type="radio"/> Yes				

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Student **PRISHKOLN**  
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Date of Birth **22-SEP-2016**Meeting Date **24-JUL-2019**

## Section C: Language Acquisition

Language Classification:

Start Date:

Parent Waiver:

☐ Yes ☐ No

Reclassification Date:

Elementary English Language  
Development Level:

Start Date:

Secondary English Language  
Development Level:

Start Date:

Communication Observation Matrix  
Level:

Start Date:

## Section D: Goal Achievement from Current IEP

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

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## Section E: Present Level of Performance

Performance Area:

Health

Assessment/Monitoring Process

Used:

State/District Assessment Results:

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

Health Summary: LAUSD Initial Health Assessment done on 06/24/19 with information provided by father and student. Father reports no prenatal, birth and newborn problems. All developmental milestones are within normal range except with speech delay. Receiving Speech Therapy and Child Development through Regional Center. Immunization are up to date.

Strengths: Student able to ambulate independently, passed audio and vision screening (06/24/19). Per father no history of serious illness, accidents and hospitalization, no daily medication and no known health problems.

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

Impact of Disability: Health does not affect student's participation, performance and access in the educational program.

Accommodations/Modifications: None at this time.

06/24/19

Estrella Bagolor, R.N., Credentialed School Nurse

Performance Area:

Assessment/Monitoring Process

Used:

State/District Assessment Results:

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

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## Section E: Present Level of Performance

Performance Area:

Articulation/Language

Assessment/Monitoring Process  
Used:

informal assessment, observation, parent report

State/District Assessment Results:

N/A

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

Leni is a 2 year, 9-month old girl who is transitioning from NLACRC services to an LAUSD preschool program. She was referred for assessment due to concerns regarding speech and language delay and attention issues. She is exposed to both Hebrew and English at home and at daycare. She attends daycare 5 days per week from 8am to 4 pm. Her dominant language is reportedly English. She currently receives child development services two times per week and speech and language services through private insurance one time per week.

Strengths: Leni presents as a social girl with good communicative intent and expresses the desire to play with peers. She demonstrated social referencing and appropriate eye contact. She demonstrated social referencing and appropriate eye contact. , Leni localizes to a speaker, responds to her name, follows simple, familiar commands, identifies familiar objects in pictures, identifies body parts, four action words in pictures, and gives a toy upon request. Father reports that Leni knows colors but this was not observed. Leni uses words to label and comment, and reportedly has approximately 30 words in her vocabulary. She also mixes real words with jargon, and was observed to do so during play. Father reports Leni engages in pretend play. She was also observed on one occasion to ask a question with rising intonation. In the area of articulation, Leni was observed to produce the following sounds in words/word approximations: /p, b, m, d, t, k, w, m, n, h/ and /s/ on one occasion. She primarily produces CV and CVCV combinations.

cont...

Performance Area:

Articulation/language

Assessment/Monitoring Process  
Used:

State/District Assessment Results:

N/A

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

Areas of Need: Leni continues to demonstrate needs in the areas of receptive language, expressive language, and articulation. She exhibited inconsistent joint attention due to difficulties with sustaining attention to a single task, as she moves quickly from toy to toy/ activity. She has difficulty following novel one-step directions, requiring excessive prompts and models. She does not yet understand prepositions or pronouns, and appears to have difficulty generally comprehending verbal input; Although Leni was observed to use single words and approximations to label, request and comment, her vocabulary appears limited, and she does not yet use a variety of two or more word phrases for different pragmatic functions including asking and responding to questions, sharing information, and engaging in conversation. In the area of articulation, Leni uses a restricted number of syllable shapes, and demonstrates the phonological processes of stopping, final consonant deletion, palatal fronting, cluster reduction, and gliding. Although several of Leni's errors are considered age appropriate at this time, the combination and frequency of production of errors greatly affect Leni's overall intelligibility, which is judged to be approximately >50% depending on context and listener.

Impact of Disability on educational Performance: Leni's difficulties in the areas of receptive language, expressive language, and articulation negatively impact her ability to access the educational curriculum as well as successfully interact with peers.

Danna Bornstein MS CCC- SLP/ Speech-language pathologist

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## Section E: Present Level of Performance

Performance Area:

Cognitive Ability

Assessment/Monitoring Process  
Used:

Mullen, DP 3, observation, interview

State/District Assessment Results:

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

Overall, Leni demonstrates a scatter of skills ranging from the average range to the below average range based on performance on the Mullen Scales of Early Learning (MSEL) and information gathered via observation and interview on the Developmental Profile Third Edition (DP3).

Leni's profile as examined on the MSEL reflects comparatively stronger skills in visual reception, falling in the average range. Her fine motor skills fall in the low average range. Her receptive language and expressive language skills fall in the below average range.

In terms of visual reception tasks (the ability to discriminate, recall, organize, and sequence visual stimuli), Leni sorted objects by category, matched pictures, shapes, and by color and size, and discriminated spatial details in pictures, and exhibited memory for one picture. Regarding fine motor tasks (the process involving visual motor planning, unilateral, and bilateral manipulation and writing readiness), Leni inserted coins in a slot oriented horizontally and vertically, stacked 7 blocks, imitated a 4 block train. Regarding receptive language skills (the process involving auditory discrimination, linguistic conceptualization, auditory comprehension and memory), Leni identified body parts, objects in pictures, and colors, and demonstrated comprehension of action words in pictures. She did not demonstrate comprehension of auditory spatial awareness and size concepts and did not follow related commands without the use of gestures. In terms expressive language skills (the ability to employ auditory discrimination, auditory comprehension, and auditory memory in order to verbally demonstrate concept formation). Leni labeled some pictures, used some 2 word utterances, and repeated 2 digit

Performance Area:

Cognitive Ability

Assessment/Monitoring Process  
Used:

Mullen, DP 3, observation, interview

State/District Assessment Results:

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

Continued:  
series. She did not use pronouns, use a wide variety of word combinations, and ask/answer questions. Her expressive language consisted of learned/rote phrases and jargon. She presented with a limited vocabulary and spontaneous language.

Potential factors impacting the validity of the findings include: attention challenges, impulsivity, distractibility, and speech intelligibility.

Educational Impact: Based on alternative forms of assessment, which may include formal and informal testing, interviews, review of records, observations, and rating forms it appears that a Cognitive impact is identified at this time.

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## Section E: Present Level of Performance

Performance Area:

School Readiness

Assessment/Monitoring Process  
Used:

Mullen, DP 3, observation, interview

State/District Assessment Results:

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

Overall, Leni's current functioning in school readiness is developing not as expected given the student's chronological age and experience to date, based on performance on the Mullen Scales of Early Learning (MSEL) and information gathered via observation and interview on the Developmental Profile Third Edition (DP3).

Leni's demonstrates strengths in general fund (identification of body parts and colors; pre-mathematics (identification of shape, differentiation of size).

Areas of need/challenge were identified in general fund (answering basic general knowledge question); pre-mathematics (rote counting, comprehension of size and number concepts); pre-reading (consistently attending to pictures and identifying and labeling a wide variety of items seen in a book); and pre-writing. Furthermore, language and attention challenges may impact Leni's ability to attend to and participate in adult directed activities, which involve development and acquisition of school readiness skills.

Educational Impact: Based on alternative forms of assessment, which may include formal and informal testing, interviews, review of records, observations, and rating forms it appears that an Educational/School Readiness impact is identified at this time; which affects Leni's ability to access the preschool curriculum.

Performance Area:

Motor

Assessment/Monitoring Process  
Used:

Mullen, DP 3, observation, interview

State/District Assessment Results:

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

Overall, Leni's motor skills are found to be in the low average to the average range.

Based on the father's responses on the Developmental Profile 3, Leni's evidences the following relative strengths: Per ratings on the DP3, gross motor skills including the movement and coordination of the arms, legs, and other large body parts and movement are not an area of concern (e.g. running, walking, and jumping). Furthermore, fine motor skills including the movement and coordination of small body parts such as the wrists, hands, and fingers are not an area of concern (e.g. writing and drawing). Father reports that Leni usually walks upstairs and downstairs with alternating feet, throw to and catches a ball from an adult who is standing five feet away, copies an up and down straight line, and stacks at least 8 blocks. Leni's performance on the Fine Motor scale on the MSEL falls in the low average range.

No needs/challenges were identified. It is possible that Leni's performance on the Fine Motor scale may have been impacted by attentional challenges, distractibility, and impulsivity.

Educational Impact: Based on alternative forms of assessment, which may include formal and informal testing, interviews, review of records, observations, and rating forms it appears that a Motor impact is not identified at this time.

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## Section E: Present Level of Performance

Performance Area: Language/Communication

Assessment/Monitoring Process  
Used: Mullen, DP 3, observation, interview

State/District Assessment Results:

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

Leni lives in trilingual (English, Hebrew, Spanish) household. Father reports that Leni has a speaking vocabulary of approximately 30 words. Yet, she uses more gestures than words to communicate. She mumbles and jargons. Familiar and unfamiliar listeners understand approximately 10 percent of her speech.

Overall, Leni's language skills are found to be in the below average range.

Based on the father's responses on the Developmental Profile 3, Leni evidences the following strengths: getting across the idea of 'more', understanding the meaning of 'no', frequently responding to instructions of three or more words, and imitating a sentence of two or more words. During the assessment session, Leni demonstrated joint attention and social referencing.

Leni evidences the following needs/challenges: demonstrating an age appropriate receptive and expressive vocabulary, using a wide variety of word combinations without the use of jargon, following related commands without the use of gestures and 2 unrelated commands, and asking and answering questions.

Results from the language and speech assessment indicate that Leni presents with delays in receptive, expressive, and pragmatic language skills.

Performance Area: Language/Communication

Assessment/Monitoring Process  
Used: Mullen, DP 3, observation, interview

State/District Assessment Results:

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

Continued:  
Refer to the language and speech assessment report for further information regarding Leni's language functioning.

Educational Impact: Based on alternative forms of assessment, which may include formal and informal testing, interviews, review of records, observations, and rating forms it appears that a Communication impact is identified at this time; which affects Leni's ability to access the preschool curriculum.

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## Section E: Present Level of Performance

Performance Area:

Social Emotional

Assessment/Monitoring Process  
Used:

DP 3, ASRS, Conners BEH, observation, interview

State/District Assessment Results:

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

Overall, Leni's social emotional status is found to be in the below average range.

Based on parent interview Leni evidences the following relative strengths: being a very happy and playful child, demonstrating awareness of the psychological feelings of others, playing next to and with other children, initiating social games, and engaging in pretend play. In terms of engagement, Leni tried to get one's attention and direct one's attention to something, and exhibited joint attention. She made adequate eye contact for communicative intent, to share joy, for approval, and for social referencing. She was observed to share her enjoyment with the examiners and her father. Leni responded positively to praise and encouragement. She reciprocated 'high fives' with the assessor and smiled at verbal praise. She clapped 'Yeah' at successes as she engaged the assessor. She often giggled when the assessors presented her with wind-up toys, which flipped over and/or moved on the table. Leni demonstrated functional play. She enjoyed cause and effect play. When the assessor presented and engaged her in passing back and forth a caterpillar, Leni grabbed it, pointed to her father, and gestured him to join her in play. Leni was able to stay engaged in the game for approximately 4-5 turns. Her range in affect was appropriate. At the daycare, Leni is reported to enjoy playing in groups with other children. On the ASRS, both parent and the childcare provider report that Leni demonstrates adequate social emotional reciprocity.

Leni evidences the following needs/challenges: demonstrating adequate sustained attention, activity level, and mood, self-control, and play skills. In contrast to the father's responses on the ASRS, the childcare provider responses indicate that Leni has difficulty using appropriate non-verbal communication for social contact, relating to children

Performance Area:

Social Emotional

Assessment/Monitoring Process  
Used:

DP 3, ASRS, Conners BEH, observation, interview

State/District Assessment Results:

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

Continued:

and to adults, and tolerating changes in routine, engages in unusual and stereotypical behaviors, overreacts to sensory stimulation. Both parent and childcare provider indicate that Leni has problems with inattention and/or motor and impulse control. Parent's responses on the Conners BEH EC indicate that Inattention/Hyperactivity, Defiant/Aggressive Behaviors, and Anxiety scales falling in the very elevated range, indicating many more concerns than are typically reported. The Mood and Affect scale is rated in the elevated range, suggesting more concerns than are typically reported. During the assessment session, tasks were quickly alternated in order to keep her interest, focus, and engagement and use of behavioral contingencies were used in order to facilitate Leni's compliance with less preferred tasks presented. Leni approached tasks impulsively. She often got easily distracted. At times, she attempted to leave the table but was able to be redirected to continue working with the examiners. She often needed prompting to visual scan all items before choosing an answer and to wait for the assessor to arrange testing materials before presenting a task. Her attention to task was challenged. She did not seem to persevere when presented with more challenging and/or less preferred tasks. Despite prompting and modeling, Leni did not engage in pretend play. Language challenges may also impact Leni's ability to engage in and sustain verbal exchanges with peers and teachers and use language in play.

Educational Impact: Based on alternative forms of assessment, which may include formal and informal testing, interviews, review of records, observations, and rating forms it appears that a Social Emotional impact is identified at this time; which affects Leni's ability to access the preschool curriculum.



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Student   
Last  
First  
MIDate of Birth Meeting Date 

## Section E: Present Level of Performance

Performance Area:

Assessment/Monitoring Process  
Used:

State/District Assessment Results:

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

Overall, Leni's self-help/adaptive behavior is found to be in the average range.

Based on the father's responses on the Developmental Profile 3, Leni evidences the following relative strengths: putting on and taking off her shoes, undoing simple fasteners, using utensils for self-feeding, and using technology.

No needs/challenges were identified.

Educational Impact: Based on alternative forms of assessment, which may include formal and informal testing, interviews, review of records, observations, and rating forms it appears that a Self-Help/Adaptive Behavior impact is not identified not at this time.

Performance Area:

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:

health, general ability, academic function, motor ability, language and speech, social/emotional, self-help adaptive

For Initial IEP, interventions attempted prior to determining eligibility:

Regional Center: Child Development and Language and Speech

Eligible as a student with the disability of:

Code:

SLI

Speech Or Language Impairment

☒ Not Applicable,
 ☐ Blind or
 ☐ Partially Sighted

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

Code:

☒ Not Applicable,
 ☐ Blind or
 ☐ Partially Sighted

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

or

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

No Longer Eligible (Effective Date):

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

Final IEP Reason:

Final IEP Effective Date:

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

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Social Maladjustment        | <input checked="" type="checkbox"/> Temporary Physical Disability | <input checked="" type="checkbox"/> Lack of instruction in reading              |
| <input checked="" type="checkbox"/> Lack of instruction in math | <input checked="" type="checkbox"/> Limited English Proficiency   | <input checked="" type="checkbox"/> Environmental, Cultural or Economic Factors |

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## Section G: Annual Goals and Objectives

Performance Area:

Expressive Language

Annual Goal #:

1

Leni will use 3-4+ word utterances to request, comment, and respond to simple questions during structured language activities in 7/10 opportunities given no more than 2 verbal/visual prompts/models

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
 ☐ Norm Referenced
 ☐ Criterion Referenced
 ☐ Curriculum Based  
☒ Observation
 ☐ Portfolio
 ☐ Work Samples
 ☒ Informal  
☒ Other

## Incremental objective #1 related to the goal:

Leni will use 2-3 word utterances to request, comment, and respond to simple questions during structured language activities in 5/10 opportunities given 4-5 verbal/visual prompts/models

## Incremental objective #2 related to the goal:

Leni will use 3 word utterances to request, comment, and respond to simple questions during structured language activities in 6/10 opportunities given 3-4 verbal/visual prompts/models

Date to be achieved: **Novembe** ▼ **2019** ▼ MO/YRDate to be achieved: **March** ▼ **2020** ▼ MO/YR

## IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

## EXPLANATION OF MARKS

4 GOAL MET OR  
EXCEEDED3 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: <div style="border: 1px solid black; height: 100px; width: 100%;"></div>

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## Section G: Annual Goals and Objectives

Performance Area:

Articulation

Annual Goal #:

2

Leni will produce age appropriate sounds in all positions of words in 2-3 word carrier phrases/utterances with 80% accuracy given no more than 2 verbal/visual prompts

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    ☐ Norm Referenced    ☐ Criterion Referenced    ☐ Curriculum Based  
☒ Observation    ☐ Portfolio    ☐ Work Samples    ☒ Informal  
☒ Other

## Incremental objective #1 related to the goal:

Leni will produce age appropriate sounds in all positions of words with 60% accuracy given 4-5 verbal/visual prompts

## Incremental objective #2 related to the goal:

Leni will produce age appropriate sounds in all positions of words in 2 word utterances with 70% accuracy given 3-4 verbal/visual prompts

Date to be achieved: **Novembe** ▼ **2019** ▼ MO/YRDate to be achieved: **March** ▼ **2020** ▼ MO/YR

## IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

## EXPLANATION OF MARKS

4 GOAL MET OR  
EXCEEDED3 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 **PRISHKOLN**  
Last**LENI**  
First

MI

Date of Birth **22-SEP-2016**Meeting Date **24-JUL-2019**

## Section G: Annual Goals and Objectives

Performance Area:

School Readiness

Annual Goal #:

3

Leni will independently focus, attend, and participate in teacher directed tasks/activities for 10 minutes in 4 out of 5 school days with 80% accuracy as measured by teacher observation.

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

## Methods of Evaluation

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

## Incremental objective #1 related to the goal:

Leni, with prompts/cues, will focus, attend, and participate in teacher directed tasks/activities for 5 minutes in 2 out of 5 school days with 60% accuracy as measured by teacher observation.

## Incremental objective #2 related to the goal:

Leni, with minimal prompts/cues, will focus, attend, and participate in teacher directed tasks/activities for 7 minutes in 3 out of 5 school days with 70% accuracy as measured by teacher observation.

Date to be achieved: **Novembe** ▼ **2019** ▼ MO/YRDate to be achieved: **March** ▼ **2020** ▼ MO/YR

## IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

## EXPLANATION OF MARKS

4 GOAL MET OR  
EXCEEDED3 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: <div style="border: 1px solid black; height: 100px; width: 100%;"></div>

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student **PRISHKOLN**  
Last**LENI**  
First

MI

Date of Birth **22-SEP-2016**Meeting Date **24-JUL-2019**

## Section G: Annual Goals and Objectives

Performance Area:

Language

Annual Goal #:

4

Leni will respond appropriately to adults and peers within the classroom setting through words and/or gestures in 4 out of 5 opportunities with 80% accuracy as measured by teacher observation.

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

## Methods of Evaluation

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

## Incremental objective #1 related to the goal:

Leni, with models and cues, will respond appropriately to adults and peers within the classroom setting through words and/or gestures in 2 out of 5 opportunities with 60% accuracy as measured by teacher observation.

## Incremental objective #2 related to the goal:

Leni, with minimal models and cues, will respond appropriately to adults and peers within the classroom setting through words and/or gestures in 3 out of 5 opportunities with 70% accuracy as measured by teacher observation.

Date to be achieved: **Novembe** ▼ **2019** ▼ MO/YRDate to be achieved: **March** ▼ **2020** ▼ MO/YR

## IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

## EXPLANATION OF MARKS

4 GOAL MET OR  
EXCEEDED3 SUBSTANTIAL PROGRESS (50-99% of goal  
met)

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

1 NO PROGRESS

1st Reporting Period Date: <input type="text"/>	2nd Reporting Period Date: <input type="text"/>	3rd Reporting Period Date: <input type="text"/>	4th Reporting Period (Secondary Only) Date: <input type="text"/>	Goal Achievement
Progress Mark: <input type="text"/>	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: <div style="border: 1px solid black; height: 100px; width: 100%;"></div>

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student **PRISHKOLN**  
Last**LENI**  
First

MI

Date of Birth **22-SEP-2016**Meeting Date **24-JUL-2019**

## Section G: Annual Goals and Objectives

Performance Area:

Cognitive

Annual Goal #:

5

Leni will engage in pretend play (e.g., sets the table in the dramatic play center) on 4 occasions during a school week.

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
 ☐ Norm Referenced
 ☐ Criterion Referenced
 ☐ Curriculum Based  
☒ Observation
 ☐ Portfolio
 ☐ Work Samples
 ☒ Informal  
☐ Other

## Incremental objective #1 related to the goal:

Leni will imitate simple actions (e.g., picks up phone, rocks baby) on 4 occasions during a school week

## Incremental objective #2 related to the goal:

Leni will imitate routines (e.g. pretends to feed doll, cook dinner) with adult/peer support on 4 occasions during a school week.

Date to be achieved: **Novembe** ▼ **2019** ▼ MO/YRDate to be achieved: **March** ▼ **2020** ▼ MO/YR

## IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

## EXPLANATION OF MARKS

4 GOAL MET OR  
EXCEEDED3 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: <div style="border: 1px solid black; height: 100px; width: 100%;"></div>

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

## Los Angeles Unified School District

Student **PRISHKOLN**  
Last**LENI**  
First

MI

Date of Birth **22-SEP-2016**Meeting Date **24-JUL-2019**

## Section G: Annual Goals and Objectives

Performance Area:

Language

Annual Goal #:

6

Leni will follow 1-2 step instructions, with minimal prompts/cues, during the school day in 4 out of 5 opportunities with 80% accuracy as measured by teacher observation.

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

## Methods of Evaluation

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

## Incremental objective #1 related to the goal:

Leni will follow 1 step simple directions during the school day in 2 out of 5 opportunities with 60% accuracy as measured by teacher observation.

## Incremental objective #2 related to the goal:

Leni will follow 1-2 step instructions, with prompts/cues, during the school day in 3 out of 5 opportunities with 70% accuracy as measured by teacher observation.

Date to be achieved: **Novembe** ▼ **2019** ▼ MO/YRDate to be achieved: **March** ▼ **2020** ▼ MO/YR

## IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

## EXPLANATION OF MARKS

4 GOAL MET OR  
EXCEEDED3 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: <div style="border: 1px solid black; height: 100px; width: 100%;"></div>



**INDIVIDUALIZED EDUCATION PROGRAM (IEP)****Los Angeles Unified School District****Student**

PRISHKOLN

**Last**

LENI

**First****MI****Date of Birth**

22-SEP-2016

**Meeting Date**

24-JUL-2019

**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.

**DRDP-A** - (Adaptations identified below are applicable)

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student PRISHKOLN

Last

LENI

First

MI

Date of Birth 22-SEP-2016

Meeting Date 24-JUL-2019

## 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 translation services? ☒ Yes ☐ No

If yes, the parent/guardian has requested a written translation of the IEP in Hebrew

Specify the Individual Pages to be translated:

Special Requests:

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

THIS SPACE DELIBERATELY LEFT BLANK.

## Los Angeles Unified School District

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student **PRISHKOLN**  
Last**LENI**  
First**MI**  
MIDate of Birth **22-SEP-2016**Meeting Date **24-JUL-2019**

## 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
Other	Jodi Brown	10-JUL-2019

*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** o all components of the proposed IEP **WITH THE SPECIFIC EXCEPTION(S)** stated below:
- ☐ Assessment Specify
  - ☐ Eligibility Specify
  - ☐ Instructional SettingSpecify
  - ☐ 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

Signature(s)

Date

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

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

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

Signature(s)

Date

**24-JUL-2019**

## PARENT INPUT SURVEY

Would you please take a moment to complete the survey below.  
The information you provide will help us improve the Individualized Education Program (IEP) process. Thank you in advance for your time and interest.

**ALL INFORMATION IS CONFIDENTIAL**

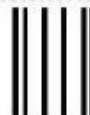
**DIRECTIONS:** After each statement, please place an X on the line that describes your experience with your child's IEP.

A. Regarding your child's current IEP:	Yes	No	Does Not Apply
1. I am satisfied with the IEP meeting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I feel that the IEP accurately reflects the decisions made at the IEP meeting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I received notice of the IEP meeting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I received "The IEP and You" handbook with the notice of the IEP meeting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. During the IEP process I received "A Parent's Guide to Special Education Services (Including Procedural Rights and Safeguards)" explaining my rights as a parent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The IEP meeting was held in an appropriate setting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I feel I was treated as an equal and important part of the IEP team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The participants at the IEP meeting were prepared and informed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Placements for my child, including the general education setting, were discussed and decided upon.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Related services were discussed and decided upon, if relevant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. If my child is 14 years old or older, an Individualized Transition Plan (ITP) was developed with my child's and my concerns in mind.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. At the end of the IEP meeting the decisions were summarized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. If I needed an oral interpretation of the IEP team meeting an interpreter was provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. The interpretation of the IEP team meeting enabled me to participate and make an informed decision regarding my child's IEP during the IEP meeting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. The interpreter stayed for the duration of the IEP team meeting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. If the interpreter left the IEP meeting before it was over, another staff member served as the interpreter and the interpretation was adequate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I am aware that, if I am dissatisfied with the adequacy of the oral interpretation at the IEP team meeting, I can file a complaint with the Educational Equity Compliance Office at (213) 241-7682.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. If I needed a written translation of the IEP, translation services were offered.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I am aware that, if I do not receive a copy of the translated IEP, I can contact the site administrator or call the Division of Special Education at (213) 241-6701.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If any of the answers to items 13-16 or 18-19 was No, please discuss your concern(s) with the site administrator or call the Division of Special Education at (213) 241-6701.			
<b>B. Regarding your child's previous IEP (if relevant):</b>			
20. I am satisfied that my child received the services described on the previous IEP. (If your answer to this question is "No", please write concerns below.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Comments			

Is there anything more you would like to ask us or tell us?

Please write below or call the Parent Resource Network at 1-800-933-8133.

Please fold along dotted lines with the address showing. Seal and mail. Postage is pre-paid.  
Again, Thank you!

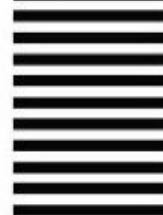


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IF MAILED  
IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO. 33798 LOS ANGELES CA 90051

POSTAGE WILL BE PAID BY ADDRESSEE

ATTN PARENT RESOURCE NETWORK  
LOS ANGELES UNIFIED SCHOOL DISTRICT  
PO BOX 613307  
LOS ANGELES CA 90099-4093



**PARENT INPUT SURVEY**  
**English**

## Los Angeles Unified School District

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Reconvened  
Meeting DateStudent PRISHKOLN  
LastLENI  
First

MI

Date of Birth 22-SEP-2016

Meeting Date 24-JUL-2019

## Section R: Names and Signatures (Signatures on File)

Team Member	Print Name	Signature
Parent/Guardian	Hanna Bernosh	
Parent/Guardian	Omer Prishkolnik	
Student Age 18 - 21 years		
Student Under Age 18 years		
Surrogate Parent		
Foster Parent		
Family Foster Home Provider		
Administrator		
Administrative Designee	Sofia Klotzman	
Special Education Teacher	Jodi Brown	
General Education Teacher	Cecilia Ortiz	
School Psychologist		
School Nurse		
Related Service Staff LAS	Danna Bornstein	
Related Service Staff		
Related Service Staff		
Interpreter		
Sign Language Interpreter		
Agency Representative		
Agency Representative		
Agency Representative		
Other		
Other		
Other		
Other		

## Los Angeles Unified School District

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student **PRISHKOLN**  
Last**LENI**  
First**MI**  
MIDate of **22-SEP-2016**  
BirthMeeting **24-JUL-2019**  
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 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.

<b>Step A.</b>	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 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.

<b>Step B.</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 PRISHKOLN

LENI

Last

First

MI

Date of  
Birth

22-SEP-2016

Meeting  
Date

24-JUL-2019

## ANNUAL LEAST RESTRICTIVE ENVIRONMENT ANALYSIS (Continued)

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

<b>Step C.</b>	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.

<b>Step D.</b>	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.

<b>Step E.</b>	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.



Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student **PRISHKOLN**  
Last

**LENI**  
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**MI**

Date of **22-SEP-2016**  
Birth

Meeting **24-JUL-2019**  
Date

ANNUAL LEAST RESTRICTIVE ENVIRONMENT ANALYSIS (Continued)

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

Step F.	The student's needs as reflected in the contents of this IEP, and the placement being considered by the IEP team, outweigh any potential harmful effects at this time, including (check all that apply):	
	<input type="checkbox"/>	Diminished access to the full range of the curriculum
	<input type="checkbox"/>	Missed general education instruction taught by highly qualified staff
	<input type="checkbox"/>	Rate at which student may earn credits for graduation
	<input type="checkbox"/>	Lack of opportunity for social interaction
	<input type="checkbox"/>	Lack of opportunities for age-appropriate peer role models
	<input type="checkbox"/>	Amount of socialization opportunities with typical peers
	<input type="checkbox"/>	Limited access to peers in student's home community
	<input type="checkbox"/>	Lack of exposure to appropriate behavioral models from peers
		Other:

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 1 - Eligibility, Placements and Supports

Student PRISHKOLN

LENI

Date of Birth 22-SEP-2016

Meeting Date 24-JUL-2019

Last

First

MI

		Effective With this IEP	Future Changes Related to this IEP
	As of Date:		
Eligibility: (from Page 4)		<b>Eligible (SLI)</b>	
	Final IEP Reason Final IEP Effective Date:		
Curriculum		General Education	
Placement	Type of School	District Non-Resident School	
	Name of School	FAIR AVE EEC	
Instructional Setting	Setting	General Education	
	Program	PCC	
	Special Day Minutes/Wk	0	
	Addresses Goals	2(Articulation),6(Language),5(Cognitive),3(School Readiness),4(Language),1(Language)	
Additional Factors	Low Incident Support	None	
	Assistive Technology Support	No	
	Transportation	Home to School	
	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	visual and verbal cues/prompts, redirection, repetition of instructions, additional response time, modeling of language, receive praise and encouragement	
	Instructional Modifications		
	Other Supports, including Non-Academic and Extra-curricular Activities		
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 type="radio"/> Yes <input type="radio"/> No	
	If the Parent does not agree, specify the area(s) to be reassessed.		
Comments, as appropriate			
Low Incidence Equipment			
Assistive Technology			

Equipment	
Participation in General Education	

## 24-JUL-2019

MI

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).

## 4

[https://welligent.lausd.net/pls/iepweb/LAUSD\\_IEP\\_DOCUMENTS\\_CUSTOM\\_PKG.PRINT ALL DOCUMENT DETAILS?SID=3433771&IEPID=1&la...](https://welligent.lausd.net/pls/iepweb/LAUSD_IEP_DOCUMENTS_CUSTOM_PKG.PRINT_ALL_DOCUMENT_DETAILS?SID=3433771&IEPID=1&la...) 28/31

**DATA/TRANSPORTATION TRANSFER FORM**

*This information is for data collection and record keeping purposes only. It is not part of the IEP.*

At the conclusion of the IEP team meeting: (1) Fax a copy of this form and page one of the IEP to the School Support for your school. (2) Mail one copy of this form and one copy of page one of the IEP to the School Support Office for your school.

Student **PRISHKOL**  
Last

**LENI**  
First

MI

Date of Birth **22-SEP-2016**

Meeting Date **24-JUL-2019**

**SCHOOL SETTING**

☐ District School of Residence

☒ District Non-residence School

☐ Head Start

☐ Community College

☐ District Early Education Center

☐ District Special Education School/Center

☐ Nonpublic School

☐ Nonpublic Agency

☐ State Residential School

☐ Dual Enrollment

☐ Home

☐ Hospital

☐ Private/Parochial School

☐ Other

**RELATED SERVICES**

Check:

☐ Assistant - Class

☐ Health Care Assistant - Class

☐ Licensed Vocational Nurse - Class

☐ Assistant - Bus

☐ Health Care Assistant - Bus

☐ Licensed Vocational Nurse - Bus

**ASSIGNED SCHOOL (Complete if the information is known)**

Assigned School **Sp Ed Inf/Pre (1017)**

Location Code **1017**

School Hours Begin

End

Arrival time for breakfast program

**TRANSPORTATION INFORMATION (Complete for Students Requiring Transportation)**

☐ Allergies

☐ Bus Safety Vest

☐ G-Tube

☐ Seizures

☐ Ventilator

☐ Asthma

☐ Cardiac

☐ Helmet

☐ Shunt

☐ Walker

☐ Behavioral Support Plan

☐ Cerebral Palsy

☐ Lift Bus

☐ Sickle Cell

☐ Wheelchair

☐ Bleeder

☒ Child Safety Seat

☐ Muscular Dystrophy

☐ Spina Bifida

☐ Other

☐ Blind/Partially Sighted

☐ Crutches

☐ Medication

☐ Suctioning

☐ Brittle Bones

☐ Deaf/Hard of Hearing

☐ Oxygen - Tank

☐ Therapy with Transportation

☐ Brace

☐ Diabetes

☐ Oxygen - Portable

☐ Tracheotomy

Prepared by

Jodi Brown

Telephone

818-825-7137

Date

24-JUL-2019

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)****Los Angeles Unified School District****IEP FAPE Part 2 - Summary of Services**Student **PRISHKOLN****LENI**Date of Birth **22-SEP-2016**Meeting Date **24-JUL-2019**

Last

First

MI

**FAPE Summary Grid**

<b>Program:</b>	PCC	<b>Setting:</b>	General Education					
<b>Eligibility:</b>	Eligible (SLI)	<b>Curriculum:</b>	General Education					
<b>Transportation:</b>	Home to School	<b>Low Incident Support:</b>	None					
<b>Date District Received</b>								
<b>Parent Signature:</b>								

Service Code	Service Desc	Start Date	Service Applies To	Interval	Frequency	Area	Total Minutes	Addresses Goal(s)
10	Language/Speech	Effective as of 3rd Birthday with Parent Signature	Regular	Weekly	1-10	School-Based	60	Expressive Language, Articulation

**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  
SPEECH LANGUAGE IMPAIRMENT (SLI) ELIGIBILITY CERTIFICATION**

**Los Angeles Unified School District**

**ATTACHMENT A**

**Student** LENI PRISHI

**Date of Birth** 22-SEP-2016

**Meeting Date** 24-JUL-2019

This page is to be completed for initial IEPs, 3-year evaluations, or when a comprehensive speech-language evaluation has been conducted to determine whether SLI eligibility is appropriate.

**Complete Step 1a or 1b**

**Step 1a. General Education Interventions - Check items as completed**

- ☐ Intervention strategies implemented, including English Language Instruction or RtI2 prevention support (including but not limited to school staff development regarding language standards in the curriculum and referral for Special Education, consultation between the classroom teacher and school speech therapist for appropriate classroom accommodations, consultation with the SSPT that includes an EL expert if student is identified as an English Learner).
- ☐ Intervention support monitored over several weeks, and modified interventions as necessary based on student response.
- ☐ Interventions were not successful, student referred for special education assessment.
- ☐ Screening by a speech therapist or a student success team meeting (including a speech therapist) with the focus being speech and language concerns OR an appropriate screening for non-LAUSD enrolled preschoolers.

**Step 1b. Interventions Not Applicable**

- ☐ Interventions not applicable for non-LAUSD enrolled preschoolers or when determined unnecessary by the speech therapist.

**Step 2. Review of Pre-referral Information - Check items as applicable**

- ☐ The speech or language delay does not appear to be due to unfamiliarity with English.
- ☐ The delay does not appear to be due to a lack of instruction in English, dialectical factors or limited language experience.
- ☐ The delay does not appear to be due to environmental factors.
- ☐ The delay does not appear to be due to economic factors.
- ☐ The delay does not appear to be due to social or cultural factors.

**Step 3. Assessment - Check either A or B, and complete the remaining items**

- ☒ **A.** Student has received an assessment by a school psychologist that gives an indication of where the student's general ability lies. (if a language impairment is suspected) **OR**
- ☐ **B.** A psychological assessment is not required if the suspected area of disability is voice, fluency or articulation.
  - ☐ Student has received a health assessment that rules out whether an inability to communicate effectively is a result of a health or sensory condition.
  - ☐ A credentialed or licensed speech therapist has conducted a comprehensive evaluation, including assessment in the student's primary language, that consists of multiple measures of assessment, including but not limited to standardized test instruments (or alternate forms of assessment if necessary), formal speech/language sample, parent interview or checklist, teacher interview or checklist, and observation in various communication settings.

**Complete Step 4**

**Step 4. Determination of Eligibility of Speech Language Impairment (as the only identified special education eligibility)**

- ☒ **A.** Student meets one or more of the following criteria (check each disorder that applies):
  - ☒ A language disorder, which has been identified in an assessment that includes use of two or more standardized tests in one or more of the following areas of language development: morphology, syntax, semantics, or pragmatics where the resulting scores are at least 1.5 S.D. below the mean or below the 7th percentile for the student's chronological age or developmental level and a 50-utterance representative spontaneous language sample where the student displays inappropriate or inadequate usage of receptive and/or expressive language. Note: When standardized tests are considered to be invalid for the specific student, the expected language performance level shall be determined by alternative means as specified on the assessment plan [5 CCR 3030 (c)(4)].
  - ☒ An articulation disorder (e.g., Pronunciation), which draws adverse attention, significantly interferes with communication and has been identified in an assessment that includes a conversational speech sample which reveals significant interference with communication and identifies single or multiple speech sound errors that are below the student's chronological age or developmental level.
  - ☐ A fluency disorder (e.g., Stuttering), which has been identified in an assessment that demonstrates that the flow of verbal expression adversely affects communication between the student and the listener in multiple communication settings and the dysfluency has persisted over time.
  - ☐ A voice disorder (e.g., Chronic Hoarseness, Pitch Variations), which has been identified in an assessment by a speech therapist after the etiology has been cleared by a Medical Doctor, in writing.
- ☐ **B.** The impairment has a significant adverse affect on the student's academic performance.
- ☐ **C.** The presenting Speech Language Impairment is not due to: social maladjustment, health factors, poor school attendance, environmental, economic, or social disadvantage, lack of instruction or the unfamiliarity with the English language.

**Complete Step 5**

**Step 5. Consideration for additional special education service(s): Complete A or B.**

- ☒ **A.** In the event a student with eligibility of Speech Language Impairment is being considered for special education academic services and/or support, an updated District psychoeducational evaluation has been completed to determine that SLI is the overarching eligibility.
- ☐ **B.** Student is not being considered for additional special education academic services and/or support.

**If the student is eligible, the IEP Team must consider service delivery models based on the student's identified needs and appropriate placement in the least restrictive environment. Additionally, the IEP team should also include teacher and parent participation in the implementation of goals and supports and accommodations to ensure achievement of goals and objectives in a time-efficient manner and carry-over to multiple communication contexts.**