

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Identification
Number

200090X092

SSID

Eligible (AUT)

Student ALFASY

Last

LIAM

First

I

MI

Date of Birth:

18-JAN-2015

Section A: Meeting Information

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

Location of Meeting	Preschool Intake at Lokrantz	District Name	Los Angeles Unified School Dis
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Section B: Student Information

Date of Birth	18-JAN-2015	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	Filipino
Location of the Psych Folder	SUPPORT UNIT NOF	Student has no Psych Folder	<input type="checkbox"/>		
Location of the Cum Folder		Student has no Cum Folder	<input checked="" type="checkbox"/>		
Home Language		Student Language		Alternate Mode of Communication	
Home Address of Student	5854 TAMPA AVE				
City	TARZANA	CA	ZIP Code	91356	
Home Telephone	(619) 302-2462	Daytime Telephone		Emergency Telephone	
School of Attendance	Sp Ed Inf/Pre (1017)	Location Code	1017		
School of Residence	Tarzana El	Location Code	7041		
Name of Parent/Guardian	Aldhea Intia/Oren Alf	Telephone	(619) 302-2462		
Address	5854 TAMPA AVE				
City	Tarzana	CA	ZIP Code	91356	
Surogate Parent		Telephone			
Attends CURRENT SCHOOL as a result of one of the following	Preschool Program ▼				
Is the student living in a Family Foster Home (FFH)?	<input checked="" type="radio"/> No <input type="radio"/> Yes	FFH#			
Is FFH Provider related to student?	<input type="radio"/> No <input type="radio"/> Yes	Relationship			
Licensed Children's Institution	<input checked="" type="radio"/> No <input type="radio"/> Yes	LCI Name			
		LCI#			
Out of the home placement made by	<input type="radio"/> Regional Center	<input type="radio"/> Department of Mental Health	<input type="radio"/> Department of Children's Services		
	<input type="radio"/> Superior Court	<input type="radio"/> Other			
Child's family living within LAUSD's boundaries?	<input type="radio"/> No <input checked="" type="radio"/> Yes				
If the student is 18 years old or older or is an emancipated minor, does he/she have educational decision-making rights?	<input type="radio"/> No <input type="radio"/> Yes				

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18-JAN-2015

Meeting Date

09-SEP-2019

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Section C: Language Acquisition

Language Classification:

Start Date:

Parent Waiver:

☐ Yes ☐ No

Reclassification Date:

Elementary English Language
Development Level:

Start Date:

Secondary English Language
Development Level:

Start Date:

Communication Observation Matrix
Level:

Start Date:

Section D: Goal Achievement from Current IEP

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
Last
First
MIDate of Birth Meeting Date

Section E: Present Level of Performance

Performance Area:

Assessment/Monitoring Process
Used:

State/District Assessment Results:

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

Liam is a 4.4 years old boy who was born full term and weighed 6 lbs. Prenatal, postnatal and neonatal history unremarkable. Developmental milestones as reported by mother: sat at 11 months, walked at 20 months, first word at 18 months. He is not toilet trained. Allergies: None known. Diet: Regular table food. Medication: None. Parent reports immunizations are up to date.

AREAS OF STRENGTHS: Liam is in good general health, has no known significant health problems and does not take any medication on a routine, daily basis. He passed the Spot vision screening and LAUSD audio screening on 6/4/19. He eats a regular diet; able to self-feed using utensils and can drink from a cup. He is alert, active and ambulatory.

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

IMPACT OF DISABILITY: Health does not affect student's participation and progress in the educational program.

ACCOMMODATIONS: None in the area of health.

Fariba Akhiary, RN 6/4/19

Performance Area:

Assessment/Monitoring Process
Used:

State/District Assessment Results:

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Date of Birth Meeting Date

Last

First

MI

Section E: Present Level of Performance

Performance Area:

Assessment/Monitoring Process
Used:

State/District Assessment Results:

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

The student's profile as examined on the MSEL reflects comparatively stronger skills in fine motor and receptive language and delays in visual reception and expressive language.

Potential factors impacting the validity of the findings include: Liam was for the most part non-verbal during the assessment process and did not share personal information. Liam did not tell personal information when asked, tell what he does when tired/hungry or thirsty and did not demonstrate understanding of action words or object functions either. At times, Liam would echo/repeat part of or the last word of the questions asked instead of responding to the question at hand in an age appropriate manner. Therefore, Liam may in fact possess a higher level of general abilities than was demonstrated/evidenced during this assessment process.

Educational Impact: A significant general ability/cognition impact was not identified at this time.

Based on performance on the Mullen Scales of Early Learning (MSEL) and information gathered via observation and interview on the Developmental Profile Third Edition (DP3), the student's current functioning in cognition/general ability is estimated to be in the below average range.

Performance Area:

Assessment/Monitoring Process
Used:

State/District Assessment Results:

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

The student demonstrates a relative strength in pre-mathematics and pre-reading.

Areas of need/challenge were identified in pre-writing and general fund.

Educational Impact: An academic performance/school readiness impact was identified at this time.

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

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MI

Section E: Present Level of Performance

Performance Area:

Communication

Assessment/Monitoring Process
Used:

DP-3, MSEL, ASRS, guardian interview and student interaction

State/District Assessment Results:

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

The student's home language is noted as English/Hebrew. Mother speaks a dialect of Tagalog as well. Per parent report Liam's primary language of use/function is reported as English at this time.

Based on the rater's responses on the Developmental Profile 3, the student evidences the following strengths:

Liam responds to 'wh' questions, names or points to age appropriate objects in a picture-book, follows simple directions in the home, names persons he knows but does not see on regular basis, hums along with favorite nursery rhymes, counts to 20, can repeat a series of 4 unrelated numbers from one hearing, uses 1-2-word phrases to communicates needs/wants/ideas, demonstrates understanding of non-verbal gestures, points to at least 7 colors, point to at least 7 body parts and names basic shapes,

The student evidences the following needs/challenges: Liam does NOT categorize objects as toys/food when shown on paper, tell his first/last name when asked, tell if he is a boy/girl, tell what he does with his feet/hands/eyes, identify object functions, identify action words when shown in a picture-book, identify in/under or on top of positions when shown in a picture-book, tell what he does when tired/sleepy/hungry and does not demonstrate understanding of verbal analogies (cold/hot).

Educational Impact: A significant communication impact was identified at this time.

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

Performance Area:

Motor skills

Assessment/Monitoring Process
Used:

DP-3, MSEL, guardian interview and student interaction

State/District Assessment Results:

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

Based on the rater's responses on the Developmental Profile 3, the student evidences the following strengths:

Liam ambulates in the home or the community without excessive falling, avoids obstacles in his path, walks over obstacles in his path instead of walking into them, walks up/down stairs while holding parent's hand, alternates when walking up/down stairs, can throw/catch a small ball to/from someone five feet away, can push/carry a small chair to where he wants it in the home, uses safety scissors to cut paper, can walk his toes for fun, helps to buckle himself in the car-seat, uses a fine pincer grasp to place pennies in a piggy bank and copies a vertical/horizontal line when modeled,

The student evidences the following needs/challenges: None. Motor skills are currently not identified as an area of need/deficit.

Educational Impact: A significant motor skill impact was not identified at this time.

Overall, the student's motor skills are found to be in the average range

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Section E: Present Level of Performance

Performance Area:

Social emotional skills

Assessment/Monitoring Process
Used:

DP-3, MSEL, ASRS, guardian interview and student interaction

State/District Assessment Results:

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

Based on observations, informal interviews and the rater's responses on formal rating scales, the student evidences the following strengths: Liam follows simple directions when engaging adults in play activities, responds well to praise with a high-five or a big smile, exhibits joy at his own little successes, waves bye-bye at the right times or when modeled, likes to explore new places for play opportunities, shows fondness for an adult who is seen less than once per week, can keep busy at an activity he likes for at least 30 minutes, understands what 'mine' means, follows parent commands in the home, shows by asking or gestures that he needs to use the toilet, expresses a desire to play with similar aged peers, plays the time of games most children his age like to play and plays group games such as tag or hide-and-seek.

The student evidences the following needs/challenges: Liam presents with fleeting eye contact, is reported to be a picky eater, lines up his toys, loves to play/sleep with his toy cars, demands to take one of his cars when leaving the house and does not like to have his hands dirty. Areas of social emotional or adaptive skill difficulty noted by the parent on the ASRS questionnaire include but are not limited to: 'becoming bothered by tags in clothe, looking at others when interacting with them, insisting on doing things the same way each time, needing things to happen just as expected, lining things up in a row, overacting to common smells, becoming upset if routines are changed, talking too much about things others don't care about, repeating certain words or phrases out of context, flapping his hands when excited, reversing pronouns, becoming obsessed with details, having a problem waiting for his turn, overacting to certain smells and choosing to play alone.'

Educational Impact: A social emotional status impact was identified at this time.

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

Performance Area:

Adaptive skills

Assessment/Monitoring Process
Used:

DP-3, MSEL, ASRS, guardian interview and student interaction

State/District Assessment Results:

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

Based on the rater's responses on the Developmental Profile 3, the student evidences the following strengths:

Liam helps with dressing or undressing by holding hands up/down as needed, drinks from a sippy or regular cup, feeds himself using a fork/spoon, eats solid foods without difficulty, can take off his shoes independently, takes off a loosely fitted shirt when needed, can pull down a zipper and/or undo Velcro, will help with clean up time when assisted by the parent, uses the toilet without parent assistance, can wash/dry his hands/face well enough so that it does not have to be re-done by the parent and can put on his shoes.

The student evidences the following needs/challenges: None. Self-help or adaptive skills are not identified as an area of need at this time.

Educational Impact: A self-help/adaptive behavior impact was not identified at this time.

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

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Section E: Present Level of Performance

Performance Area:

Communication

Assessment/Monitoring Process

Standardized assessment, observation, interview

Used:

State/District Assessment Results:

n/a

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

Summary of Services: Liam was referred by his parents for a comprehensive LAUSD assessment including psychological and language and speech due to concerns of delayed expressive language. Liam receives speech therapy through his private insurance, Kaiser, 2 times per week for six months. His mom reported that he has made progress and recently started combining words. He does not currently attend a preschool, but previously attended a Hebrew school last school year.

Areas of Strength: Receptively, Liam demonstrated functional play by rolling a ball back and forth, relational play by putting a block on a boat, and self-directed play. He demonstrated the ability to follow familiar directions with gestural cues (e.g. put the ball in the box). He was able to identify familiar objects from a group of objects. He was able to identify colors, body parts, and shapes. Expressively, Liam is mainly a verbal communicator. Reportedly, Liam produces approximately 50 words words. Liam was able to produce syllable strings with inflection similar to adult speech, participate in play routine with another person for at least one minutes while using appropriate eye contact, imitates a word (inconsistently), uses less than 50 words, and demonstrated joint attention. He was able to name objects in a photograph, combine 2 words in phrases, and count to 20.

Areas of Need: Liam's expressive language is below average for a child his age. He has limited utterance length and vocabulary. He needs to expand the length of his utterances and build more vocabulary to an age appropriate levels. His articulation and phonology continue to need to be monitored as his expressive language develops.

Impact on Education: Liam's expressive and receptive delays negatively impact his ability to access the general education preschool curriculum.
Jessica Salian, M.A., CCC-SLP

Performance Area:

Assessment/Monitoring Process

Used:

State/District Assessment Results:

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

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Section F: Eligibility

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

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

For Initial IEP, interventions attempted prior to determining eligibility:

Kaiser: Speech therapy 1x/week for 60 minute sessions since 7 months ago

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

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Section G: Annual Goals and Objectives

Performance Area:

Language- Expressive

Annual Goal #:

1

Liam will produce 3+ word phrases to make requests for items and activities, label, describe, comment on items in his immediate environment and ask questions given minimal (1-2) prompts in 8/10 opportunities.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

Liam will produce 2+ word phrases to make requests for items and activities, label, describe, comment on items in his immediate environment and ask questions given moderate (2-3) prompts in 6/10 opportunities.

Incremental objective #2 related to the goal:

XX will produce 3+ word phrases to make requests for items and activities, label, describe, comment on items in his immediate environment and ask questions given moderate (2-3) prompts in 7/10 opportunities.

Date to be achieved:



MO/YR

Date to be achieved:



MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

1 NO PROGRESS

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

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Section G: Annual Goals and Objectives

Performance Area:

Literacy

Annual Goal #:

2

Liam will answer questions before, during, and after read-aloud sessions, on 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:

Liam will act out a familiar story with puppets or flannel board characters, on 4 occasions during the school week.

Incremental objective #2 related to the goal:

Liam will answer questions before, during, and after read-aloud sessions, with adult/peer prompt, on 4 occasions during the school week.

Date to be achieved:

January ▼

2020 ▼

MO/YR

Date to be achieved:

May ▼

2020 ▼

MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

4 GOAL MET OR EXCEEDED

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

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

1 NO PROGRESS

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

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Section G: Annual Goals and Objectives

Performance Area:

Social Emotional

Annual Goal #:

3

Liam will independently follow changes in daily schedules and routines, on 3 out of 4 occasions.

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:

Liam will follow changes in daily schedules and routines with adult assistance and modeling, on 3 out of 4 occasions.

Incremental objective #2 related to the goal:

Liam will follow changes in daily schedules and routines with adult prompts, on 3 out of 4 occasions.

Date to be achieved:

January ▼

2020 ▼

MO/YR

Date to be achieved:

May ▼

2020 ▼

MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

1 NO PROGRESS

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student **ALFASY**
Last**LIAM**
First**I**
MIDate of Birth **18-JAN-2015**Meeting Date **09-SEP-2019**

Section G: Annual Goals and Objectives

Performance Area:

Cognition

Annual Goal #:

4

Liam will independently sort a group of objects by one property and then another (e.g., sort attribute blocks first by color and then by shape), on 4 out of 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:

Given a set of 20 like objects (e.g., blocks), Liam will independently sort by one property (size, shape or color), on 4 out of 5 occasions, during a school week.

Incremental objective #2 related to the goal:

With adult support, Liam will sort a group of objects by one property and then another (e.g., sort attribute blocks first by color and then by shape), on 4 out of 5 occasions, during a school week.

Date to be achieved: January 2020 MO/YR

Date to be achieved: May 2020 MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

1 NO PROGRESS

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

Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student **ALFASY**
Last**LIAM**
First**I**
MIDate of Birth **18-JAN-2015**Meeting Date **09-SEP-2019**

Section G: Annual Goals and Objectives

Performance Area:

Social Emotional

Annual Goal #:

5

With minimal (1-2) prompts and reminders, Liam will engage in turn-taking activities (with a minimum of 6 exchanges) demonstrating social engagement with a peer/adult on 4 occasions in a school week with 80% accuracy as measured by teacher observation.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

With maximum (5-6) prompts and reminders, Liam will engage in turn-taking activities (with a minimum of 2 exchanges) demonstrating social engagement with a peer/adult on 4 occasions in a school week with 60% accuracy as measured by teacher observation.

Incremental objective #2 related to the goal:

With moderate (3-4) prompts and reminders, Liam will engage in turn-taking activities (with a minimum of 4 exchanges) demonstrating social engagement with a peer/adult on 4 occasions in a school week with 75% accuracy as measured by teacher observation.

Date to be achieved: January ▼ 2020 ▼ MO/YR

Date to be achieved: May ▼ 2020 ▼ MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

1 NO PROGRESS

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

Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student **ALFASY**
Last**LIAM**
First**I**
MIDate of Birth **18-JAN-2015**Meeting Date **09-SEP-2019**

Section G: Annual Goals and Objectives

Performance Area:

Articulation

Annual Goal #:

6

Liam will accurately produce age appropriate sounds in functional CV, VC, and CVCV 2 word phrases when provided with a model and minimum cues in 7/10 trials.

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:

Liam will accurately produce age appropriate sounds in functional CV, VC, and CVCV 2 word phrases when provided with a model and maximal cues in 5/10 trials.

Incremental objective #2 related to the goal:

Liam will accurately produce age appropriate sounds in functional CV, VC, and CVCV 2 word phrases when provided with a model and moderate cues in 6/10 trials.

Date to be achieved: **January** **2020** MO/YRDate to be achieved: **May** **2020** MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

1 NO PROGRESS

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

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

ALFASY

Last

LIAM

First

I

MI**Date of Birth**

18-JAN-2015

Meeting Date

09-SEP-2019

Section K: Participation in State and District-wide Assessments

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

DRDP-A - (Adaptations identified below are applicable)

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student

ALFASY

Last

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Meeting Date

09-SEP-2019

Section N: Procedural Safeguards and Follow-up Actions

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

Is the parent/guardian requesting translation services? ☒ Yes ☐ No

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

Specify the Individual Pages to be translated:

Special Requests:

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

THIS SPACE DELIBERATELY LEFT BLANK.

Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student

ALFASY

LIAM

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Date of Birth

18-JAN-2015

Meeting Date

09-SEP-2019

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	Whom	When
Other	ECSE	26-AUG-2019

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

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

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

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

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

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

Parent Concerns and Comments

Signature(s)

Date

09-SEP-2019

☒

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

9-SEP-2019

PARENT INPUT SURVEY

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

ALL INFORMATION IS CONFIDENTIAL

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

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

Is there anything more you would like to ask us or tell us?
Please write below or call the Parent Resource Network at 1-800-933-8133.

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

Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Reconvened
Meeting DateStudent ALFASY
LastLIAM
FirstI
MI

Date of Birth 18-JAN-2015

Meeting Date 09-SEP-2019

Section R: Names and Signatures (Signatures on File)

Team Member	Print Name	Signature
Parent/Guardian	Oren Alfasy	
Parent/Guardian		
Student Age 18 - 21 years		
Student Under Age 18 years		
Surrogate Parent		
Foster Parent		
Family Foster Home Provider		
Administrator		
Administrative Designee	Jim Shivaie	
Special Education Teacher	Inez Lopetegui	
General Education Teacher	Ricardo Carlos	
School Psychologist		
School Nurse		
Related Service Staff LAS	Jessica Salian	
Related Service Staff		
Related Service Staff		
Interpreter		
Sign Language Interpreter		
Agency Representative		
Agency Representative		
Agency Representative		
Other		
Other		
Other		
Other		

Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student
Last
First
MIDate of
BirthMeeting
Date

LEAST RESTRICTIVE ENVIRONMENT ANALYSIS

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

Student's Current Placement Type:

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

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

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

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student ALFASY

LIAM

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Date of

18-JAN-2015

Meeting

09-SEP-2019

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.

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.

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.

Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student

ALFASY

LIAM

I

Date of Birth

18-JAN-2015

Meeting Date

09-SEP-2019

Last

First

MI

ANNUAL LEAST RESTRICTIVE ENVIRONMENT ANALYSIS (Continued)

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 1 - Eligibility, Placements and Supports

Student
Last
First
MIDate of Birth Meeting Date

		Effective With this IEP	Future Changes Related to this IEP
	As of Date:	<input type="text" value="09-SEP-2019"/>	<input type="text"/>
Eligibility: (from Page 4)		Eligible (AUT)	
	Final IEP Reason Final IEP Effective Date:		
Curriculum		<input type="text" value="General Education"/>	<input type="text"/>
Placement	Type of School	<input type="text" value="District Non-Resident School"/>	<input type="text"/>
	Name of School	<input type="text" value="NEWCASTLE EL"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Instructional Setting	Setting	<input type="text" value="Special Education"/>	<input type="text"/>
	Program	<input type="text" value="PAL"/>	<input type="text"/>
	Special Day Minutes/Wk	<input type="text" value="1350"/>	<input type="text"/>
	Addresses Goals	<input type="text" value="1(Language- Expressive),2(Literacy),3(Social Emotional),4(Cognition),5(Social Emotional),6(Articulation)"/>	<input type="text"/>
Additional Factors	Low Incident Support	<input type="text" value="None"/>	<input type="text"/>
	Assistive Technology Support	<input type="text" value="No"/>	<input type="text"/>
	Transportation	<input type="text" value="Home to School"/>	<input type="text"/>
	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	<input type="text" value="Home to School"/>	<input type="text"/>
Accommodation, Modifications, Supports	Instructional Accommodations	Instructional Accommodation will include daily structured language activities facilitated by an adult to engage in question, answer and conversations. Additional support may include modeling of language, small group instruction, repetition/rephrasing, vocabulary development, short verbal direction, visual/verbal cues, preview and review of new information to assist in comprehension, and additional time to respond.	<input type="text"/>
	Instructional Modifications	<input type="text"/>	<input type="text"/>
	Other Supports, including Non-Academic and Extra-curricular Activities	<input type="text"/>	<input type="text"/>
Preparation for Three Year Review IEP (At the second Annual Review IEP Meeting, the team must discuss and document the decision to conduct or not conduct a three-year comprehensive reassessment.)	Do the Parent and the District (local educational agency) agree that a reassessment is unnecessary?	<input type="radio"/> Yes <input type="radio"/> No	
	If the Parent does not agree, specify the area(s) to be reassessed.	<input type="text"/>	<input type="text"/>

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	ALFASY	LIAM	I
	Last	First	MI
		Effective With This IEP	Future Changes Related To This IEP

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)	
<p>The Preschool for All Learners is an educationally based specialized program that operates 4 hours and 30 minutes, 5 days a week. The preschool curriculum is delivered through evidence-based practices.</p> <p>Liam'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.</p>	

DATA/TRANSPORTATION TRANSFER FORM

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

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

Student
Last

First

MI

Date of Birth

Meeting Date

SCHOOL SETTING

☐ District School of Residence

☒ District Non-residence School

☐ Head Start

☐ Community College

☐ District Early Education Center

☐ District Special Education School/Center

☐ Nonpublic School

☐ Nonpublic Agency

☐ State Residential School

☐ Dual Enrollment

☐ Home

☐ Hospital

☐ Private/Parochial School

☐ Other

RELATED SERVICES

Check:

☐ Assistant - Class

☐ Health Care Assistant - Class

☐ Licensed Vocational Nurse - Class

☐ Assistant - Bus

☐ Health Care Assistant - Bus

☐ Licensed Vocational Nurse - Bus

ASSIGNED SCHOOL (Complete if the information is known)

Assigned School

Location Code

School Hours Begin

End

Arrival time for breakfast program

TRANSPORTATION INFORMATION (Complete for Students Requiring Transportation)

☐ Allergies

☐ Bus Safety Vest

☐ G-Tube

☐ Seizures

☐ Ventilator

☐ Asthma

☐ Cardiac

☐ Helmet

☐ Shunt

☐ Walker

☐ Behavioral Support Plan

☐ Cerebral Palsy

☐ Lift Bus

☐ Sickle Cell

☐ Wheelchair

☐ Bleeder

☒ Child Safety Seat

☐ Muscular Dystrophy

☐ Spina Bifida

☐ Other

☐ Blind/Partially Sighted

☐ Crutches

☐ Medication

☐ Suctioning

☐ Brittle Bones

☐ Deaf/Hard of Hearing

☐ Oxygen - Tank

☐ Therapy with Transportation

☐ Brace

☐ Diabetes

☐ Oxygen - Portable

☐ Tracheotomy

Prepared by

Telephone

Date

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student ALFASY

LIAM

I

Date of Birth 18-JAN-2015

Meeting Date 09-SEP-2019

Last

First

MI

FAPE Summary Grid

Program:		PAL			Setting:		Special Education		
Eligibility:		Eligible (AUT)			Curriculum:		General Education		
Transportation:		Home to School			Low Incident Support:		None		
Date District Received Parent Signature:		09-Sep-2019							
Service Code	Service Desc	Start Date	Service Applies To	Interval	Frequency		Area	Total Minutes	Addresses Goal(s)

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.