

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Identification Number 102907M044 **SSID** 2556932872

Eligible (SLD)

Student ANCONINA NADAV MI
Last First MI

Date of Birth: 29-OCT-2007

Section A: Meeting Information

Pertinent Dates	Type of Meeting
Date of Initial IEP Team Meeting: 11-JAN-2018	<input type="radio"/> Initial <input type="radio"/> Amendment of IEP dated <input checked="" type="radio"/> Annual Review <input type="radio"/> Early Start Transition <input type="radio"/> Three Year Review <input type="radio"/> Expulsion Analysis <input type="radio"/> Other <input type="radio"/> Individual Transition Plan
Date of Present Meeting: 07-MAR-2019	
Annual Review to be conducted by: 07-MAR-2020	
Next Three Year Review will be conducted by: 11-JAN-2021	
Three Year Review or Evaluation was conducted on: 11-JAN-2018	
Transition to Kindergarten to be conducted by:	

Location of Meeting: Colfax Charter Elementary Schc **District Name:** Los Angeles Unified School Dis

Section B: Student Information

Date of Birth: 29-OCT-2007 **Age:** 11 **Grade:** 5
Gender: Male Female **Limited English Proficient Student:** Yes No **Ethnic Code:** White

Location of the Psych Folder: SUPPORT UNIT NOF **Student has no Psych Folder:**
Location of the Cum Folder: COLFAX EL(CHART) **Student has no Cum Folder:**
Home Language: Hebrew **Student Language:** Hebrew **Alternate Mode of Communication:**

Home Address of Student: 11818 RIVERSIDE DR #113
City: VALLEY VLG CA **ZIP Code:** 91607
Home Telephone: (818) 769-8148 **Daytime Telephone:** **Emergency Telephone:**

School of Attendance: Colfax El(Charter) **Location Code:** 3164
School of Residence: Colfax El(Charter) **Location Code:** 3164
Name of Parent/Guardian: Esther Anconina **Telephone:**
Address: **City:** CA **ZIP Code:**
Surogate Parent: **Telephone:**

Attends CURRENT SCHOOL as a result of one of the following: Attends School of Residence

Is the student living in a Family Foster Home (FFH)? No Yes **FFH#:**
Is FFH Provider related to student? No Yes **Relationship:**
Licensed Children's Institution: No Yes **LCI Name:**
LCI#:

Out of the home placement made by: Regional Center Department of Mental Health Superior Court Department of Children's Services Other
Child's family living within LAUSD's boundaries? No Yes
If the student is 18 years old or older or is an emancipated minor, does he/she have educational decision-making rights? No Yes

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
 Last First MI

Date of Birth

Meeting Date

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

Goal for: (example - Reading)	Achieved		If No, explain the reason the goal/objective was not achieved
	Yes	No	
1 <input type="text" value="Reading"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="Had until Dec.. 2019"/>
Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="Had until June 2019"/>
2 <input type="text" value="Written Language"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="Had until Dec.. 2019"/>
Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="Had until June 2019"/>
3 <input type="text" value="Mathematics"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="Had until Dec.. 2019"/>
Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="Had until June 2019"/>
4 <input type="text" value="Pre. Voc. ed."/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="Had until Dec.. 2019"/>
Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="Had until June 2019"/>
5 <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"/>
6 <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"/>
7 <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"/>
8 <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"/>
9 <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"/>
10 <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"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student ANCONINA

NADAV

Date of Birth 29-OCT-2007

Meeting Date 07-MAR-2019

Last

First

MI

Section E: Present Level of Performance

Performance Area:

Reading

Assessment/Monitoring Process
Used:

DIBELS, informal assessments, work samples, and observations

State/District Assessment Results:

SBAC ELA 4th grade = NOT MET (2345)

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

DIBELS Beginning of the Year (BOY) Fluency Accuracy Retell Comprehension

72/111 92/98 36/33 5/18

81/120 96/98 40/36 10/20

Comp. Quiz:= 53% Comp. Quiz:= 44% Comp. Quiz:= 80% Comp. Quiz:= 82% Comp. Quiz:= 26% Comp. Quiz:= 70% Comp. Quiz:= 47%
Average = 67%

Strengths: Nadav is independently decoding and comprehending text on a beginning third grade level. Since the beginning of the year, he has improved in his fluency and accuracy rate on grade level text. His fluency rate went from 72 to 89 and his accuracy rate went from 92 to 98 on a recent progress monitoring. He can answer basic who, what, where, and when comp. questions about a grade level text and is learning how to make inferences.

Challenges/Needs: Nadav is independently decoding and comprehending on an end of 3rd grade level. This continues to make reading grade level material, across all subject areas, very difficult for him. He needs to continue to work on increasing his fluency and accuracy rate. He participates in small group reading instruction several times a week. The programs have helped Nadav improve his read abilities, especially his accuracy rate. Nadav has a difficult time pulling out and remembering key facts and details from a grade level text. Sometimes when he is answering cop. questions he comes up with an answers that are not talked about in the text. He needs to learn how to show evidence of his comprehension answers. Though comprehension is still difficult he improved his average on comp. quizzes from a 40% to a 67%.

Impact of Disability: Nadav's Specific Learning Disability makes it difficult for him to decode and comprehend grade level text which impedes his ability to meet grade level standards.

Performance Area:

Written Language

Assessment/Monitoring Process
Used:

Informal assessments, work samples, and observations

State/District Assessment Results:

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

Spelling test: 60% Spelling test: 73% Spelling test: 40% Spelling test: 27% Spelling test: 20% Spelling test: 47%

Strengths: When Thinking Maps are created in class, Nadav is able to follow the lesson and create a Thinking Map. He can write a basic paragraph, especially if it is a topic he likes or chose to write about. When he is writing on a topic of his choosing, he can add some details. He tries hard to complete grade level writing tasks in class.

Challenges/Needs: Nadav has a difficult time completing grade level writing tasks. He has a difficult time organizing his ideas into a logical sequence to write a multi-paragraph narrative. He struggles with spelling and grammar as well as adding details during the revising stage of the writing process. He needs a lot of adult guidance through the writing process. When he has to complete a task on his own, his writing piece is often hard to understand what he was trying to convey. He needs to learn how to edit and revise his writing piece so he can turn in an edited/revised final draft.

Impact of Disability: Nadav's Specific Learning Disability makes it difficult for him to write using grade level skills which impedes his ability to meet grade level standards.

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Section E: Present Level of Performance

Performance Area: Mathematics

Assessment/Monitoring Process Used: Informal assessments, work samples, and observations

State/District Assessment Results: SBAC Math 4th grade = NEARLY MET (2448)

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

Mid-Module 1: 50% Mid-Module 2: 46% Mid-Module 3: 88% Mid-Module 4: 67%
End of Module 1: 56% End of Module 2: 67% End of Module 3: 85%

Strengths: Based on informal assessments, math is a relative strength for Nadav. He has good number sense and is able to solve multi-digit addition and subtraction problems with regrouping. Nadav knows many multiplication facts and can apply that knowledge to solve multiplication and division problems. He has basic problem solving skills. He is good at drawing models and finding different strategies to help him solve math problems. As his scores have improved so has his self esteem in his math abilities.

Challenges/Needs: Nadav continues to struggles with more complex word problems and finding the correct strategy to solve them correctly. Although he understands basic multiplication and division he does not have automaticity. Because Nadav struggles in reading, he has difficulty reading math problems and solving them correctly. He makes simple mistakes when calculating and makes simple errors. Nadav needs to learn how to break a multi-step problem up into smaller steps before attempting to compute the problem.

Impact of Disability: Nadav's Specific Learning Disability makes it difficult for him to solve grade level math problems which impedes his ability to meet grade level standards.

Performance Area: Pre. Voc. Ed.

Assessment/Monitoring Process Used: Informal assessments, work samples, and observations

State/District Assessment Results:

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

Strengths: Nadav wants to do well in school and tries hard when he is given an assignment. He completes his homework on a consistent basis and turns it in when it is due. He is able to participate in class discussions and often volunteers to share his ideas. During recess and lunch he plays on the yard with his friends.

Challenges/Needs: When Nadav needs help or clarification he does not always raise his hand to ask for help or clarification. He needs to ask for clarification and/or help if he doesn't understand what he is suppose to do. He has improved in this area and is starting to ask for help. He does it more often in a small setting than in the gen. ed. setting.

Impact of Disability: Nadav's Specific Learning Disability makes it difficult for him to complete grade level tasks independently which impedes his ability to meet grade level standards.

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Section F: Eligibility

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

[Empty text box for disability discussion]

For Initial IEP, interventions attempted prior to determining eligibility:

[Empty text box for interventions]

Eligible as a student with the disability of:

Code: SLD Specific Learning Disability

Not Applicable, Blind or Partially Sighted

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

Code: [Empty]

Not Applicable, Blind or Partially Sighted

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

or

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

No Longer Eligible (Effective Date): [Empty]

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

Final IEP Reason: [Empty] Final IEP Effective Date: [Empty]

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

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

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Section G: Annual Goals and Objectives

Performance Area: Annual Goal #:

Nadav will quote accurately from a 6th grade level text when explaining what it says explicitly and when drawing inferences from a literary text with minimum adult guidance as measured by student work samples in 2 out of 3 trials with 75% accuracy.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

With adult support, Nadav will quote accurately from a 5th grade level text when explaining what it says explicitly and when drawing inferences from a literary text with minimum adult guidance as measured by student work samples in 2 out of 3 trials with 75% accuracy.

Incremental objective #2 related to the goal:

Nadav will quote accurately from a 6th grade level text when explaining what it says explicitly and when drawing inferences from a literary text with minimum adult guidance as measured by student work samples in 2 out of 3 trials with 70% accuracy.

Date to be achieved: MO/YR

Date to be achieved: MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

4 GOAL MET OR EXCEEDED 3 SUBSTANTIAL PROGRESS (50-99% of goal met) 2 PARTIAL PROGRESS (1-49% of goal met) 1 NO PROGRESS

1st Reporting Period 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>

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Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Annual Goal #:

After Nadav completes a rough draft of an expository composition, with adult support, he will edit and revise to produce an organized version of a writing piece. He will do this with 80% accuracy on 2 out of 3 opportunities.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

After Nadav completes a rough draft of an expository composition, with adult support, he will edit and revise to produce an organized version of a writing piece. He will do this with 70% accuracy on 2 out of 3 opportunities.

Incremental objective #2 related to the goal:

After Nadav completes a rough draft of an expository composition, with adult support, he will edit and revise to produce an organized version of a writing piece. He will do this with 75% accuracy on 2 out of 3 opportunities.

Date to be achieved: MO/YR

Date to be achieved: MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

4 GOAL MET OR EXCEEDED 3 SUBSTANTIAL PROGRESS (50-99% of goal met) 2 PARTIAL PROGRESS (1-49% of goal met) 1 NO PROGRESS

1st Reporting Period Date: <input type="text"/>	2nd Reporting Period Date: <input type="text"/>	3rd Reporting Period Date: <input type="text"/>	4th Reporting Period (Secondary Only) Date: <input type="text"/>	Goal Achievement
Progress Mark: <input type="text"/>	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)

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Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Annual Goal #:

With adult support, Nadav will break a 6th grade problem up into smaller chunks before attempting to solve the problem. He will do this with 75% accuracy in 4 out of 5 opportunities.

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:

With adult support, Nadav will break a 5th grade problem up into smaller chunks before attempting to solve the problem. He will do this with 75% accuracy in 4 out of 5 opportunities.

Incremental objective #2 related to the goal:

With adult support, Nadav will break a 6th grade problem up into smaller chunks before attempting to solve the problem. He will do this with 70% accuracy in 4 out of 5 opportunities.

Date to be achieved: MO/YR

Date to be achieved: MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

4 GOAL MET OR EXCEEDED 3 SUBSTANTIAL PROGRESS (50-99% of goal met) 2 PARTIAL PROGRESS (1-49% of goal met) 1 NO PROGRESS

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

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Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Annual Goal #:

When the need arises, Nadav will raise his hand and ask for help or clarification with no more than 1 teacher prompt. He will do this with 70% accuracy in 4 out of 5 opportunities.

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 the need arises, Nadav will raise his hand and ask for help or clarification with no more than 2 teacher prompts. He will do this with 70% accuracy in 4 out of 5 opportunities.

Incremental objective #2 related to the goal:

When the need arises, Nadav will raise his hand and ask for help or clarification with no more than 2 teacher prompts. He will do this with 75% accuracy in 4 out of 5 opportunities.

Date to be achieved: MO/YR

Date to be achieved: MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

4 GOAL MET OR EXCEEDED

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

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

1 NO PROGRESS

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

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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.

<p>Student will participate in Regular State and District Assessments. <i>(Designated Supports and/or Accommodations identified below are applicable)</i></p>	<p>CAASPP Subject ELA and Math</p>
<p>Designated Supports:</p> <ul style="list-style-type: none"> - Test in a separate/smaller setting - Simplified or paraphrased test directions (non-embedded designated support) - Text-to-speech software enabled (for math items and ELA items except for reading passages) 	
<p>Accommodations:</p> <ul style="list-style-type: none"> - Streamlined version of text presented in a more sequential format - Text-to-Speech software enabled for ELA reading passages (embedded accommodation). 	

<p>Student will participate in Regular State and District Assessments. <i>(Designated Supports and/or Accommodations identified below are applicable)</i></p>	<p>CAST Subject Science</p>
<p>Designated Supports:</p> <ul style="list-style-type: none"> - Simplified Test Directions (non-embedded support) - Text-to-Speech (embedded support) - Test in a separate/smaller setting (non-embedded support) 	
<p>Accommodations:</p> <ul style="list-style-type: none"> - Streamlined version of text presented in a more sequential format 	

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Student ANCONINA
Last

NADAV
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MI

Date of Birth 29-OCT-2007

Meeting Date 07-MAR-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:

All pages

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 ANCONINA NADAV MI Last First MI

Date of Birth 29-OCT-2007

Meeting Date 07-MAR-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

Table with 3 columns: Method, Whom, When. Row 1: Student, PATRICIA, 07-FEB-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 7-MAR-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. Regarding your child's previous IEP (if relevant):			
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.

Handwriting lines for providing feedback.

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

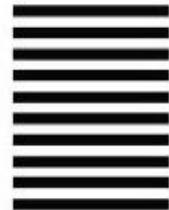


NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

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

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="Esther Anconina"/>	<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="Brandon Binder"/>	<input type="text"/>
Administrative Designee	<input type="text"/>	<input type="text"/>
Special Education Teacher	<input type="text" value="Jennifer Garcia"/>	<input type="text"/>
General Education Teacher	<input type="text" value="Erin Alexander"/>	<input type="text"/>
School Psychologist	<input type="text"/>	<input type="text"/>
School Nurse	<input type="text"/>	<input type="text"/>
Related Service Staff <input type="text"/>	<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.

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.

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.
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	

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.
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student ANCONINA
Last

NADAV
First

MI

Date of Birth 29-OCT-2007

Meeting Date 07-MAR-2019

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?

Yes 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.

Yes 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.

Step D. Can the supports, services, accommodations and/or modifications in the student's IEP be made available in a home/hospital setting?

Yes 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.

Yes 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.

Step E. Can the supports, services, accommodations and/or modifications in the student's IEP be made available in a residential care facility?

Yes No If not currently available, articulate in the IEP what supports, accommodations and/or modifications are required for the student in this setting.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 1 - Eligibility, Placements and Supports

Student
 Last First MI

Date of Birth Meeting Date

		Effective With this IEP	Future Changes Related to this IEP
	As of Date:	<input type="text" value="07-MAR-2019"/>	<input type="text" value="01-AUG-2019"/>
Eligibility: (from Page 4)		Eligible (SLD)	
	Final IEP Reason Final IEP Effective Date:		
Curriculum		<input type="text" value="General Education"/>	<input type="text" value="General Education"/>
Placement	Type of School	<input type="text" value="Affiliated Charter"/>	<input type="text" value="District Resident School"/>
	Name of School	<input type="text" value="COLFAX EL(CHARTER)"/>	<input type="text" value="REED MS"/>
Instructional Setting	Setting	<input type="text" value="General Education"/>	<input type="text" value="General Education"/>
	Program	<input type="text" value="GE"/>	<input type="text" value="GE"/>
	Special Day Minutes/Wk	<input type="text" value="0"/>	<input type="text" value=""/>
	Addresses Goals	<input type="text" value="3(Mathematics),2(Written Language),1(Reading),4(Pre. Voc. Ed.)"/>	<input type="text" value="3(Mathematics),2(Written Language),1(Reading),4(Pre. Voc. Ed.)"/>
Additional Factors	Low Incident Support	<input type="text" value="None"/>	<input type="text" value="None"/>
	Assistive Technology Support	<input type="text" value="No"/>	<input type="text" value="No"/>
	Transportation	<input type="text" value="None"/>	<input type="text" value="None"/>
	Extended School Year/Intersession	<input type="radio"/> Yes <input checked="" type="radio"/> No	
	Parent Counseling and Training (PCT)	<input type="radio"/> Yes <input checked="" type="radio"/> No	
	ESY Transportation	<input type="text" value=""/>	
Accommodation, Modifications, Supports	Instructional Accommodations	<input type="text" value="1. Frequent break opportunities
3. Task broken down in smaller chunks for success
4. Shortened assignments,
5. Preferential seating
6. Note taking assistance
7. Tests read aloud
8. Check agenda book for accuracy"/>	<input type="text" value="1. Frequent break opportunities
3. Task broken down in smaller chunks for success
4. Shortened assignments,
5. Preferential seating
6. Note taking assistance
7. Tests read aloud
8. Check agenda book for accuracy"/>
	Instructional Modifications	<input type="text" value=""/>	<input type="text" value=""/>
	Other Supports, including Non-Academic and Extra-curricular Activities	<input type="text" value=""/>	<input type="text" value=""/>
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.	<input type="text" value=""/>	<input type="text" value=""/>

Comments, as appropriate

Low Incidence

Equipment	
Assistive Technology Equipment	
Participation in General Education	Nadav will fully participate in the general education setting.

	RSP Area:	Multiple Academic Areas	
	Responsible Personnel:		Resource Specialist Teacher

**

Service 3	Start Date:	Effective on Signature Date 07-MAR-2019	21-AUG-2019
RSP	End Date:	07-JUN-2019	
RSP	Service applies to:	Regular	Regular
	Frequency:	1-5	1-5
This service addresses the following goals:	Interval:	Weekly	Weekly
3(Mathematics) 4(Pre. Voc. Ed.)	Minutes/Interval:	100	100
	Minutes/Interval (Pullout from Gen Ed):	100	0
	Service Delivery Model:	Direct Service (Collaborative)*	Direct Service (Collaborative)
	RSP Area:	Math	
	Responsible Personnel:	Resource Specialist Teacher	Resource Specialist Teacher
		General Education Teacher	General Education Teacher

*

Notes:

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

Part 3 - Percentage of Time Outside of General Education

	Effective With this IEP	Future Changes Related to this IEP
% of Time per Week outside of General Education	<input type="text" value="13"/>	

Part 4 - Additional Discussion (This section is optional)

3/7/19: The IEP team met to hold Nadav's transition to Middle School IEP meeting. The team reviewed his present levels and discussed concerns with homework completion and updated his Voc-Ed goal. The team reviewed his goals and services. Nadav will remain at his SOR Colfax Charter Elementary School and will attend his SOR Walter Reed Middle School for the 2019-2020 school year.

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:		Curriculum:	General Education
Transportation:	None	Low Incident Support:	None
Date District Received Parent Signature:	07-Mar-2019		

Service Code	Service Desc	Start Date	Service Applies To	Interval	Frequency	Area	Total Minutes	Addresses Goal(s)	No Consent
RSP	RSP	Effective on Signature Date	Regular	Weekly	1-5	RSP-Literacy/ELA/ELD	100	Reading, Written Language, Pre. Voc. Ed.	--
RSP	RSP	Future Changes 21-Aug-2019	Regular	Weekly	1-5	RSP-Literacy/ELA/ELD	100	Reading, Written Language, Pre. Voc. Ed.	--
RSP	RSP	Effective with Future Changes 21-Aug-2019	Regular	Weekly	1-5	RSP-Multiple Academic Areas	260	Reading, Written Language, Mathematics, Pre. Voc. Ed.	--
RSP	RSP	Effective on Signature Date	Regular	Weekly	1-5	RSP-Math	100	Mathematics, Pre. Voc. Ed.	--
RSP	RSP	Future Changes 21-Aug-2019	Regular	Weekly	1-5	RSP-Math	100	Mathematics, Pre. Voc. Ed.	--

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.