

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Identification
Number

031212F064

SSID

9469461554

Eligible (OHI)

Student

COHEN

HODAYA

MI

Date of Birth:

12-MAR-2012

Last

First

Section A: Meeting Information

Pertinent Dates

Type of Meeting

Date of Initial IEP Team Meeting

24-OCT-2017

Date of Present Meeting

22-APR-2021

Annual Review to be conducted by

02-DEC-2021

Next Three Year Review will be
conducted by

02-DEC-2023

Three Year Review or Evaluation
was conducted on

02-DEC-2020

Transition to Kindergarten to be
conducted by☐ Initial☒ Amendment of IEP dated

02-DEC-2020

☐ Annual Review☐ Early Start Transition☐ Three Year Review☐ Expulsion Analysis☐ Other☐ Individual Transition Plan

Location of Meeting

Sherman Oaks Elementary Chart

District Name

Los Angeles Unified School Dist

Section B: Student Information

Date of Birth

12-MAR-2012

Age

9

Grade

3

Gender

☐ Male☒ FemaleLimited English
Proficient Student☒ Yes☐ No

Ethnic Code

White

Location of the
Psych Folder

SP ED SVC CTR - NE

Student has no Psych
Folder☐Location of the Cum
Folder

LANKERSHIM EL

Student has no Cum
Folder☐

Home Language

Hebrew

Student Language

Hebrew

Alternate Mode of
CommunicationHome Address of
Student

5240 WILKINSON AVE

City

NORTH HOLLYW CA

ZIP Code

91607

Home Telephone

(747) 529-5810

Daytime Telephone

Emergency
Telephone

School of Attendance

Sherman Oaks El Cs

Location Code

6699

School of Residence

Burbank Blvd El

Location Code

2630

Name of
Parent/Guardian

KOHEN, HILA

Telephone

Address

City

ZIP Code

Surogate Parent

Telephone

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

Special Education Placement

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☐ Superior Court☐ Department of Mental Health☐ Other☐ Department of Children's ServicesChild'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

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Section C: Language Acquisition

Language Classification:

Limited English Proficient

Start Date:

31-AUG-2017

Withdrawal by Parent Request:

☐ Yes ☐ No

Reclassification Date:

ELPAC Performance Level and Performance Descriptor:

Test Date:

Alternate ELPAC Performance Level and Performance Descriptor:

Test Date:

Section D: Goal Achievement from Current IEP

		Achieved		
Goal for: (example - Reading)		Yes	No	If No, explain the reason the goal/objective was not achieved
1	Reading	<input type="radio"/>	<input checked="" type="radio"/>	Not yet learned to produce primary sounds
Category	▼			
	Objective 1 met	<input type="radio"/>	<input checked="" type="radio"/>	of consonants
	Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	
2	Language	<input checked="" type="radio"/>	<input type="radio"/>	
Category	▼			
	Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	
	Objective 2 met	<input checked="" type="radio"/>	<input type="radio"/>	
3	Writing	<input type="radio"/>	<input checked="" type="radio"/>	Absent first month of school. Does not
Category	▼			
	Objective 1 met	<input type="radio"/>	<input checked="" type="radio"/>	participate nor complete assignments
	Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	
4	ELD	<input checked="" type="radio"/>	<input type="radio"/>	
Category	▼			
	Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	
	Objective 2 met	<input checked="" type="radio"/>	<input type="radio"/>	
5	Math	<input type="radio"/>	<input checked="" type="radio"/>	Absent first month of school. Does not
Category	▼			
	Objective 1 met	<input type="radio"/>	<input checked="" type="radio"/>	participate nor complete assignments
	Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	
6	Writing 2	<input type="radio"/>	<input checked="" type="radio"/>	Absent first month of school. Does not
Category	▼			
	Objective 1 met	<input type="radio"/>	<input checked="" type="radio"/>	participate nor complete assignments
	Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	
7		<input type="radio"/>	<input type="radio"/>	
Category	▼			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	
8		<input type="radio"/>	<input type="radio"/>	
Category	▼			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	
9		<input type="radio"/>	<input type="radio"/>	
Category	▼			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	
10		<input type="radio"/>	<input type="radio"/>	
Category	▼			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	

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22-APR-2021

Section E: Present Level of Performance

Performance Area:

Speech and Language

Category:



Assessment/Monitoring Process Used:

Virtual observation

State/District Assessment Results:

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

Background: This is a three year IEP for Hodaya. An assessment was not done due to COVID-19 pandemic school closures. Hodaya is a 8 year 7 month old female student who is currently enrolled in a 3rd grade SDC at Sherman Oaks ECS. She has been receiving LAS services for 60 minutes per week with her goals focused in the area of Expressive Language.

Strengths: Hodaya is a happy and lovely student. She enjoys attending speech therapy classes and gives her best during activities focusing on her goals. She met her current expressive language goal which is - Given a structured language activity, Hodaya will use oral language to communicate with peers and adults in the school setting without conflict, with the opportunity to have ideas conveyed accurately, including asking questions with correct syntax, with 75% accuracy, with 3-5 verbal and/or visual cues in a structured small group setting, as measured by clinical tracking and teacher report. Hodaya will use complete age appropriate sentences when answering questions or sharing her ideas provided with verbal and visual prompts. She is very social and enjoys being around peers.

Needs: Hodaya continues to have needs in the area of expressive and receptive language. She was observed to have difficulty with answering 'wh' questions based on a grade level story using appropriate grammar. Her comprehension skills are noted to be poor. She also has difficulty with retention and needs multiple prompts to retrieve the desired answer.

Performance Area:

Sp. & Lg. cont.

Category:



Assessment/Monitoring Process Used:

State/District Assessment Results:

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

Impact of Disability: Needs in the area of expressive and receptive language may impact her ability to access and participate in her educational curriculum, specifically related to using age-appropriate vocabulary and grammar, responding to questions on topic, and participating in conversations. Hodaya needs more time in the classroom and more exposure to English to develop her English language skills.

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Section E: Present Level of Performance

Performance Area:

ELD

Category:



Assessment/Monitoring Process Used:

Informal assessments, Teacher observation, Curriculum-based

State/District Assessment Results:

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

Strength: Hodaya is able to listen actively to spoken English in a range of social and academic contexts. She is able to adapt language choices based to various context (based on task, purpose, audience, and/or text-type). She is able to support her own opinion and evaluate others' opinions in speaking and/or writing.

Need: Hodaya is not yet able to exchange information and ideas with others through oral collaborative discussions on a range of social and academic topics. She is not yet interacting with others in written English in various communicative forms (print, communicative technology, multimedia). She is not yet offering and supporting opinions about stories she read and negotiating with others in communicative exchanges and/or writing.

Impact of Disability: Hodaya's eligibility of Other Health Impairment impacts her ability to progress and be involved in the general education English Language Development curriculum.

Performance Area:

Reading

Category:



Assessment/Monitoring Process Used:

mClass with DIBELS, Informal assessments, Teacher observation, Curriculum-based

State/District Assessment Results:

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

Strength: Hodaya is able to read kindergarten-level sight words such as 'a', 'an' and 'I' and 'to'. She is enthusiastic about lessons on different cultures and enjoys pointing out items of interest to the class. Hodaya did not log into our Zoom classroom until 4-5 weeks after school began. She currently logs into Zoom but does not actively participate in classroom discussions nor does she complete any synchronous or asynchronous assignments.

Need: Hodaya is not yet able to decode 2 unfamiliar multisyllabic words in context and out of context by using knowledge of letter-sound correspondences and syllabication. Hodaya's Beginning of Year mClass with Dibels assessment showed well below Benchmark on letter sounds, decoding, and reading fluency.

Impact of Disability: Hodaya's eligibility of Other Health Impairment impacts her ability to read on grade level which affects her ability to progress and be involved in the general education reading curriculum.

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Section E: Present Level of Performance

Performance Area:

Writing

Category:



Assessment/Monitoring Process Used:

Informal Assessments, Teacher observation, Curriculum-based

State/District Assessment Results:

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

Strength: Hodaya is able to when prompted repeat words or simple phrases when they are read to her on screen by the teacher during distance learning. Hodaya did not log into our Zoom classroom until 4-5 weeks after school began. She currently logs into Zoom but does not actively participate in classroom discussions nor does she complete any synchronous or asynchronous assignments.

Need: Hodaya is not yet able to tell a story or recount an experience with relevant, descriptive details that support main ideas and/or themes in an organized manner, speaking clearly at an understandable pace.

Impact of Disability: Hodaya's eligibility of Other Health Impairment impacts her ability to read on grade level which affects her ability to progress and be involved in the general education writing curriculum.

Performance Area:

Math

Category:



Assessment/Monitoring Process Used:

Informal Assessments, Teacher observation, Curriculum-based

State/District Assessment Results:

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

Strength: Hodaya is able to follow a number line and count by 1's and 2's when prompted. She is able to measure items with a ruler using centimeters up to 10 cm. She is able to identify whether the number of objects in one group is greater than, less than, or equal to the number of objects in another group. Hodaya did not log into our Zoom classroom until 4-5 weeks after school began. She currently logs into Zoom but does not actively participate in classroom discussions nor does she complete any synchronous or asynchronous assignments.

Need: Hodaya is not yet able to subtract multi-digit whole numbers using the standard algorithm.

Impact of Disability: Hodaya's eligibility of Other Health Impairment impacts her ability to solve grade level math which affects her ability to progress and be involved in the general education mathematics curriculum.

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Section E: Present Level of Performance

Performance Area:

Health

Category:



Assessment/Monitoring Process Used:

record review

State/District Assessment Results:

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

LAUSD schools are closed at this time due to the COVID-19 pandemic. Health information is gathered from a review of health records and conference with parent/guardian. Vision and hearing results are the most current information documented in the health record.

Health Summary: Hodaya Cohen is an 8-year-old, female student in 3rd grade attending Sherman Oaks Elementary School. Per mom, student is diagnosed with autism. She got stitches on her foot due to a foot injury August, 2020. No history of other serious illness, injury, accident, surgery or hospitalization in past 3 years; no daily medications or known health problems.

Strengths: Good general health and development; last physical exam 03/2020, no significant findings ; passed vision screening 6/5/18 and audio screening 12/9/19. Mom has no concern for both vision and hearing.

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

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

Accommodation/Modifications: None

Tamara Chilingaryan, RN
Credentialed School Nurse

Performance Area:

Category:



Assessment/Monitoring Process Used:

State/District Assessment Results:

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

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Section F: Eligibility

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

For Initial IEP, interventions attempted prior to determining eligibility:

Eligible as a student with the disability of:

Code:

OHI

Other Health Impairment



Not Applicable,



Blind or



Partially Sighted

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

Code:



Not Applicable,



Blind or



Partially Sighted

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

or

☐ No Longer Eligible for Special Education Services (Review IEP).No Longer Eligible (Effective
Date):☐ This is a Final IEP, the student remains eligible for Special Education Services until the Effective Date below.

Final IEP Reason:

Final IEP Effective Date:

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



Social Maladjustment



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:

ELD (SL.4.1,6; L.4.1

Category:

Annual Goal #:

1

Hodaya will learn to exchange information and ideas with others through oral collaborative discussions on a range of social and academic topics measured by teacher observation with minimal prompts in 4 out of 5 trials with 80% accuracy.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

Hodaya will learn to exchange information and ideas with others through oral collaborative discussions on a range of social and academic topics measured by teacher observation with maximum prompts in 3 out of 5 trials with 60% accuracy.

Incremental objective #2 related to the goal:

Hodaya will learn to exchange information and ideas with others through oral collaborative discussions on a range of social and academic topics measured by teacher observation with moderate prompts in 3 out of 5 trials with 70% accuracy.

Date to be achieved:

February

2021

MO/YR

Date to be achieved:

June

2021

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:	2nd Reporting Period Date: 22-FEB-2021	3rd Reporting Period Date:	4th Reporting Period (Secondary Only) Date:	Goal Achievement
Progress Mark:	Progress Mark:	Progress Mark:	Progress Mark:	Objective 1 Met:
	2			<input type="radio"/> Yes <input checked="" type="radio"/> No
Is progress sufficient to meet annual goal?	Is progress sufficient to meet annual goal?	Is progress sufficient to meet annual goal?	Is progress sufficient to meet annual goal?	Objective 2 Met:
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
If "No" please comment:	If "No" please comment:	If "No" please comment:	If "No" please comment:	If "No" please explain:
<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 checked="" 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="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="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	Needs adult prompts

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22-APR-2021

Section G: Annual Goals and Objectives

Performance Area:

Reading (4-5.RF.3)

Category:



Annual Goal #:

2

Hodaya will learn to decode 2 unfamiliar multisyllabic words in context and out of context by using knowledge of letter-sound correspondences and syllabication with moderate prompts as measured by teacher observation in 4 out of 5 trials with 80% accuracy.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

Hodaya will learn to decode 1 unfamiliar word in context and out of context by using knowledge of letter-sound correspondences and syllabication with maximum prompts as measured by teacher observation in 3 out of 5 trials with 60% accuracy.

Incremental objective #2 related to the goal:

Hodaya will learn to decode 2 unfamiliar word in context and out of context by using knowledge of letter-sound correspondences and syllabication with maximum prompts as measured by teacher observation in 3 out of 5 trials with 70% accuracy.

Date to be achieved:

February



2021



MO/YR

Date to be achieved:

June



2021



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" value="22-FEB-2021"/>	Date: <input type="text"/>	Date: <input type="text"/>	
Progress Mark: <input type="text"/>	Progress Mark: <input type="text" value="2"/>	Progress Mark: <input type="text"/>	Progress Mark: <input type="text"/>	Objective 1 Met: <input type="radio"/> Yes <input checked="" type="radio"/> No
Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input checked="" type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> Cannot decode yet <input type="text"/>

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Meeting Date 22-APR-2021

Section G: Annual Goals and Objectives

Performance Area:

Writing (4.SL.4)

Category:



Annual Goal #:

3

COHEN HODAYA will tell a story or recount an experience with relevant, descriptive details that support main ideas and/or themes in an organized manner, speaking clearly at an understandable pace with moderate prompts as measured by curricular assignments in 4 out of 5 trials with 80% accuracy.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

COHEN HODAYA will tell a story or recount an experience with relevant, descriptive details that support main ideas and/or themes in an organized manner, speaking clearly at an understandable pace with maximum prompts as measured by curricular assignments in 3 out of 5 trials with 60% accuracy.

Incremental objective #2 related to the goal:

COHEN HODAYA will tell a story or recount an experience with relevant, descriptive details that support main ideas and/or themes in an organized manner, speaking clearly at an understandable pace with moderate prompts as measured by curricular assignments in 3 out of 5 trials with 70% accuracy.

Date to be achieved:

February



2021



MO/YR

Date to be achieved:

June



2021



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:	Date:	Date:	Date:	
Date: <input type="text"/>	Date: 22-FEB-2021	Date: <input type="text"/>	Date: <input type="text"/>	
Progress Mark:	Progress Mark:	Progress Mark:	Progress Mark:	Objective 1 Met:
<input type="text"/>	2	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No
Is progress sufficient to meet annual goal?	Is progress sufficient to meet annual goal?	Is progress sufficient to meet annual goal?	Is progress sufficient to meet annual goal?	Objective 2 Met:
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
If "No" please comment:	If "No" please comment:	If "No" please comment:	If "No" please comment:	If "No" please explain:
<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="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="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="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	Needs adult prompts

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Section G: Annual Goals and Objectives

Performance Area:

Math (4.NBT.4)

Category:



Annual Goal #:

4

COHEN HODAYA will subtract multi-digit whole numbers using the standard algorithm with moderate prompts as measured by curricular assignments in 4 out of 5 trials with 80% accuracy

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

COHEN HODAYA will subtract multi-digit whole numbers using the standard algorithm with maximum prompts as measured by curricular assignments in 3 out of 5 trials with 60% accuracy

Incremental objective #2 related to the goal:

COHEN HODAYA will subtract multi-digit whole numbers using the standard algorithm with moderate prompts as measured by curricular assignments in 4 out of 5 trials with 70% accuracy

Date to be achieved:

February



2021



MO/YR

Date to be achieved:

June



2021



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:	Date:	Date:	Date:	
Date: <input type="text"/>	Date: 22-FEB-2021	Date: <input type="text"/>	Date: <input type="text"/>	
Progress Mark:	Progress Mark:	Progress Mark:	Progress Mark:	Objective 1 Met:
<input type="text"/>	2	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No
Is progress sufficient to meet annual goal?	Is progress sufficient to meet annual goal?	Is progress sufficient to meet annual goal?	Is progress sufficient to meet annual goal?	Objective 2 Met:
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
If "No" please comment:	If "No" please comment:	If "No" please comment:	If "No" please comment:	If "No" please explain:
<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 checked="" 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="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="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	Struggles with multi-step problems

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student

COHEN

HODAYA

Last

First

MI

Date of Birth

12-MAR-2012

Meeting Date

22-APR-2021

Section G: Annual Goals and Objectives

Performance Area:

Language

Category:

▼

Annual Goal #:

5

During language based activities, Hodaya will answer 'wh' questions based on a grade level story using syntactically appropriate sentences for 70% of the time given moderate prompts and cues

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:

During language based activities, Hodaya will answer 'wh' questions based on a grade level story using syntactically appropriate sentences for 50% of the time given max. prompts and cues

Incremental objective #2 related to the goal:

During language based activities, Hodaya will answer 'wh' questions based on a grade level story using syntactically appropriate sentences for 60% of the time given max. to moderate prompts and cues

Date to be achieved:

February ▼

2021 ▼

MO/YR

Date to be achieved:

June ▼

2021 ▼

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: 05-MAR-2021	2nd Reporting Period Date:	3rd Reporting Period Date:	4th Reporting Period (Secondary Only) Date:	Goal Achievement
Progress Mark: 3	Progress Mark:	Progress Mark:	Progress Mark:	Objective 1 Met: <input checked="" type="radio"/> Yes <input type="radio"/> No Objective 2 Met: <input type="radio"/> Yes <input type="radio"/> No If "No" please explain: Objective 1 met. Progressing towards achieving objective 2.
Is progress sufficient to meet annual goal? <input checked="" 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	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other	

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

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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.

Student will participate in Regular State and District Assessments. <i>(Designated Supports and/or Accommodations identified below are applicable)</i>	CAASPP Subject ELA and Math
Designated Supports: <ul style="list-style-type: none"> - Noise Buffers - Test in a separate/smaller setting - Read aloud by an adult in English (for math items and ELA items except for reading passages) 	
Student will participate in Regular State and District Assessments. <i>(Designated Supports and/or Accommodations identified below are applicable)</i>	ELPAC Subject Listening
Designated Supports: <ul style="list-style-type: none"> - Noise buffers - Pause or replay the audio during the administration of test questions (listening domain only) 	
Student will participate in Regular State and District Assessments. <i>(Designated Supports and/or Accommodations identified below are applicable)</i>	ELPAC Subject Writing
Designated Supports: <ul style="list-style-type: none"> - Noise buffers - Read aloud by an adult (writing domain only)(non-embedded) 	
Student will participate in Regular State and District Assessments. <i>(Designated Supports and/or Accommodations identified below are applicable)</i>	ELPAC Subject Reading
Designated Supports: <ul style="list-style-type: none"> - Noise buffers 	
Student will participate in Regular State and District Assessments. <i>(Designated Supports and/or Accommodations identified below are applicable)</i>	ELPAC Subject Speaking
Designated Supports: <ul style="list-style-type: none"> - Pause or replay the audio during the administration of test questions (speaking domain only—summarize an academic presentation only) - Noise buffers 	

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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 informal translation? ☐ Yes ☐ NoSelect Preferred Language: Is the parent/guardian requesting official translation? ☒ Yes ☐ NoSelect Preferred Language:

Specify the Individual Pages to be translated:

Special Requests:

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

THIS SPACE DELIBERATELY LEFT BLANK.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

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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

Email

Whom

Jennifer Wong

When

20-APR-2021

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

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

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

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

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

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

Parent Concerns and Comments

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

22-APR-2021

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.

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 DateStudent
Last
First
MIDate of Birth Meeting Date

Section R: Names and Signatures (Signatures on File)

Team Member	Print Name	Signature
Parent/Guardian	<input type="text" value="KOHEN, HILA REVITAL via zoom"/>	<input type="text"/>
Parent/Guardian	<input type="text"/>	<input type="text"/>
Student Age 18 - 21 years	<input type="text"/>	<input type="text"/>
Student Under Age 18 years	<input type="text"/>	<input type="text"/>
Surrogate Parent	<input type="text"/>	<input type="text"/>
Foster Parent	<input type="text"/>	<input type="text"/>
Family Foster Home Provider	<input type="text"/>	<input type="text"/>
Administrator	<input type="text"/>	<input type="text"/>
Administrative Designee	<input type="text" value="Jennifer Wong"/>	<input type="text" value="JW"/>
Special Education Teacher	<input type="text" value="Rosa Vasquez"/>	<input type="text" value="Rosa Vasquez"/>
General Education Teacher	<input type="text" value="Robyn Arnold via zoom"/>	<input type="text"/>
School Psychologist	<input type="text"/>	<input type="text"/>
School Nurse	<input type="text" value="Tamara Chilingaryan"/>	<input type="text" value="Tamara Chilingaryan"/>
Related Service Staff <input type="text" value="LAS"/>	<input type="text" value="Silpa Mantripragada"/>	<input type="text" value="Silpa Mantripragada"/>
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" value="Orly Benun via zoom"/>	<input type="text"/>
Sign Language Interpreter	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Reconvened
Meeting DateStudent
Last
First
MIDate of Birth Meeting Date

Section R: Names and Signatures (Signatures on File)

Team Member	Print Name	Signature
Parent/Guardian	<input type="text" value="per the FSA"/>	<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="Jennifer Wong"/>	<input type="text"/>
Administrative Designee	<input type="text"/>	<input type="text"/>
Special Education Teacher	<input type="text" value="per the FSA"/>	<input type="text"/>
General Education Teacher	<input type="text" value="per the FSA"/>	<input type="text"/>
School Psychologist	<input type="text"/>	<input type="text"/>
School Nurse	<input type="text" value="per the FSA"/>	<input type="text"/>
Related Service Staff <input type="text"/>	<input type="text" value="per the FSA"/>	<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" value="per the FSA"/>	<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

COHEN

HODAYA

Last

First

MI

Date of

12-MAR-2012

Birth

Meeting

22-APR-2021

Date

LEAST RESTRICTIVE ENVIRONMENT ANALYSIS

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

Student's Current Placement Type:

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

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

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

Step A.	Can the supports, services, accommodations and/or modifications in the student's IEP be made available in a general education classroom/setting?	
	<input type="radio"/> Yes <input checked="" type="radio"/> No	If the answer is YES, then a general education classroom/setting is the appropriate placement. If the answer is NO, go to the question below.
	<input type="radio"/> Yes <input checked="" type="radio"/> No	If not currently available, can the required supports, services, accommodations and/or modifications be made available in a general education classroom/setting? If YES, all required supports, services, accommodations and/or modifications must be provided within a reasonable timeline. If the answer is NO, please articulate why in the box below. Then go to Step B.
<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 checked="" type="radio"/> Yes <input type="radio"/> No	If the answer is YES, then a special day program on a general education site is the appropriate placement. If the answer is NO, go to the question below.
	<input type="radio"/> Yes <input type="radio"/> No	If not currently available, can the required supports, services, accommodations and/or modifications be made available in a special day program on a general education site? If YES, all required supports, services, accommodations and/or modifications must be provided within a reasonable timeline. If the answer is NO, please articulate why in the box below. Then go to Step C.
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>		

Student
Last
First
MIDate of
BirthMeeting
Date

ANNUAL LEAST RESTRICTIVE ENVIRONMENT ANALYSIS (Continued)

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

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

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

Step E.	Can the supports, services, accommodations and/or modifications in the student's IEP be made available in a residential care facility?	
	<input type="radio"/> Yes <input type="radio"/> No	If not currently available, articulate in the IEP what supports, accommodations and/or modifications are required for the student in this setting.
	<div></div>	

Student
Last

COHEN

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HODAYA

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 1 - Eligibility, Placements and Supports

Student COHEN

HODAYA

Date of Birth 12-MAR-2012

Meeting Date 22-APR-2021

Last

First

MI

		Effective With this IEP	Future Changes Related to this IEP
		As of Date:	
Eligibility: (from Page 4)		Eligible (OHI)	
	Final IEP Reason Final IEP Effective Date:		
Curriculum		General Education	
Placement	Type of School	District Non-Resident School	
	Name of School	SHERMAN OAKS EL CS	
Instructional Setting	Setting	Special Education	
	Program	SLD	
	Special Day Minutes/Wk	1350	
	Addresses Goals	1(ELD (SL.4.1,6; L.4.1),2(Reading (4-5.RF.3)),3(Writing (4.SL.4)),4(Math (4.NBT.4)),5(Language)	
Additional Factors	Low Incident Support	None	
	Assistive Technology Support	No	
	Transportation	None	
	Extended School Year/Intersession	<input checked="" type="radio"/> Yes <input type="radio"/> No	
	Parent Counseling and Training (PCT)	<input checked="" type="radio"/> Yes <input type="radio"/> No	
	ESY Transportation	School to School	
Accommodation, Modifications, Supports	Instructional Accommodations	noise buffers, read aloud by an adult, testing in a separate room, audio or oral presentation of English, extended time to complete assignments, break tasks into smaller increments, taking breaks as needed, simplify and clarify directions when needed, model and repeat new concepts taught, check for understanding by asking student to repeat back directions.	
	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	

IEP FAPE Part 2 - Summary of Services

Meeting Date 22-APR-2021

		Effective With This IEP	Future Changes Related To This IEP
Service 1	Start Date:	Effective on Signature Date	
10	End Date:		
Language/Speech	Service applies to:	ESY	
	Frequency:	1-10	
This service addresses the following goals:	Interval:	Yearly	
5(Language)	Minutes/Interval:	180	
	Minutes/Interval (Pullout from Gen Ed):	0	
	Service Delivery Model:	Direct Service (Collaborative)*	
	Area:	School-Based	
	Responsible Personnel:	Licensed/Credentialed Provider	
		Special Education Teacher	
*			
Service 2	Start Date:	Effective on Signature Date	
10	End Date:		
Language/Speech	Service applies to:	Regular	
	Frequency:	1-10	
This service addresses the following goals:	Interval:	Monthly	
5(Language)	Minutes/Interval:	240	
	Minutes/Interval (Pullout from Gen Ed):	0	
	Service Delivery Model:	Direct Service (Collaborative)*	
	Area:	School-Based	
	Responsible Personnel:	Licensed/Credentialed Provider	
		Special 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	85	

Part 4 - Additional Discussion (This section is optional)

Per FSA, parent waived notification and personal presence of IEP Team members and does not require an actual meeting.

FSA states by signing this agreement, parent consent to the District conducting the following assessments General Ability, Language Function, Motor Abilities, Social-Emotional Status by Psychologist, Academic Performance by Special Ed Teacher, Health & Development, including Vision and Hearing by Nurse/Physician, Language Function by OT and no further consent is required. Timelines for the completion of the assessments will begin on the 20th regular school day of 2021-2022 RSY. The district will fund a block of 40 hours of LAS services from the date of full execution of this Agreement through 6/30/2023. The services will begin no later than 15 business days after assignment of an NPA. Parent is responsible for transportation to access these services. Services may be accessed whether or not school is in session.

The services will be provided at the NPA. Any scheduled sessions that are missed due to unavailability of the NPA service provider shall be rescheduled in accordance with the NPA's master contract with the District. If student fails to attend a scheduled session, the session will not be rescheduled. The service provider will use the goal(s) and objectives in the student's most recent and agreed upon IEP and any subsequent and agreed to IEPs. The Parties agree that the compensatory NPA LAS services are part of a settlement of disputed claims and issues and shall not be considered 'stay put' under state and federal special education laws.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student COHEN
LastHODAYA
First

MI

Date of Birth 12-MAR-2012

Meeting Date 22-APR-2021

FAPE Summary Grid

Program:	SLD	Setting:	Special Education
Eligibility:	Eligible (OHI)	Curriculum:	General Education
Transportation:	None	Low Incident Support:	None
Date District Received Parent Signature:			

Service Code	Service Desc	Start Date	Service Applies To	Interval	Frequency	Area	Total Minutes	Addresses Goal(s)	No Consent
10	Language/Speech	Effective on Signature Date	ESY	Yearly	1-10	School-Based	180	Language	--
10	Language/Speech	Effective on Signature Date	Regular	Monthly	1-10	School-Based	240	Language	--

Alternative Remote/Distance Learning Services During Emergency Conditions

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

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

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

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

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

For IEP Team Information

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