

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Identification
Number

062814M013

SSID

7937619107

Eligible (SLI)Student LEVI
LastDANIEL
First

MI

Date of Birth:

28-JUN-2014

Section A: Meeting Information

Pertinent Dates	Type of Meeting
Date of Initial IEP Team Meeting	<input type="radio"/> Initial
Date of Present Meeting	<input type="radio"/> Amendment of IEP dated
Annual Review to be conducted by	<input type="radio"/> Annual Review
Next Three Year Review will be conducted by	<input type="radio"/> Three Year Review
Three Year Review or Evaluation was conducted on	<input type="radio"/> Early Start Transition
Transition to Kindergarten to be conducted by	<input type="radio"/> Expulsion Analysis
	<input type="radio"/> Individual Transition Plan
Location of Meeting	District Name
Calabash CA	Los Angeles Unified School Dis

Section B: Student Information

Date of Birth	28-JUN-2014	Age	5	Grade	0
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female	Limited English Proficient Student	<input type="radio"/> Yes <input type="radio"/> No	Ethnic Code	White
Location of the Psych Folder		Student has no Psych Folder	<input checked="" type="checkbox"/>		
Location of the Cum Folder	CALABASH CA	Student has no Cum Folder	<input type="checkbox"/>		
Home Language	Hebrew	Student Language	Hebrew	Alternate Mode of Communication	
Home Address of Student	4790 EXCELENTE DR				
City	WOODLAND HIL CA	ZIP Code	91364		
Home Telephone	(818) 290-1096	Daytime Telephone		Emergency Telephone	
School of Attendance	Calabash Ca	Location Code	2704		
School of Residence	Calabash Ca	Location Code	2704		
Name of Parent/Guardian		Telephone			
Address					
City		CA	ZIP Code		
Surogate Parent		Telephone			
Attends CURRENT SCHOOL as a result of one of the following		Attends School of Residence ▼			
Is the student living in a Family Foster Home (FFH)?	<input checked="" type="radio"/> No <input type="radio"/> Yes	FFH#			
Is FFH Provider related to student?	<input checked="" 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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Section C: Language Acquisition

Language Classification:

Limited English Proficient

Start Date:

18-SEP-2019

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	Language-Articulation	<input checked="" type="radio"/>	<input type="radio"/>	
Category	Articulation/Phonological Proc ▼			
	Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	
	Objective 2 met	<input checked="" type="radio"/>	<input type="radio"/>	
2		<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"/>	
3		<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"/>	
4		<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"/>	
5		<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"/>	
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"/>	<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"/>
Category	<input type="text" value="▼"/>			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

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Section E: Present Level of Performance

Performance Area:

Articulation

Category:

Assessment/Monitoring Process
Used:

Observation, informal measures

State/District Assessment Results:

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

STRENGTHS: Daniel produces all consonants correctly, except for /th/, which is developmentally appropriate at the time. It is also dialectically appropriate since Daniel comes from a Hebrew speaking home. He has been working on producing multisyllabic words correctly that he has been observed to produce incorrectly. These have included 'practice,' 'motorcycle,' and 'chameleon.' He has also been working on producing /fl/ blends correctly, although he produces other /l/ blends correctly. He now produces targeted multisyllabic words and /fl/ words correctly independently. Daniel's teacher reported that she generally understands him when he speaks, but she does observe him repeating words and stumbling on his words as he tries to express himself in class. When she sees this, she tells him to stop and take a breath, which does help him express himself better.

AREAS OF NEED: Although Daniel produces all developmentally-appropriate consonants correctly, he continues to exhibit irregular speech patterns, such as cluster reduction of /st/ blends (s/st) in the final position of words.

IMPACT OF DISABILITY: Daniel's speech impairment may affect his ability to be understood, which impacts his involvement in the general education curriculum.

SUPPORTS: Break up multisyllabic words into parts and have Daniel repeat each part, slowly blending parts together. Give Daniel thinking time to gather his thoughts.

Angela Pettinelli, M.S. CCC-SLP

Performance Area:

Category:

Assessment/Monitoring Process
Used:

State/District Assessment Results:

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

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Section E: Present Level of Performance

Performance Area:

Adapted Physical Education

Category:

Assessment/Monitoring Process
Used:

Prior IEP documents, Mom and Teacher Interview, LAUSD-APEAS II

State/District Assessment Results:

Does not require Adapted Physical Education services at this time

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

Daniel is a 5.7-year old student who is currently attending Calabash Elementary School. He is in a general education classroom. Per the phone interview with his mom on 2/19/2020, she indicated that she had no concerns with his gross motor skills. In reading prior IEP documents, specifically his initial IEP under the gross motor section, the report stated that although he exhibited delays in his gross motor movement, there was no concerns or red flags in this area. In a teacher interview on 2/20/2020, she stated that Daniel was prone to toe-walk and she was concerned that his locomotor skills of running, galloping and skipping were different or appeared awkward and he couldn't perform galloping or skipping skills. Daniel was assessed with the LAUSD-Adapted Physical Education Assessment Scale II. This is a qualitative and quantitative assessment. This assessment will provide data that will aid in recognizing if Daniel needs adapted physical education services at this time due to deficits in his gross motor skills.

Perceptual Motor Function (Sensorimotor or perceptual-motor test items sample the functioning of the sensory systems as they support or contribute to efficient movement. The five systems of greatest interest to the physical educator are the vestibular, tactile, proprioceptive, visual and auditory).

Daniel was able to perform all testing items with age-appropriate levels.

Object Control (Activities for motor pattern development include: rolling, throwing, bouncing, catching, striking, and kicking objects of various sizes and shapes).

Daniel was able to catch and throw a ball from a distance of 5-10 feet. This is appropriate age-level performance.

Daniel was able to kick a ball and hitting a target from a distance of 5-10 feet. This is appropriate age-level performance.

CONTINUED BELOW.....

Performance Area:

Category:

Assessment/Monitoring Process
Used:

State/District Assessment Results:

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

CONTINUED FROM ABOVE.....

Locomotor Skills (Activities for motor pattern development (locomotor) include: walking, running, jumping, hopping, sliding, galloping, skipping and leaping).

Although Daniel has a unique gait when running, it does not impede his progress in the area of physical education.

Daniel is able to slide with age-level form.

Daniel has not yet mastered the form of galloping but he can perform the movements to gallop.

Daniel is not able to skip. He is able to hop with his left and right foot. He can perform the movements for skipping but he does not know how to perform the skipping pattern.

Overall, Daniel was motivated to participate in all the testing items and he seems to enjoy physical activity. In Daniel's Initial IEP, it states that he does show delays in his gross motor movement but not to the point where he needed adapted physical education services. This coincides with his present day performance. The concerns about his galloping and skipping were noted. Since Daniel is able to slide and hop, he is capable to perform a gallop but needs to learn the pattern. This will come with repetition. The same thing can be said with his skipping. He can hop on his right and left foot so this indicates he can perform skipping but his problem is that he does not perform the skipping pattern correctly. This will also need repetition. Students with autism will sometimes exhibit toe walking. This is corrected by verbal prompting and reminding Daniel to walk heel-toe pattern. Although Daniel does show delays in his locomotor skills, the delays are not severe enough to warrant services at this time.

Conclusions and Recommendations:

At this time, Daniel does not require Adapted Physical Education services.

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Section F: Eligibility

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

For Initial IEP, interventions attempted prior to determining eligibility:

Eligible as a student with the disability of:

Code:

SLI

Speech Or Language Impairment



Not Applicable,



Blind or



Partially Sighted

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

Code:



Not Applicable,



Blind or



Partially Sighted



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

or



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

No Longer Eligible (Effective
Date):

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

Final IEP Reason:

Final IEP Effective Date:

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



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:

Articulation

Category:

Articulation/Phonolog ▼

Annual Goal #:

1

Daniel will independently produce /st/ blends correctly in the final position of words in connected speech tasks in 4/5 opportunities.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

Daniel will produce /st/ blends correctly in the final position of words in sentences with no more than 1 model or cue in 4/5 opportunities.

Incremental objective #2 related to the goal:

Daniel will independently produce /st/ blends correctly in the final position of words in connected speech tasks in 2/5 opportunities.

Date to be achieved:

June ▼

2020 ▼

MO/YR

Date to be achieved:

October ▼

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 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.

No assessment tests found.

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Section N: Procedural Safeguards and Follow-up Actions

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

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

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

Specify the Individual Pages to be translated:

all English text

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.

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Section Q: Parent Participation and Consent

Parent Participation

- ☒ Parent/Student (18-21) has participated in the IEP meeting.
- ☐ Parent/Student (18-21) indicated before the meeting that they would not be able to attend.
- ☐ Parent/Student (18-21) was notified 3 times of the meeting time and place. Parent/Student (18-21) did not respond to any of the meeting notifications and the meeting was held without the Parent/Student (18-21) present..
- ☐ Parent/Student (18-21) did not attend and gave permission to proceed without them if they did not attend.

Parent Notification

Method	Whom	When
Student	KIM ZENNER	28-JAN-2020

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

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

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

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

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

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

Parent Concerns and Comments

Signature(s)

Date

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

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

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

Signature(s)

Date

21-FEB-2020

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!

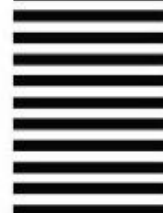


NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

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 Date

Student

LEVI

Last

DANIEL

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Date of Birth 28-JUN-2014

Meeting Date 21-FEB-2020

Section R: Names and Signatures (Signatures on File)

Team Member	Print Name	Signature
Parent/Guardian	Meital Gershoni	
Parent/Guardian		
Student Age 18 - 21 years		
Student Under Age 18 years		
Surrogate Parent		
Foster Parent		
Family Foster Home Provider		
Administrator	Karen Mullin	
Administrative Designee		
Special Education Teacher		
General Education Teacher	Barbara D'Antonio	
School Psychologist		
School Nurse		
Related Service Staff LAS Therapist	Angelea Pettinelli	
Related Service Staff		
Related Service Staff		
Interpreter		
Sign Language Interpreter		
Agency Representative		
Agency Representative		
Agency Representative		
Other		
Other		
Other		
Other		

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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 checked="" type="radio"/> Yes <input type="radio"/> No	If the answer is YES, then a general education classroom/setting is the appropriate placement. If the answer is NO, go to the question below.
	<input checked="" 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

LEVI

DANIEL

Last

First

MI

Date of
Birth

28-JUN-2014

Meeting
Date

21-FEB-2020

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

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

Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student
Last

First

MI

Date of Birth

Meeting Date

ANNUAL LEAST RESTRICTIVE ENVIRONMENT ANALYSIS (Continued)

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

Step F.	The student's needs as reflected in the contents of this IEP, and the placement being considered by the IEP team, outweigh any potential harmful effects at this time, including (check all that apply):	
	<input type="checkbox"/>	Diminished access to the full range of the curriculum
	<input type="checkbox"/>	Missed general education instruction taught by highly qualified staff
	<input type="checkbox"/>	Rate at which student may earn credits for graduation
	<input type="checkbox"/>	Lack of opportunity for social interaction
	<input type="checkbox"/>	Lack of opportunities for age-appropriate peer role models
	<input type="checkbox"/>	Amount of socialization opportunities with typical peers
	<input type="checkbox"/>	Limited access to peers in student's home community
	<input type="checkbox"/>	Lack of exposure to appropriate behavioral models from peers
	<input checked="" type="checkbox"/>	Other: <input type="text" value="none noted at this time"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 1 - Eligibility, Placements and Supports

Student LEVI
LastDANIEL
First
MI

Date of Birth 28-JUN-2014

Meeting Date 21-FEB-2020

		Effective With this IEP	Future Changes Related to this IEP
	As of Date:		
Eligibility: (from Page 4)		Eligible (SLI)	
	Final IEP Reason Final IEP Effective Date:		
Curriculum		General Education	
Placement	Type of School	Affiliated Charter	
	Name of School	CALABASH CA	
Instructional Setting	Setting	General Education	
	Program	GE	
	Special Day Minutes/Wk	0	
	Addresses Goals	1(Articulation)	
Additional Factors	Low Incident Support	None	
	Assistive Technology Support	No	
	Transportation	None	
	Extended School Year/Intersession	<input type="radio"/> Yes <input checked="" type="radio"/> No	
	Parent Counseling and Training (PCT)	<input type="radio"/> Yes <input checked="" type="radio"/> No	
	ESY Transportation		
Accommodation, Modifications, Supports	Instructional Accommodations	Break up multisyllabic words into parts and have Daniel repeat each part, slowly blending parts together. Give Daniel thinking time to gather his thoughts.	
	Instructional Modifications		
	Other Supports, including Non-Academic and Extra-curricular Activities		
Preparation for Three Year Review IEP (At the second Annual Review IEP Meeting, the team must discuss and document the decision to conduct or not conduct a three-year comprehensive reassessment.)	Do the Parent and the District (local educational agency) agree that a reassessment is unnecessary?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
	If the Parent does not agree, specify the area(s) to be reassessed.	Full comprehensive - difficulties accessing curriculum are observed and noted	
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
Service 1	Start Date:	Effective on Signature Date	
10	End Date:		
Language/Speech	Service applies to:	Regular	
	Frequency:	1	
This service addresses the following goals :	Interval:	Weekly	
<input type="text" value="1(Articulation)"/>	Minutes/Interval:	30	
	Minutes/Interval (Pullout from Gen Ed):	30	
	Service Delivery Model:	Direct Service (By a Single Provider)*	
	Area:	School-Based	
	Responsible Personnel:	Licensed/Credentialed Provider	
		General Education Teacher	

*

Notes:

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

Part 3 - Percentage of Time Outside of General Education

	Effective With this IEP	Future Changes Related to this IEP
% of Time per Week outside of General Education	<input type="text" value="2"/>	

Part 4 - Additional Discussion (This section is optional)

This is an Annual IEP for Daniel Levi on February 21, 2020. The IEP Team Meeting Introductory Statements are read and introductions were made. The pamphlet, 'A Parent's Guide to Special Education (Including Procedural Rights and Safeguards)' is offered in the parent's primary language of Hebrew. The IEP team is comprised of parent, general ed. teacher, Language and Speech Therapist and Administrator. LAS therapist reviews progress toward prior goals and present level of performance. LAS reports that Daniel is making progress, and recommends a new articulation goal. General education teacher reports that Daniel sometimes exhibits difficulty retrieving words when sharing his ideas in class, however providing him with wait time and asking him to take a breath assists Daniel in word retrieval to express his thoughts and ideas. General education teacher reports that Daniel is not making adequate progress in demonstrating access to the kindergarten curriculum and inconsistently performs tasks. He frequently required small group and teacher one-to-one support to attend to learning tasks. Parent shared with IEP team that Regional Center conducted an assessment that revealed 'ADD-like' characteristics. Parent, teacher and LAS therapist agree an Assessment for Special Education may assist in determining Daniels' current challenges with demonstrating access to curriculum. Parent will provide the Regional Center report to the school when she receives it. Extended School Year (ESY) is discussed. ESY is not offered as Daniel does demonstrate significant regression and recoupment concerns of previously learned concepts/skills as related to Speech and Language. Parent counseling and Training (PCT) is discussed and the IEP team agrees PCT is not offered.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student LEVI

DANIEL

Date of Birth 28-JUN-2014

Meeting Date 21-FEB-2020

Last

First

MI

FAPE Summary Grid

Program:		GE			Setting:		General Education		
Eligibility:		Eligible (SLI)			Curriculum:		General Education		
Transportation:		None			Low Incident Support:		None		
Date District Received									
Parent Signature:									
Service Code	Service Desc	Start Date	Service Applies To	Interval	Frequency	Area	Total Minutes	Addresses Goal(s)	No Consent
10	Language/Speech	Effective on Signature Date	Regular	Weekly	1	School-Based	30	Articulation	--

For IEP Team Information



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