

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

## Los Angeles Unified School District

Student Identification Number

200136X909

SSID

4299674894

Eligible (AUT)

Student

TAL

Last

ANAELLE

First

Y

MI

Date of Birth:

29-JAN-2017

## Section A: Meeting Information

| Pertinent Dates                                  | Type of Meeting   |
|--|---|
| Date of Initial IEP Team Meeting                 | 16-DEC-2019   |
| Date of Present Meeting                          | 15-SEP-2021   |
| Annual Review to be conducted by                 | 26-JAN-2022   |
| Next Three Year Review will be conducted by      | 15-DEC-2022   |
| Three Year Review or Evaluation was conducted on | 16-DEC-2019   |
| Transition to Kindergarten to be conducted by    |   |
|  | <input type="radio"/> Initial<br><input checked="" type="radio"/> Amendment of IEP dated 25-MAR-2021<br><input type="radio"/> Annual Review<br><input type="radio"/> Three Year Review<br><input type="radio"/> Other<br><input type="radio"/> Early Start Transition<br><input type="radio"/> Expulsion Analysis<br><input type="radio"/> Individual Transition Plan |
| Location of Meeting                              | Chandler Elementary School  |
| District Name                                    | Los Angeles Unified School Dist   |

## Section B: Student Information

|  |  |   |   |                                 |                  |
|--|--|---|---|---------------------------------|------------------|
| Date of Birth  | 29-JAN-2017  | Age   | 4   | Grade                           | -1               |
| Gender   | <input checked="" type="radio"/> Male <input type="radio"/> Female | Limited English Proficient Student                | <input type="radio"/> Yes <input type="radio"/> No      | Ethnic Code                     | Decline to State |
| Location of the Psych Folder   | SUPPORT UNIT NOR   | Student has no Psych Folder                       | <input type="checkbox"/>                                |                                 |                  |
| Location of the Cum Folder   | CHANDLER EL  | Student has no Cum Folder                         | <input type="checkbox"/>                                |                                 |                  |
| Home Language  | English  | Student Language                                  | English   | Alternate Mode of Communication |                  |
| Home Address of Student  | 5303 YARMOUTH AVE APT 114  |   |   |                                 |                  |
| City   | ENCINO CA  | ZIP Code  | 91316   |                                 |                  |
| Home Telephone   | (818) 605-7196   | Daytime Telephone                                 |   | Emergency Telephone             |                  |
| School of Attendance   | Chandler El  | Location Code                                     | 2959  |                                 |                  |
| School of Residence  | Nestle Ave Charter   | Location Code                                     | 5452  |                                 |                  |
| Name of Parent/Guardian  | Liya Tal   | Telephone   |   |                                 |                  |
| Address  |  |   |   |                                 |                  |
| City   |  | CA  | ZIP Code  |                                 |                  |
| Surogate Parent  |  | Telephone   |   |                                 |                  |
| Attends <b>CURRENT SCHOOL</b> as a result of one of the following  | Special Education Placement <input checked="" type="checkbox"/>    |   |   |                                 |                  |
| Is the student living in a Family Foster Home (FFH)?   | <input checked="" type="radio"/> No <input type="radio"/> Yes      | FFH#  |   |                                 |                  |
| Is FFH Provider related to student?  | <input type="radio"/> No <input type="radio"/> Yes                 | Relationship                                      |   |                                 |                  |
| Licensed Children's Institution  | <input type="radio"/> No <input type="radio"/> Yes                 | LCI Name  |   |                                 |                  |
|  |  | LCI#  |   |                                 |                  |
| Out of the home placement made by  | <input type="radio"/> Regional Center                              | <input type="radio"/> Department of Mental Health | <input type="radio"/> Department of Children's Services |                                 |                  |
|  | <input type="radio"/> Superior Court                               | <input type="radio"/> Other                       |   |                                 |                  |
| Child's family living within LAUSD's boundaries?   | <input type="radio"/> No <input checked="" type="radio"/> Yes      |   |   |                                 |                  |
| If the student is 18 years old or older or is an emancipated minor, does he/she have educational decision-making rights? | <input type="radio"/> No <input type="radio"/> Yes                 |   |   |                                 |                  |

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student

TAL

ANAELLE

Y

Date of Birth

29-JAN-2017

Last

First

MI

## Section C: Language Acquisition

Language Classification:

English Only

Start Date:

30-SEP-2019

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                             | Cognitive                    | <input type="radio"/> | <input checked="" type="radio"/> | needs more time, excessive absences                           |
| Category                      | Adaptive Behaviors ▼         |                       |                                  |   |
|                               | Objective 1 met              | <input type="radio"/> | <input checked="" type="radio"/> | needs more time, excessive absences                           |
|                               | Objective 2 met              | <input type="radio"/> | <input checked="" type="radio"/> | needs more time, excessive absences                           |
| 2                             | Language                     | <input type="radio"/> | <input checked="" type="radio"/> | needs more time, excessive absences                           |
| Category                      | Adaptive Behaviors ▼         |                       |                                  |   |
|                               | Objective 1 met              | <input type="radio"/> | <input checked="" type="radio"/> | needs more time, excessive absences                           |
|                               | Objective 2 met              | <input type="radio"/> | <input checked="" type="radio"/> | needs more time, excessive absences                           |
| 3                             | Social-Emotional             | <input type="radio"/> | <input checked="" type="radio"/> | needs more time, excessive absences                           |
| Category                      | Activities of Daily Living ▼ |                       |                                  |   |
|                               | Objective 1 met              | <input type="radio"/> | <input checked="" type="radio"/> | needs more time, excessive absences                           |
|                               | Objective 2 met              | <input type="radio"/> | <input checked="" type="radio"/> | needs more time, excessive absences                           |
| 4                             | Physical                     | <input type="radio"/> | <input checked="" type="radio"/> | needs more time, excessive absences                           |
| Category                      | Adaptive Behaviors ▼         |                       |                                  |   |
|                               | Objective 1 met              | <input type="radio"/> | <input checked="" type="radio"/> | needs more time, excessive absences                           |
|                               | Objective 2 met              | <input type="radio"/> | <input checked="" type="radio"/> | needs more time, excessive absences                           |
| 5                             | Communication                | <input type="radio"/> | <input checked="" type="radio"/> | needs more time, excessive absences                           |
| Category                      | Communication ▼              |                       |                                  |   |
|                               | Objective 1 met              | <input type="radio"/> | <input checked="" type="radio"/> | needs more time, excessive absences                           |
|                               | Objective 2 met              | <input type="radio"/> | <input checked="" type="radio"/> | needs more time, excessive absences                           |
| 6                             |                              | <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"/>            |   |
| 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"/>            |   |

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

## Los Angeles Unified School District

Student

TAL

ANAELLE

Y

Date of Birth

29-JAN-2017

Meeting Date

15-SEP-2021

Last

First

MI

## Section E: Present Level of Performance

Performance Area:

Social Emotional

Category:

Social Emotional Development

Assessment/Monitoring Process Used:

Informal, Observation, Parent Interview

State/District Assessment Results:

DRDP 2015

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

Strengths: Anaelle will seek a familiar adult when distressed, and responds when physically comforted by a familiar adult. He recognizes himself, and other familiar people. Anaelle responds to faces, voices, or actions of other people. Anaelle shows preference for familiar adults and will occasionally initiate interaction with them. He follows basic safety rules with occasional adult reminders. Anaelle carries out most steps of familiar hygiene routines, with occasional reminders of when and how to do them.

Needs: Anaelle will play alongside other children, rarely interacting with them. He will follow simple group expectations with adult support, but needs maximum adult assistance to maintain his attention or when having to stop doing an activity that he prefers.

Strategies: Adult facilitation; Repetition; Frequent opportunities to practice newly learned skills; Positive support.

Impact: Anaelle's eligibility of Autism may impact his ability to accurately express himself to peers and adults, which may impact his ability to successfully access the preschool curriculum.

Performance Area:

Language

Category:

Language Development

Assessment/Monitoring Process Used:

Informal, Observation, Parent Interview

State/District Assessment Results:

DRDP 2015

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

Anaelle has attended 10/36 possible sessions when the Speech Language Pathologist was present and on 7 of the 10 sessions he left about 10 minutes into the activity.

Strengths: Anaelle shows understanding of frequently used simple phrases or sentences. He will engage in back-and-forth communication with a familiar adult, using word approximations vocalizations, gestures, or facial expressions with prompts and models. With maximum assistance, Anaelle shows understanding of many words, phrases, and concepts during interactions and activities, with support of nonverbal cues and visuals. He is capable of using spontaneous language to communicate using 1-3 word phrases on a preferred topic, for example 'The Very Hungry Caterpillar'. Anaelle demonstrates understanding that print consists of distinct letters with names.

Needs: Anaelle says a variety of single words but needs to be prompted by an adult in order to communicate and use 2-3 word phrases. He uses a lot of 'gibberish' and 'scripting' throughout the day and requires maximum adult prompting in order to attend to activities and tasks. Anaelle needs to continue to work on using basic 2-3 word utterances to get wants/needs met as well as to answer basic 'what' questions.

Strategies: Adult facilitation; Repetition; Frequent opportunities to practice newly learned skills; Positive support.

Impact of Disability: : Anaelle's eligibility of Autism and its associated language difficulties may negatively impact his ability to accurately express himself to peers and adults, which may impact his ability to successfully access the preschool curriculum.

Valerie Taylor, Special Education Teacher  
Michele San Antonio M.S. CCC-SLP

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

## Los Angeles Unified School District

Student

TAL

ANAELLE

Y

Date of Birth

29-JAN-2017

Meeting Date

15-SEP-2021

Last

First

MI

## Section E: Present Level of Performance

Performance Area:

Physical

Category:

Physical Development

Assessment/Monitoring Process Used:

Informal, Observation, Parent Interview

State/District Assessment Results:

DRDP 2015

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

Strengths: Anaelle tries different ways to coordinate movements of large or small body parts. He coordinates and controls individual locomotor movements with some success. Anaelle manipulates objects, using one or more body parts with stability but limited coordination. He manipulates objects with one hand while stabilizing the objects with the other hand. (ex. play dough) Anaelle feeds himself a variety of foods using a spoon or fork. He does participate with an adult in dressing himself. He engages in active physical play for short periods of time. Anaelle moves his body, with some control, to music.

Needs: There are no needs currently in this area.

Performance Area:

Cognitive

Category:

Cognitive Development

Assessment/Monitoring Process Used:

Informal, Observation, Parent Interview

State/District Assessment Results:

DRDP 2015

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

Strengths: Anaelle maintains attention with adult support, during brief activities. He imitates actions, or repeats familiar words or gestures by others when interacting with them. He will explore people or things in the immediate environment. Anaelle will seek out a familiar adult when he is distressed and responds when physically comforted by a familiar adult. He explores people and objects in a variety of different ways. With maximum adult support, Anaelle will participate in activities that are related to specific environments. He engages with objects and materials for painting or drawing as primarily a sensory experience. He demonstrates interest in musical sounds. He will sing songs throughout the day that he has heard or experienced at a previous time. Anaelle demonstrates interest in an adult's dramatic portrayal of a character.

Needs: Anaelle will identify objects or events in the environment with adult prompting and initiation. He interacts with objects or people for short amounts of time. Anaelle shifts attention frequently from one person or thing to another. He will participate in simple activities briefly and with maximum adult support.

Strategies: Adult facilitation; Repetition; Frequent opportunities to practice newly learned skills; Positive support.

Impact: Anaelle's eligibility of Autism may impact his ability to accurately express himself to peers and adults, which may impact his ability to successfully access the preschool curriculum.

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

## Los Angeles Unified School District

Student

TAL

ANAELLE

Y

Date of Birth

29-JAN-2017

Meeting Date

15-SEP-2021

Last

First

MI

## Section E: Present Level of Performance

Performance Area:

Mathematics

Category:

Mathematical Development

Assessment/Monitoring Process Used:

Informal, Observation, Parent Interview

State/District Assessment Results:

DRDP 2015

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

Strengths: Anaelle explores spatial relationships, or movement through space, trying a variety of possibilities. He uses number names in situations related to number or quantity, but not always accurately. He does notice and responds to simple repeating sequences with adult modeling and prompting. He can identify or name several shapes in the environment with adult assistance. With adult support, he does show understanding of 'big' and 'little'.

Needs: There are no needs in this area at this time.

Performance Area:

Literacy

Category:

Literacy Development

Assessment/Monitoring Process Used:

Informal, Observation, Parent Interview

State/District Assessment Results:

DRDP 2015

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

Strengths: Anaelle will briefly look at a book on his own. He shows interest when a familiar adult is reading books, singing songs, or saying rhythms. Anaelle demonstrates awareness of a few common simple symbols in the environment. He will make marks on paper when given a pencil to write his name, but he can trace over the highlighted letters of his name with adult assistance.

Needs: There are no needs in this area at this time.

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student

TAL

Last

ANAELLE

First

Y

MI

Date of Birth

29-JAN-2017

Meeting Date

15-SEP-2021

## 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:

AUT

Autism



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

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student

TAL

ANAELLE

Y

Date of Birth

29-JAN-2017

Meeting Date

15-SEP-2021

Last

First

MI

## Section G: Annual Goals and Objectives

Performance Area:

Cognitive

Category:

Adaptive Behaviors

Annual Goal #:

1

When given the choice of two teacher-directed activities, Anaelle will attend to and participate in a teacher-directed table-top task for at least 4 minutes, with minimal adult prompts (1-2 prompts) and cues on at least 4 occasions during the school week.

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

## Methods of Evaluation

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

## Incremental objective #1 related to the goal:

When given the choice of two teacher-directed activities, with maximum support (5 or more prompts), Anaelle will attend to and participate in a teacher-directed table-top task for 2 minutes, on at least 4 occasions during the school week.

## Incremental objective #2 related to the goal:

When given the choice of two teacher-directed activities, with moderate adult prompts and cues (3-4), Anaelle will attend to and participate in a teacher-directed table-top task, for 3 minutes, on at least 4 occasions during the school week.

Date to be achieved:

May

2021

MO/YR

Date to be achieved:

September

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<br>Date: 01-MAR-2021   | 2nd Reporting Period<br>Date:   | 3rd Reporting Period<br>Date:   | 4th Reporting Period (Secondary Only)<br>Date:  | Goal Achievement   |
|---|---|---|---|--|
| Progress Mark:<br>1   | Progress Mark:<br>3   | Progress Mark:  | Progress Mark:  | Objective 1 Met:<br><input type="radio"/> Yes <input type="radio"/> No |
| Is progress sufficient to meet annual goal?<br><input checked="" type="radio"/> Yes <input type="radio"/> No  | Is progress sufficient to meet annual goal?<br><input checked="" type="radio"/> Yes <input type="radio"/> No  | Is progress sufficient to meet annual goal?<br><input type="radio"/> Yes <input type="radio"/> No   | Is progress sufficient to meet annual goal?<br><input type="radio"/> Yes <input type="radio"/> No   | Objective 2 Met:<br><input type="radio"/> Yes <input type="radio"/> No |
| If "No" please comment:<br><input checked="" type="checkbox"/> Needs More Time<br><input type="checkbox"/> Excess Absence/Tardy<br><input type="checkbox"/> Assignments Not Completed<br><input type="checkbox"/> Need to review/revise Goal<br><input checked="" type="checkbox"/> Other<br>new goal | If "No" please comment:<br><input type="checkbox"/> Needs More Time<br><input type="checkbox"/> Excess Absence/Tardy<br><input type="checkbox"/> Assignments Not Completed<br><input type="checkbox"/> Need to review/revise Goal<br><input type="checkbox"/> Other | If "No" please comment:<br><input type="checkbox"/> Needs More Time<br><input type="checkbox"/> Excess Absence/Tardy<br><input type="checkbox"/> Assignments Not Completed<br><input type="checkbox"/> Need to review/revise Goal<br><input type="checkbox"/> Other | If "No" please comment:<br><input type="checkbox"/> Needs More Time<br><input type="checkbox"/> Excess Absence/Tardy<br><input type="checkbox"/> Assignments Not Completed<br><input type="checkbox"/> Need to review/revise Goal<br><input type="checkbox"/> Other | If "No" please explain:  |

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

## Los Angeles Unified School District

Student

TAL

ANAELLE

Y

Date of Birth

29-JAN-2017

Meeting Date

15-SEP-2021

Last

First

MI

## Section G: Annual Goals and Objectives

Performance Area:

Language

Category:

Adaptive Behaviors

Annual Goal #:

2

When given a choice of two activities, Anaelle will follow an adult's direction to transition from a preferred activity to a teacher-directed activity with no more than two adult prompts per transition in 4 out of 5 opportunities during the school day.

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:

When given a choice of two activities, Anaelle will follow an adult's direction to transition from a preferred activity to a teacher-directed activity with maximum adult support (5+ prompts) per transition in 3 out of 5 opportunities during the school day.

## Incremental objective #2 related to the goal:

When given a choice of two activities, Anaelle will follow an adult's direction to transition from a preferred activity to a teacher-directed activity with moderate teacher support and cueing (3 - 4 prompts) per transition in 4 out of 5 opportunities during the school day.

Date to be achieved:

May

2021

MO/YR

Date to be achieved:

September

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<br>Date: 01-MAR-2021   | 2nd Reporting Period<br>Date: 07-JUN-2021   | 3rd Reporting Period<br>Date:   | 4th Reporting Period (Secondary Only)<br>Date:  | Goal Achievement   |
|---|---|---|---|--|
| Progress Mark:<br>2   | Progress Mark:<br>3   | Progress Mark:  | Progress Mark:  | Objective 1 Met:<br><input type="radio"/> Yes <input type="radio"/> No |
| Is progress sufficient to meet annual goal?<br><input checked="" type="radio"/> Yes <input type="radio"/> No  | Is progress sufficient to meet annual goal?<br><input type="radio"/> Yes <input type="radio"/> No   | Is progress sufficient to meet annual goal?<br><input type="radio"/> Yes <input type="radio"/> No   | Is progress sufficient to meet annual goal?<br><input type="radio"/> Yes <input type="radio"/> No   | Objective 2 Met:<br><input type="radio"/> Yes <input type="radio"/> No |
| If "No" please comment:<br><input checked="" type="checkbox"/> Needs More Time<br><input type="checkbox"/> Excess Absence/Tardy<br><input type="checkbox"/> Assignments Not Completed<br><input type="checkbox"/> Need to review/revise Goal<br><input checked="" type="checkbox"/> Other<br>new goal | If "No" please comment:<br><input type="checkbox"/> Needs More Time<br><input type="checkbox"/> Excess Absence/Tardy<br><input type="checkbox"/> Assignments Not Completed<br><input type="checkbox"/> Need to review/revise Goal<br><input type="checkbox"/> Other | If "No" please comment:<br><input type="checkbox"/> Needs More Time<br><input type="checkbox"/> Excess Absence/Tardy<br><input type="checkbox"/> Assignments Not Completed<br><input type="checkbox"/> Need to review/revise Goal<br><input type="checkbox"/> Other | If "No" please comment:<br><input type="checkbox"/> Needs More Time<br><input type="checkbox"/> Excess Absence/Tardy<br><input type="checkbox"/> Assignments Not Completed<br><input type="checkbox"/> Need to review/revise Goal<br><input type="checkbox"/> Other | If "No" please explain:  |



## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student

TAL

ANAELLE

Y

Date of Birth

29-JAN-2017

Meeting Date

15-SEP-2021

Last

First

MI

## Section G: Annual Goals and Objectives

Performance Area:

Social Emotional

Category:

Social Emotional

Annual Goal #:

3

Anaelle will play alongside another child (or more than one child) for at least 3 minutes, with at least 3 interactions with minimal adult support (1-2 prompts), on 4 occasions during a school week.

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

## Methods of Evaluation

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

## Incremental objective #1 related to the goal:

Anaelle will play alongside another child (or more than one child) for at least 2 minutes, with at least 3 interactions with maximum adult support (5 or more prompts), on 4 occasions during a school week.

## Incremental objective #2 related to the goal:

Anaelle will play alongside another child (or more than one child) for at least 2 minutes, with at least 3 interactions with moderate adult support (2-3), on 4 occasions during a school week.

Date to be achieved:

May

2021

MO/YR

Date to be achieved:

September

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<br>Date: 01-MAR-2021   | 2nd Reporting Period<br>Date: 07-JUN-2021  | 3rd Reporting Period<br>Date:  | 4th Reporting Period (Secondary Only)<br>Date:   | Goal Achievement  |
|---|--|--|--|---|
| <b>Progress Mark:</b><br><input type="text" value="1"/>   | <b>Progress Mark:</b><br><input type="text" value="2"/>  | <b>Progress Mark:</b><br><input type="text"/>  | <b>Progress Mark:</b><br><input type="text"/>  | Objective 1 Met:<br><input type="radio"/> Yes <input type="radio"/> No<br><br>Objective 2 Met:<br><input type="radio"/> Yes <input type="radio"/> No<br><br>If "No" please explain:<br><div style="border: 1px solid black; height: 100px; width: 100%;"></div> |
| <b>Is progress sufficient to meet annual goal?</b><br><input checked="" type="radio"/> Yes <input type="radio"/> No   | <b>Is progress sufficient to meet annual goal?</b><br><input checked="" type="radio"/> Yes <input type="radio"/> No  | <b>Is progress sufficient to meet annual goal?</b><br><input type="radio"/> Yes <input type="radio"/> No   | <b>Is progress sufficient to meet annual goal?</b><br><input type="radio"/> Yes <input type="radio"/> No   |   |
| <b>If "No" please comment:</b><br><input checked="" type="checkbox"/> Needs More Time<br><input type="checkbox"/> Excess Absence/Tardy<br><input type="checkbox"/> Assignments Not Completed<br><input type="checkbox"/> Need to review/revise Goal<br><input checked="" type="checkbox"/> Other<br><input type="text" value="new goal"/> | <b>If "No" please comment:</b><br><input type="checkbox"/> Needs More Time<br><input type="checkbox"/> Excess Absence/Tardy<br><input type="checkbox"/> Assignments Not Completed<br><input type="checkbox"/> Need to review/revise Goal<br><input type="checkbox"/> Other<br><input type="text"/> | <b>If "No" please comment:</b><br><input type="checkbox"/> Needs More Time<br><input type="checkbox"/> Excess Absence/Tardy<br><input type="checkbox"/> Assignments Not Completed<br><input type="checkbox"/> Need to review/revise Goal<br><input type="checkbox"/> Other<br><input type="text"/> | <b>If "No" please comment:</b><br><input type="checkbox"/> Needs More Time<br><input type="checkbox"/> Excess Absence/Tardy<br><input type="checkbox"/> Assignments Not Completed<br><input type="checkbox"/> Need to review/revise Goal<br><input type="checkbox"/> Other<br><input type="text"/> |   |
|   |  |  |  |   |

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student

TAL

ANAELLE

Y

Date of Birth

29-JAN-2017

Meeting Date

15-SEP-2021

Last

First

MI

## Section G: Annual Goals and Objectives

Performance Area:

Social Emotional

Category:

Activities of Daily Living

Annual Goal #:

4

Anaelle will use self-help skills during classroom routines (e.g. assisting with toileting, dressing self, using food utensils appropriately, hand washing, putting away backpack) with reminders, on 4 out of 5 occasions during a school day.

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:

Anaelle will use self-help skills during classroom routines, with maximum support (5+ prompts) per activity on 4 out of 5 occasions during a school day.

## Incremental objective #2 related to the goal:

Anaelle will use self-help skills during classroom routines, with moderate support (3-4 prompts) per activity on 4 out of 5 occasions during a school day.

Date to be achieved:

May

2021

MO/YR

Date to be achieved:

September

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<br>Date: 01-MAR-2021  | 2nd Reporting Period<br>Date: 07-JUN-2021  | 3rd Reporting Period<br>Date:  | 4th Reporting Period (Secondary Only)<br>Date:   | Goal Achievement  |
|--|--|--|--|---|
| <b>Progress Mark:</b><br>2   | <b>Progress Mark:</b><br>3   | <b>Progress Mark:</b><br>  | <b>Progress Mark:</b><br>  | <b>Objective 1 Met:</b><br><input type="radio"/> Yes <input type="radio"/> No |
| <b>Is progress sufficient to meet annual goal?</b><br><input checked="" type="radio"/> Yes <input type="radio"/> No  | <b>Is progress sufficient to meet annual goal?</b><br><input checked="" type="radio"/> Yes <input type="radio"/> No  | <b>Is progress sufficient to meet annual goal?</b><br><input type="radio"/> Yes <input type="radio"/> No   | <b>Is progress sufficient to meet annual goal?</b><br><input type="radio"/> Yes <input type="radio"/> No   | <b>Objective 2 Met:</b><br><input type="radio"/> Yes <input type="radio"/> No |
| <b>If "No" please comment:</b><br><input checked="" type="checkbox"/> Needs More Time<br><input type="checkbox"/> Excess Absence/Tardy<br><input type="checkbox"/> Assignments Not Completed<br><input type="checkbox"/> Need to review/revise Goal<br><input checked="" type="checkbox"/> Other<br>new goal | <b>If "No" please comment:</b><br><input type="checkbox"/> Needs More Time<br><input type="checkbox"/> Excess Absence/Tardy<br><input type="checkbox"/> Assignments Not Completed<br><input type="checkbox"/> Need to review/revise Goal<br><input type="checkbox"/> Other | <b>If "No" please comment:</b><br><input type="checkbox"/> Needs More Time<br><input type="checkbox"/> Excess Absence/Tardy<br><input type="checkbox"/> Assignments Not Completed<br><input type="checkbox"/> Need to review/revise Goal<br><input type="checkbox"/> Other | <b>If "No" please comment:</b><br><input type="checkbox"/> Needs More Time<br><input type="checkbox"/> Excess Absence/Tardy<br><input type="checkbox"/> Assignments Not Completed<br><input type="checkbox"/> Need to review/revise Goal<br><input type="checkbox"/> Other | <b>If "No" please explain:</b><br>  |

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student

TAL

ANAELLE

Y

Date of Birth

29-JAN-2017

Meeting Date

15-SEP-2021

Last

First

MI

## Section G: Annual Goals and Objectives

Performance Area:

Physical

Category:

Adaptive Behaviors

Annual Goal #:

5

Anaelle will build a structure of developmentally-appropriate manipulatives (such as: blocks, Legos, Lincoln Logs, magnet tiles on 4/5 occasions during a school week.

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

## Methods of Evaluation

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

## Incremental objective #1 related to the goal:

Anaelle will build a 3-piece bridge of developmentally-appropriate manipulatives (such as blocks, Legos, Lincoln Logs, magnet tiles) on 4/5 occasions during a school week with moderate teacher prompting (3-4 prompts).

## Incremental objective #2 related to the goal:

Anaelle will build a structure of developmentally-appropriate manipulatives (such as: blocks, Legos, Lincoln Logs, magnet tiles) on 4/5 occasions during a school week with minimal teacher prompting (1-2 prompts).

Date to be achieved:

May

2021

MO/YR

Date to be achieved:

September

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<br>Date: 01-MAR-2021   | 2nd Reporting Period<br>Date: 07-JUN-2021   | 3rd Reporting Period<br>Date:   | 4th Reporting Period (Secondary Only)<br>Date:  | Goal Achievement   |
|---|---|---|---|--|
| Progress Mark:<br>2   | Progress Mark:<br>3   | Progress Mark:  | Progress Mark:  | Objective 1 Met:<br><input type="radio"/> Yes <input type="radio"/> No |
| Is progress sufficient to meet annual goal?<br><input checked="" type="radio"/> Yes <input type="radio"/> No  | Is progress sufficient to meet annual goal?<br><input checked="" type="radio"/> Yes <input type="radio"/> No  | Is progress sufficient to meet annual goal?<br><input type="radio"/> Yes <input type="radio"/> No   | Is progress sufficient to meet annual goal?<br><input type="radio"/> Yes <input type="radio"/> No   | Objective 2 Met:<br><input type="radio"/> Yes <input type="radio"/> No |
| If "No" please comment:<br><input type="checkbox"/> Needs More Time<br><input type="checkbox"/> Excess Absence/Tardy<br><input type="checkbox"/> Assignments Not Completed<br><input type="checkbox"/> Need to review/revise Goal<br><input type="checkbox"/> Other | If "No" please comment:<br><input type="checkbox"/> Needs More Time<br><input type="checkbox"/> Excess Absence/Tardy<br><input type="checkbox"/> Assignments Not Completed<br><input type="checkbox"/> Need to review/revise Goal<br><input type="checkbox"/> Other | If "No" please comment:<br><input type="checkbox"/> Needs More Time<br><input type="checkbox"/> Excess Absence/Tardy<br><input type="checkbox"/> Assignments Not Completed<br><input type="checkbox"/> Need to review/revise Goal<br><input type="checkbox"/> Other | If "No" please comment:<br><input type="checkbox"/> Needs More Time<br><input type="checkbox"/> Excess Absence/Tardy<br><input type="checkbox"/> Assignments Not Completed<br><input type="checkbox"/> Need to review/revise Goal<br><input type="checkbox"/> Other | If "No" please explain:  |

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student

TAL

ANAELLE

Y

Date of Birth

29-JAN-2017

Meeting Date

15-SEP-2021

Last

First

MI

## Section G: Annual Goals and Objectives

Performance Area:

Communication

Category:

Communication

Annual Goal #:

6

Anaelle will use novel 2-3 + word utterances to express wants/needs/ideas and to participate in structured language activities, in 8/10 opportunities, given minimal prompts/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:

Anaelle will use novel 1-2 word utterances to express wants/needs/ideas and to participate in structured language activities, in 6/10 opportunities, given maximum prompts/cues.

## Incremental objective #2 related to the goal:

Anaelle will use novel 2-3 word utterances to express wants/needs/ideas and to participate in structured language activities, in 7/10 opportunities, given moderate prompts/cues.

Date to be achieved:

May

2021

MO/YR

Date to be achieved:

September

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<br>Date: 05-MAR-2021  | 2nd Reporting Period<br>Date:  | 3rd Reporting Period<br>Date:  | 4th Reporting Period (Secondary Only)<br>Date:   | Goal Achievement  |
|--|--|--|--|---|
| <b>Progress Mark:</b><br><input type="text" value="1"/>  | <b>Progress Mark:</b><br><input type="text"/>  | <b>Progress Mark:</b><br><input type="text"/>  | <b>Progress Mark:</b><br><input type="text"/>  | Objective 1 Met:<br><input type="radio"/> Yes <input type="radio"/> No<br><br>Objective 2 Met:<br><input type="radio"/> Yes <input type="radio"/> No<br><br>If "No" please explain:<br><div style="border: 1px solid black; height: 100px; width: 100%;"></div> |
| <b>Is progress sufficient to meet annual goal?</b><br><input type="radio"/> Yes <input checked="" type="radio"/> No  | <b>Is progress sufficient to meet annual goal?</b><br><input type="radio"/> Yes <input type="radio"/> No   | <b>Is progress sufficient to meet annual goal?</b><br><input type="radio"/> Yes <input type="radio"/> No   | <b>Is progress sufficient to meet annual goal?</b><br><input type="radio"/> Yes <input type="radio"/> No   |   |
| <b>If "No" please comment:</b><br><input checked="" type="checkbox"/> Needs More Time<br><input type="checkbox"/> Excess Absence/Tardy<br><input type="checkbox"/> Assignments Not Completed<br><input type="checkbox"/> Need to review/revise Goal<br><input checked="" type="checkbox"/> Other | <b>If "No" please comment:</b><br><input type="checkbox"/> Needs More Time<br><input type="checkbox"/> Excess Absence/Tardy<br><input type="checkbox"/> Assignments Not Completed<br><input type="checkbox"/> Need to review/revise Goal<br><input type="checkbox"/> Other | <b>If "No" please comment:</b><br><input type="checkbox"/> Needs More Time<br><input type="checkbox"/> Excess Absence/Tardy<br><input type="checkbox"/> Assignments Not Completed<br><input type="checkbox"/> Need to review/revise Goal<br><input type="checkbox"/> Other | <b>If "No" please comment:</b><br><input type="checkbox"/> Needs More Time<br><input type="checkbox"/> Excess Absence/Tardy<br><input type="checkbox"/> Assignments Not Completed<br><input type="checkbox"/> Need to review/revise Goal<br><input type="checkbox"/> Other |   |
| <b>New Goal</b><br><input type="text"/>  | <input type="text"/>   | <input type="text"/>   | <input type="text"/>   |   |

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student

TAL

Last

ANAELLE

First

Y

MI

Date of Birth

29-JAN-2017

Meeting Date

15-SEP-2021

Section K: Participation in State and District-wide Assessments

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

DRDP-A - (Adaptations identified below are applicable)

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student

TAL

Last

ANAELLE

First

Y

MI

Date of Birth

29-JAN-2017

Meeting Date

15-SEP-2021

## 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)

Los Angeles Unified School District

Student

TAL

ANAELLE

Y

Date of Birth

29-JAN-2017

Meeting Date

15-SEP-2021

Last

First

MI

## 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

Other

## Whom

due process

## When

15-AUG-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

23-SEP-2021

- ☒ 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

17-SEP-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>B. Regarding your child's previous IEP (if relevant):</b>  |                          |                          |                          |
| 20. I am satisfied that my child received the services described on the previous IEP.<br>(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.

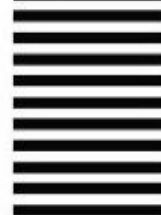
Please fold along dotted lines with the address showing. Seal and mail. Postage is pre-paid.  
Again, Thank you!



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**

POST

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Reconvened  
Meeting Date

Student

TAL

Last

ANAELLE

First



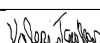
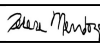
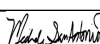
Y

MI

Date of Birth 29-JAN-2017

Meeting Date 15-SEP-2021

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

| Team Member                 | Print Name          | Signature   |
|-----------------------------|---------------------|---|
| Parent/Guardian             | LIYA TAL            |    |
| Parent/Guardian             |                     |   |
| Student Age 18 - 21 years   |                     |   |
| Student Under Age 18 years  |                     |   |
| Surrogate Parent            |                     |   |
| Foster Parent               |                     |   |
| Family Foster Home Provider |                     |   |
| Administrator               | Eric Soriano        |    |
| Administrative Designee     |                     |   |
| Special Education Teacher   | Valerie Taylor      |    |
| General Education Teacher   | Teresa Mendoza      |   |
| School Psychologist         |                     |   |
| School Nurse                |                     |   |
| Related Service Staff       | LAS                 |   |
| Related Service Staff       | Michele San Antonio |  |
| Related Service Staff       |                     |   |
| Related Service Staff       |                     |   |
| Interpreter                 |                     |   |
| Sign Language Interpreter   |                     |   |
| Agency Representative       |                     |   |
| Agency Representative       |                     |   |
| Agency Representative       |                     |   |
| Other                       |                     |   |
| Other                       |                     |   |
| Other                       |                     |   |
| Other                       |                     |   |

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Reconvened  
Meeting Date

Student

TAL

Last

ANAELLE

First

Y

MI

Date of Birth 29-JAN-2017

Meeting Date 15-SEP-2021

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

| Team Member                 | Print Name          | Signature          |
|-----------------------------|---------------------|--------------------|
| Parent/Guardian             | Liya Tal            |                    |
| Parent/Guardian             |                     |                    |
| Student Age 18 - 21 years   |                     |                    |
| Student Under Age 18 years  |                     |                    |
| Surrogate Parent            |                     |                    |
| Foster Parent               |                     |                    |
| Family Foster Home Provider |                     |                    |
| Administrator               | Eric Soriano        |                    |
| Administrative Designee     |                     |                    |
| Special Education Teacher   | Valerie Taylor      |                    |
| General Education Teacher   | Maria Yniguez       |                    |
| School Psychologist         |                     |                    |
| School Nurse                |                     |                    |
| Related Service Staff LAS   | Michele San Antonio |                    |
| Related Service Staff OT    | Svetlana Germashev  | Svetlana Germashev |
| Related Service Staff       |                     |                    |
| Interpreter                 |                     |                    |
| Sign Language Interpreter   |                     |                    |
| Agency Representative       |                     |                    |
| Agency Representative       |                     |                    |
| Agency Representative       |                     |                    |
| Other                       |                     |                    |
| Other                       |                     |                    |
| Other                       |                     |                    |
| Other                       |                     |                    |

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Reconvened  
Meeting Date

Student

TAL

Last

ANAELLE

First

Y

MI

Date of Birth 29-JAN-2017

Meeting Date 15-SEP-2021

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

| Team Member                 | Print Name             | Signature                  |
|-----------------------------|------------------------|----------------------------|
| Parent/Guardian             | LIYA TAL (Due process) |                            |
| Parent/Guardian             |                        |                            |
| Student Age 18 - 21 years   |                        |                            |
| Student Under Age 18 years  |                        |                            |
| Surrogate Parent            |                        |                            |
| Foster Parent               |                        |                            |
| Family Foster Home Provider |                        |                            |
| Administrator               | Lesleigh Alchanati     | <i>Lesleigh Alchanati</i>  |
| Administrative Designee     |                        |                            |
| Special Education Teacher   | Valerie Taylor         |                            |
| General Education Teacher   |                        |                            |
| School Psychologist         |                        |                            |
| School Nurse                |                        |                            |
| Related Service Staff SLP   | Michele San Antonio    | <i>Michele San Antonio</i> |
| Related Service Staff       |                        |                            |
| Related Service Staff       |                        |                            |
| Interpreter                 |                        |                            |
| Sign Language Interpreter   |                        |                            |
| Agency Representative       |                        |                            |
| Agency Representative       |                        |                            |
| Agency Representative       |                        |                            |
| Other                       |                        |                            |
| Other                       |                        |                            |
| Other                       |                        |                            |
| Other                       |                        |                            |

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student TAL

Last

ANAELLE

First

Y

MI

Date of

Birth

29-JAN-2017

Meeting

Date

15-SEP-2021

## LEAST RESTRICTIVE ENVIRONMENT ANALYSIS

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

Student's Current Placement Type:

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

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

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

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

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

Student

TAL

ANAELLE

Y

Date of

29-JAN-2017

Meeting

15-SEP-2021

Last

First

MI

Birth

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.<br>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

TAL

Last

ANAELLE

First

Y

MI

Date of  
Birth

29-JAN-2017

Meeting  
Date

15-SEP-2021

## ANNUAL LEAST RESTRICTIVE ENVIRONMENT ANALYSIS (Continued)

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

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

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 1 - Eligibility, Placements and Supports

Student TAL

ANAELLE

Y

Date of Birth 29-JAN-2017

Meeting Date 15-SEP-2021

Last

First

MI

|   |   | Effective With this IEP   | Future Changes Related to this IEP |
|---|---|---|------------------------------------|
|   | As of Date:   | 23-SEP-2021   |                                    |
| Eligibility:<br>(from Page 4)   |   | <b>Eligible (AUT)</b>   |                                    |
|   | Final IEP Reason<br>Final IEP Effective Date:   |   |                                    |
| Curriculum  |   | General Education   |                                    |
| Placement   | Type of School  | District Non-Resident School  |                                    |
|   | Name of School  | CHANDLER EL   |                                    |
|   |   |   |                                    |
| Instructional Setting   | Setting   | Special Education   |                                    |
|   | Program   | PAL   |                                    |
|   | Special Day Minutes/Wk  | 1350  |                                    |
|   | Addresses Goals   | 1(Cognitive),2(Language),3(Social Emotional),4(Social Emotional),5(Physical),6(Communication )  |                                    |
| Additional Factors  | Low Incident Support  | None  |                                    |
|   | Assistive Technology Support  | No  |                                    |
|   | Transportation  | Home to School  |                                    |
|   | Extended School Year/Intersession   | <input checked="" type="radio"/> Yes <input type="radio"/> No   |                                    |
|   | Parent Counseling and Training (PCT)  | <input type="radio"/> Yes <input checked="" type="radio"/> No   |                                    |
|   | ESY Transportation  | Home to School  |                                    |
| Accommodation, Modifications, Supports  | Instructional Accommodations  | Use visuals to support auditory messages, use peer models for social interactions. Adult facilitation; Repetition; Frequent opportunities to practice newly learned skills; Positive support. Elaborate on students productions (matching what student says with correct articulation as well as adding one or two more words), give directions using simple vocabulary, short utterances and use visuals, teach new vocabulary in context, repeat and emphasize key words, check for comprehension. Give wait time for processing questions and formulating answers. |                                    |
|   | 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 checked="" 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 |  |

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student  Last First MIDate of Birth Meeting Date 

|   |   | Effective With This IEP                    | Future Changes Related To This IEP |
|---|---|--|------------------------------------|
| <b>Service 1</b>                                    | Start Date:                             | Effective on Signature Date<br>23-SEP-2021 |                                    |
| <b>10</b>   | End Date:                               |  |                                    |
| <b>Language/Speech</b>                              | Service applies to:                     | Regular                                    |                                    |
|   | Frequency:                              | 1  |                                    |
| This service addresses the following <b>goals</b> : | Interval:                               | Weekly                                     |                                    |
| <input type="text" value="6(Communication )"/>      | Minutes/Interval:                       | 30   |                                    |
|   | Minutes/Interval (Pullout from Gen Ed): | 0  |                                    |
|   | Service Delivery Model:                 | Direct Service (By a Single Provider)*     |                                    |
|   | Area:                                   | School-Based                               |                                    |
|   | Responsible Personnel:                  | Licensed/Credentialed Provider             |                                    |
|   |   |  |                                    |
|   |   |  |                                    |
|   |   |  |                                    |

\*

**Notes:**

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

**Part 3 - Percentage of Time Outside of General Education**

|   | Effective With this IEP         | Future Changes Related to this IEP |
|---|---------------------------------|------------------------------------|
| % of Time per Week outside of General Education | <input type="text" value="85"/> |                                    |

**Part 4 - Additional Discussion (This section is optional)**

LAUSD school facilities are closed at this time due to the COVID-19 national pandemic. Anaëlle will receive educational services as described in the Distance Learning Plan (DLP) recommended by the IEP team.

The Preschool for All Learners is an educationally based specialized program that operates 5 days a week. The preschool curriculum is delivered through evidence-based practices. Anaëlle's goals, included in the IEP, will be supported by a multidisciplinary on-site team comprised of an early childhood special education teacher, district special education assistants, and a speech-language pathologist. The Speech Language Pathologist will provide 2 hours of support in the classroom each week. Amendment dated 03/25/2021-Parent is concerned that Anaëlle motor skills are regressing, IEP team agreed to send an assessment plan to at the beginning of the 2021-22 school year to evaluate OT needs. Parent also had concerns about Language and Speech needs and that he is not verbalizing as often as he did prior to the school closures. Speech Therapist noted that student hasn't been attending the virtual LAS sessions. Team recommended that Anaëlle begin attending LAS sessions and LAS therapist will provide further recommendations and suggestions through digital means.

Amendment dated 9/15/2021- This is an implementation IEP meeting for the Due Process agreement dated 8/15/2021 to implement individual language and speech services for 30 minutes per week.

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)****Los Angeles Unified School District****(SLD, pg. 1 of 1)**

Student     
**Last First MI**

Date of Birth Meeting Date **SPECIFIC LEARNING DISABILITIES CERTIFICATION**

Use this form at Initial, Three Year Reviews and comprehensive assessments for students eligible as having a Specific Learning Disability, including but not limited to students with characteristics of dyslexia. This form is not required at Annual Review meetings.

It is the consensus of the IEP Team that the student meets the eligibility criteria for Specific Learning Disability based upon the information which follows. This form serves as the written report of the IEP Team consensus.

1. Are there educationally relevant medical conditions which should be considered by the IEP Team? ☐ Yes ☐ No

If Yes, describe

2. During the observation of the student in the general education setting, was behavior noted that relates to the student's general academic functioning? ☐ Yes ☐ No

If Yes, describe

3. A severe discrepancy exists in one or more of the following academic areas: (Check all that apply)

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Listening Comprehension | <input type="checkbox"/> Basic Reading Skills | <input type="checkbox"/> Oral Expression | <input type="checkbox"/> Reading Comprehension |
| <input type="checkbox"/> Written Expression      | <input type="checkbox"/> Math Calculation     | <input type="checkbox"/> Math Reasoning  | <input type="checkbox"/> Reading Fluency       |

4. The discrepancy is the result of a disorder in one or more of the following psychological processes: (Check all that apply)

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Attention   | <input type="checkbox"/> Visual Processing       | <input type="checkbox"/> Auditory Processing | <input type="checkbox"/> Sensory Motor Skills |
| <input type="checkbox"/> Cognitive abilities including association, conceptualization and expression | <input type="checkbox"/> Phonological Processing |  |   |

5. The Team agrees that the discrepancy is not primarily the result of:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Limited school experience               | <input type="checkbox"/> Poor school attendance  | <input type="checkbox"/> Environmental, economic or cultural disadvantage |
| <input type="checkbox"/> Social maladjustment                    | <input type="checkbox"/> Intellectually Disabled | <input type="checkbox"/> Visual, hearing or motor impairment              |
| <input type="checkbox"/> Unfamiliarity with the English language |  |   |

## 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

|   |                |                              |                   |
|---|----------------|------------------------------|-------------------|
| <b>Program:</b>                                 | PAL            | <b>Setting:</b>              | Special Education |
| <b>Eligibility:</b>                             | Eligible (AUT) | <b>Curriculum:</b>           | General Education |
| <b>Transportation:</b>                          | Home to School | <b>Low Incident Support:</b> | None              |
| <b>Date District Received Parent Signature:</b> | 23-Sep-2021    |                              |                   |

| Service Code | Service Desc    | Start Date                  | Service Applies To | Interval | Frequency | Area         | Total Minutes | Addresses Goal(s) | No Consent |
|--------------|-----------------|-----------------------------|--------------------|----------|-----------|--------------|---------------|-------------------|------------|
| 10           | Language/Speech | Effective on Signature Date | Regular            | Weekly   | 1         | School-Based | 30            | Communication     | --         |

## 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.