

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Identification
Number

080205M110

SSID

2151701201

Eligible (SLD)

Student

SABAG

AVIAD

A

Last

First

MI

Date of Birth:

02-AUG-2005

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 checked="" 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
Reseda Charter High School	Los Angeles Unified School Dis

Section B: Student Information

Date of Birth	02-AUG-2005	Age	15	Grade	9
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female	Limited English Proficient Student	<input type="radio"/> Yes <input checked="" type="radio"/> No	Ethnic Code	White
Location of the Psych Folder	RESEDA CHARTER	Student has no Psych Folder	<input type="checkbox"/>		
Location of the Cum Folder	SPED SVC CTR-NW	Student has no Cum Folder	<input type="checkbox"/>		
Home Language	Hebrew	Student Language	Hebrew	Alternate Mode of Communication	
Home Address of Student	17924 HARTLAND ST				
City	RESEDA	CA	ZIP Code	91335	
Home Telephone	(818) 300-8009	Daytime Telephone		Emergency Telephone	
School of Attendance	Reseda Charter Hs	Location Code	8814		
School of Residence	Reseda Charter Hs	Location Code	8814		
Name of Parent/Guardian	Ruti Elimelech	Telephone	818-300-8009		
Address	17924 HARTLAND ST				
City	Reseda	CA	ZIP Code	91335	
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 type="radio"/> No <input type="radio"/> Yes		Relationship	
Licensed Children's Institution		<input type="radio"/> No <input type="radio"/> Yes		LCI Name	
				LCI#	
Out of the home placement made by		<input type="radio"/> Regional Center		<input type="radio"/> Department of Mental Health	
		<input type="radio"/> Superior Court		<input type="radio"/> Department of Children's Services	
Child's family living within LAUSD's boundaries?		<input type="radio"/> No <input checked="" type="radio"/> Yes		<input type="radio"/> Other	
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:

Redesignated Fluent English Proficient

Start Date:

Withdrawal by Parent Request:

☐ Yes ☐ No

Reclassification Date:

07-MAY-2018

ELPAC Performance Level and Performance Descriptor:

Test Date:

Alternate ELPAC Performance Level and Performance Descriptor:

Test Date:

Section D: Goal Achievement from Current IEP

		Achieved		If No, explain the reason the goal/objective was not achieved
Goal for: (example - Reading)		Yes	No	
1	Reading	<input checked="" type="radio"/>	<input type="radio"/>	
Category				
	Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	
	Objective 2 met	<input checked="" type="radio"/>	<input type="radio"/>	
2	Writing	<input checked="" type="radio"/>	<input type="radio"/>	
Category				
	Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	
	Objective 2 met	<input checked="" type="radio"/>	<input type="radio"/>	
3	Math	<input checked="" type="radio"/>	<input type="radio"/>	
Category				
	Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	
	Objective 2 met	<input checked="" type="radio"/>	<input type="radio"/>	
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"/>	
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	
10		<input type="radio"/>	<input type="radio"/>	
Category				
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	

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Section E: Present Level of Performance

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):

Areas of Strength: According to Aviad's English teacher, Aviad can independently decode and identify familiar and unfamiliar words with accuracy. He has good fluency skills. Aviad has demonstrated literal Comprehension skills with his ability to recall responses directly from text. Aviad can identify the main ideas and details of a text. Aviad can determine the cause and effect of a character's actions and draw inferences from the text. Aviad can provide an objective oral summary of a text and recall the sequencing of a text. He can also characterize characters based on their actions and interactions with others. Aviad also forms opinions about a text and support his opinion with reasoning. Aviad also is able to interpret the impact of the author's choices regarding how to develop and relate elements of a story. According to Aviad's Science teacher, he can conduct research on a topic.

Areas of Need: According to Aviad's English teacher, he needs to improve his inferential comprehension (can draw inferences from/about the text) and his evaluative comprehension by connecting the text to the world about him. Aviad also needs to improve his ability to determine whether or not a source is credible. Aviad needs to develop the skills to analyze a case in which grasping a point of view requires distinguishing what is directly stated in a text from what is really meant (e.g., satire, verbal irony, dramatic irony, situational irony). Aviad also needs to work on the ability to cite evidence from the text that supports what the explicitly says as well as inferences drawn from the text.

Impact of Disability: Aviad's Specific Learning Disability makes it difficult for him to perform reading tasks, which impacts his progress and involvement in the general education reading curriculum.

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):

Areas of Strength: According to Aviad's English teacher, he can engage in the pre-writing process and brainstorm ideas about a topic. He is able to write a single paragraph informative response or essay. Aviad is also able to use precise, descriptive, domain-specific vocabulary that responds to the discipline and context being studied. He is able to understand subject-verb agreement and write using active voice. Aviad is able to craft simple and compound sentences. He can write a multi-paragraph informative response while providing sufficient background information to understand the topic at hand.

Areas of Need: According to Aviad's English teacher, he needs to develop and strengthen his ability to write a multi-paragraph argumentative response and refute a counterclaim. He also needs to develop his skills in writing a catchy or attention-grabbing introductory sentence and integrate multiple sources to address a question or prompt. He also needs to work on developing a topic with well-chosen, relevant, and sufficient facts, extended definitions, concrete details, quotations, or other information and examples appropriate to the audience's knowledge of the topic. Aviad also needs to learn how to incorporate the rules for MLA formatting. He also needs to develop the skills to create a proper works cited/reference page.

Impact of Disability: Aviad's Specific Learning Disability(SLD) makes it difficult for him to complete writing tasks independently, which impacts Aviad's progress and involvement in the general ed writing curriculum.

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Section E: Present Level of Performance

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):

Areas of Strength: According to Aviad's Algebra teacher, he can perform basic math skills: adding, subtracting, multiplying, dividing. He is familiar with the use of order of operations. Aviad is able to solve one-step, two-step and multi-step equations. Aviad is familiar with integer rules and number properties. He completes work, grasps new concepts in mathematics quickly, and helps others to grasp concepts after skill has been mastered. Aviad is able to apply the appropriate arithmetic operations and algebraic properties needed to simplify an algebraic expression. He can also solve a literal equation for a specific variable, and use formulas to solve problems. Aviad is able to Identify and calculate the slope of a line, graph linear equations using a variety of methods, and determine the equation of a line. Aviad can also translate, evaluate, and simplify expressions. He can also write a linear equation given point-slope and slope-intercept.

Areas of need: Aviad needs to develop the skills to identify math language, such as product and quotient. He also needs to work on the ability to find all factors of the quadratic expression $ax^2 + bx + c$ by factoring and graphing. Aviad needs to develop the skills to solve systems of equations (by graphing, substitution & linear combination). Aviad needs to develop the skills to multiply binomials with monomials, binomials, and binomials with trinomials. He also needs to work on the ability to use the quadratic formula and the discriminant. Aviad can also strengthen his ability to identify and find parallel and perpendicular lines. Aviad needs to become familiar with radical rules (simplify, add, subtract, multiply, and divide).

Impact of Disability: Aviad's Specific Learning Disability(SLD) makes it difficult for him to complete multi-step problems, which impacts progress and involvement in the general education math curriculum.

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):

Areas of Strength: According to Aviad's Math, Science and English teachers, Aviad is respectful to teacher, staff, and peers. He comes to class ready to work. He stays on tasks during the whole lesson. He asks for clarification when needed. He volunteers to answer questions. He has great class participation. He gets along with others and works great in a small group. He accepts support from teacher and other staff. He turns in all assignments completed and on time. If he is absent he is very responsible about completing missing work. He is a pleasure to have in class. Aviad advocates for himself and asks clarifying questions when needed.

Aviad has excellent attendance: 99.28%
Mester 3 Final Grades 3/19/21: ENGLISH 9B - A; HEALTH SH - A; CC ALGEBRA 1 - A; ADV PE 2A - A
Graduation credits: 67.5 / 210

Areas of need: Currently, Aviad does not demonstrate any vocational education needs.

Impact of disability: Currently, Aviad's specific learning disability does not impact his involvement in the vocational area of the general education curriculum.

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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:

SLD

Specific Learning Disability



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: Category: Annual Goal #:

Aviad will cite 3 of textual pieces of evidence to support analysis of what the text says explicitly as well as inferences drawn from the text with the use of a graphic organizer as measured by teacher observation in 3 out of 5 trials with 90% accuracy.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

Aviad will cite 3 of textual pieces of evidence to support analysis of what the text says explicitly as well as inferences drawn from the text with teacher modeling as measured by teacher observation in 3 out of 5 trials with 80% accuracy.

Incremental objective #2 related to the goal:

Aviad will cite 3 of textual pieces of evidence to support analysis of what the text says explicitly as well as inferences drawn from the text with verbal prompting as measured by teacher observation in 3 out of 5 trials with 85% accuracy.

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

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Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

Aviad will write 5 or more informative/ explanatory paragraphs that introduce a topic clearly, develop the topic and organize well-chosen ideas and information with the use of a graphic organizer as measured teacher observations in 2 out of 3 trials with 90% accuracy.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

Aviad will write 5 or more informative/ explanatory paragraphs that introduce a topic clearly, develop the topic and organize well-chosen ideas and information with teacher modeling as measured teacher observations in 2 out of 3 trials with 80% accuracy.

Incremental objective #2 related to the goal:

Aviad will write 5 or more informative/ explanatory paragraphs that introduce a topic clearly, develop the topic and organize well-chosen ideas and information with verbal prompting as measured teacher observations in 2 out of 3 trials with 85% accuracy.

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

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Section G: Annual Goals and Objectives

Performance Area:

Category:



Annual Goal #:

Aviad will prove the slope criteria for parallel and perpendicular lines and/or use the slope criteria for parallel and perpendicular lines to solve geometric problems with the use of a calculator as measured by student work samples in 3 out of 5 trials with 90% accuracy.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

Aviad will prove the slope criteria for parallel and perpendicular lines and/or use the slope criteria for parallel and perpendicular lines to solve geometric problems with teacher modeling as measured by student work samples in 3 out of 5 trials with 80% accuracy.

Incremental objective #2 related to the goal:

Aviad will prove the slope criteria for parallel and perpendicular lines and/or use the slope criteria for parallel and perpendicular lines to solve geometric problems with verbal prompting as measured by student work samples in 3 out of 5 trials with 85% accuracy.

Date to be achieved:

MO/YR

Date to be achieved:

MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

4 GOAL MET OR
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 K: Participation in State and District-wide Assessments

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

Student will participate in Regular State and District Assessments. <i>(Designated Supports and/or Accommodations identified below are applicable)</i>	CAST Subject Science
Designated Supports: <ul style="list-style-type: none"> - Simplified Test Directions (non-embedded support) - Test in a separate/smaller setting (non-embedded support) - Noise Buffers (non-embedded support) 	
Accommodations: <ul style="list-style-type: none"> - Speech-to-Text voice recognition software (non-embedded accommodation) 	

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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:

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

Email

Whom

DR

When

24-MAR-2021

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

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

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

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

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

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

Parent Concerns and Comments

Signature(s)

Date

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

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

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

Signature(s)

Date

14-APR-2021

PARENT INPUT SURVEY

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

ALL INFORMATION IS CONFIDENTIAL

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

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

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

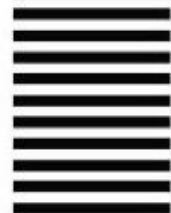
Please fold along dotted lines with the address showing. Seal and mail. Postage is pre-paid.
Again, Thank you!



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 33798 LOS ANGELES CA 90051
POSTAGE WILL BE PAID BY ADDRESSEE

ATTN PARENT RESOURCE NETWORK
LOS ANGELES UNIFIED SCHOOL DISTRICT
PO BOX 613307
LOS ANGELES CA 90099-4093



PARENT INPUT SURVEY
English



INDIVIDUALIZED EDUCATION PROGRAM (IEP)

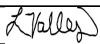
Los Angeles Unified School District

Reconvened
Meeting DateStudent SABAG
LastAVIAD
FirstA
MI

Date of Birth 02-AUG-2005

Meeting Date 14-APR-2021

Section R: Names and Signatures (Signatures on File)

Team Member	Print Name	Signature
Parent/Guardian	Ruti Elimelech (participated)	
Parent/Guardian		
Student Age 18 - 21 years		
Student Under Age 18 years	Aviad Sabag (participated)	
Surrogate Parent		
Foster Parent		
Family Foster Home Provider		
Administrator		
Administrative Designee	Rodrigo Risiglione	Rodrigo Risiglione
Special Education Teacher	Christa McMullin	Christa McMullin
General Education Teacher	Laurie Vallejo	
School Psychologist		
School Nurse		
Related Service Staff		
Related Service Staff		
Related Service Staff		
Interpreter		
Sign Language Interpreter		
Agency Representative		
Agency Representative		
Agency Representative		
Other School Academic Counselor	Nicole Nigosian	Nicole Nigosian
Other Transition Teacher (DOTS)	Julie Ordin	Julie Ordin
Other		
Other		

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

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

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

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

Step A.	Can the supports, services, accommodations and/or modifications in the student's IEP be made available in a general education classroom/setting?	
	<input type="radio"/> Yes <input checked="" type="radio"/> No	If the answer is YES, then a general education classroom/setting is the appropriate placement. If the answer is NO, go to the question below.
	<input type="radio"/> Yes <input checked="" type="radio"/> No	If not currently available, can the required supports, services, accommodations and/or modifications be made available in a general education classroom/setting? If YES, all required supports, services, accommodations and/or modifications must be provided within a reasonable timeline. If the answer is NO, please articulate why in the box below. Then go to Step B.
Student's disability impacts his progress and involvement in the general education setting to such a degree that he benefits from small group instruction.		

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

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 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>	

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

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

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"/>	<input type="text"/>
Eligibility: (from Page 4)		Eligible (SLD)	
	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 Resident School"/>	<input type="text"/>
	Name of School	<input type="text" value="RESEDA CHARTER HS"/>	<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="SLD"/>	<input type="text"/>
	Special Day Minutes/Wk	<input type="text" value="1281"/>	<input type="text"/>
	Addresses Goals	<input type="text" value="1(Reading),2(Writing),3(Math),4(Vocational Education)"/>	<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="None"/>	<input type="text"/>
	Extended School Year/Intersession	<input checked="" type="radio"/> Yes <input type="radio"/> No	
	Parent Counseling and Training (PCT)	<input type="radio"/> Yes <input checked="" type="radio"/> No	
	ESY Transportation	<input type="text" value="School to School"/>	
Accommodation, Modifications, Supports	Instructional Accommodations	<input type="text" value="small group setting, extended time for assignments and tests, use of multiplication chart, use of calculator, use of notes, repeat instructions, frequent checks for understanding, prompts to stay on task, extra time on assignments, tests and quizzes as appropriate"/>	<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 checked="" 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	Aviad will participate in the general education setting in physical education and elective classes.

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
--	--	-------------------------	------------------------------------

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="68"/>	

Part 4 - Additional Discussion (This section is optional)

This is an annual IEP being held for Aviad Sabag.. The IEP team was comprised of special education teacher, general education teacher, school academic counselor, administrative designee, transition coordinator, magnet and mother and student under age of 18 years. Introductions were made and introductory statements read. They will receive via email the 'The IEP and You,' 'The ITP and You,' and 'A Parent's Guide to Special Education Services.'

'LAUSD schools are closed at this time due to the COVID-19 national pandemic. Aviad will continue to receive educational services using Distance Learning Plan until schools re-open.'

Distance Learning Services During Emergency Conditions: If instruction and/or services cannot be provided to Aviad at the school or in person for more than 10 school days due to a qualifying state of emergency (e.g.: fire, flood, epidemic, earthquake, other official order), the IEP will be provided by means of 'distance learning.'

'Distance learning' means instruction in which the pupil and instructor are in different locations and the pupil is under the general supervision of a certificated employee of the local educational agency. 'Distance learning' may include, but is not limited to, all of the following:

- (1) Interaction, instruction, and check-ins between teachers and pupils through the use of a computer or communications technology.
- (2) Video or audio instruction in which the primary mode of communication between the pupil and certificated employee is online interaction, instructional television, video, tele-courses, or other instruction that relies on computer or communications technology.
- (3) The use of print materials incorporating assignments that are the subject of written or oral feedback.

This applies to the special education and related services in the IEP, including transition and extended school year services.'

Team reviewed A-G requirements and current grades. The IEP team also addressed low attendance and lack of participation during online sessions.

Special education teacher presented last year's goals, current present levels of performance and proposed goals and accommodations.

The parent/s will receive via email the PCT instructions.

The IEP team discussed a continuum of options from the least restrictive environment to the most restrictive. At this time the team believes that Aviad receives the most academic benefit by attending SDP/SDC general education curriculum and setting, with electives in the general education setting with appropriate accommodations as per FAPE 1.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student SABAG

AVIAD

A

Date of Birth 02-AUG-2005

Meeting Date 14-APR-2021

Last

First

MI

FAPE Summary Grid

Program:	SLD	Setting:	Special Education
Eligibility:	Eligible (SLD)	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

Alternative Remote/Distance Learning Services During Emergency Conditions

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

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

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

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

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

For IEP Team Information

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

(ITP, pg. 1 of 3)

Student **Last** SABAG**First** AVIAD**MI** A**Date of Birth**

02-AUG-2005

Meeting Date

14-APR-2021

INDIVIDUAL TRANSITION PLAN (ITP)

Student was invited to IEP meeting: ☒ YesStudent received mentoring:^{info} ☒ Yes ☐ NoStudent referred and placed in an outside agency:^{info} ☐ Yes ☒ NoIf yes, name of agency: Student participated in Work Experience Education:^{info} ☒ Yes ☐ NoStudent received college awareness preparation:^{info} ☒ Yes ☐ NoStudent received career awareness:^{info} ☒ Yes ☐ No

Achievement of Transition Activities from Current ITP (not if first ITP)

Area	Completed	If no, indicate reason
Education/Training Activity	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> First ITP	<input type="text"/>
Employment Activity	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> First ITP	<input type="text"/>
Independent Living Skills Activity (as needed)	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A	<input type="text"/>

Section 1: Education/Training

Assessment (at least one assessment must be completed in this area).	Date	Assessment Name and Results: Indicate interests/abilities and area(s) of need (if applicable)
Transition Surveys, Checklists, or Informal Questionnaires <input type="text"/> If other? <input type="text"/>	13-APR-2021	According to the transition survey that Aviad completed, he currently wants to attend college after high school and play basketball. Aviad is going to investigate other areas of interest.
<input type="text"/> If other? <input type="text"/>	<input type="text"/>	<input type="text"/>

Education/Training Postsecondary Goal

Upon completion of high school, the student will:

If other?

enroll in and attend 2 or 4 year college

Education/Training Activity to Support Goal	Timeline	Person/Agency Responsible
develop a personal career / education plan	12-APR-2022	Student <input type="text"/>
If other? <input type="text"/>		Parent/Guardian/Family <input type="text"/>
		Other School Staff <input type="text"/>
		<input type="text"/>
		<input type="text"/>
		<input type="text"/>

Student SABAG

AVIAD

A

Date of Birth

02-AUG-2005

**Meeting
Date**

14-APR-2021

INDIVIDUAL TRANSITION PLAN (ITP)

Section 2: Employment

Assessment (at least one assessment must be completed in this area).	Date	Assessment Name and Results: Indicate interests/abilities and area(s) of need (if applicable)
<div>Web-Based Interest Inventory</div> <div>If other?</div>	13-APR-2021	<p>Accroding to the RIASEC test that Aviad completed, his highest area of interest is in the Social pathway. These people like to work with other people. Good college majors include counseling, nursing, physical therapy, travel, advertising, public relations and education.</p>
<div></div> <div>If other?</div>		

Employment Postsecondary Goal

Upon completion of high school, the student will:

If other?

Upon completion of high school, the student will:

be competitively employed

Employment Activity to Support Goal	Timeline	Person/Agency Responsible
develop a career plan and identify career goals	12-APR-2022	<div>Student</div> <div>Parent/Guardian/Family</div> <div>Other School Staff</div> <div></div> <div></div> <div></div> <div></div>
If other? <div></div>		

Section 3: Independent Living (as needed)

Assessment (at least one assessment must be completed in this area).	Date	Assessment Name and Results: Indicate interests/abilities and area(s) of need (if applicable)
<div> <div></div> <div>▼</div> </div> <div>If other?</div> <div></div>		
<div> <div></div> <div>▼</div> </div> <div>If other?</div> <div></div>		

Independent Living Postsecondary Goal

Upon completion of high school, the student will:

If other?

Upon completion of high school, the student will:

Independent Living Activity to Support Goal	Timeline	Person/Agency Responsible
		<input type="text"/>
		<input type="text"/>
		<input type="text"/>
		<input type="text"/>
		<input type="text"/>
		<input type="text"/>
If other?		<input type="text"/>

Student Date of
BirthMeeting
Date

Last

First

MI

INDIVIDUAL TRANSITION PLAN (IEP)

Course of study: A multi-year description of student's coursework from current year to anticipated exit year, in order to enable the student to meet their postsecondary goal.

A course of study (or IGP) was reviewed with parent and student in relation to:

Courses completed: ☒ Yes ☐ No

Courses currently enrolled in: ☒ Yes ☐ No

Courses still needed: ☒ Yes ☐ No

IGP or course of study was provided to the parent or student over age 18 as required: ☒ Yes

Student is working towards: ☐ Certificate of Completion ☒ Diploma

Additional courses/activities discussed that may support post secondary goals (e.g. SLC participation, electives or instruction related to postsecondary goals, community experiences, participation in other school clubs or organizations, etc.) NOTE: these are suggestions and contingent to availability:

Currently, Aviad wants to play basketball at college. At this time, he wants to focus on basketball. We discussed that Aviad should visit career center and college office to investigate more college and career options after high school.

Future Agency Involvement:

Are there agencies currently or prospectively providing or paying for transition services? ☐ Yes ☒ No

Do you give permission to the District to invite these agencies to the next IEP in which transition services will be reviewed? ☐ Yes ☒ No

Agency Name:

Agency Name:

Agency Name:

1. Does the student's IEP include appropriate measurable postsecondary goals that cover education/training, employment and, as needed, independent living? *info*

1. ☒ Yes

2. Are the postsecondary goals updated annually? *info*

2. ☒ Yes

3. Is there evidence that the measurable postsecondary goals were based on age appropriate transition assessment? *info*

3. ☒ Yes

4. Are there transition services that will reasonably enable the student to meet their postsecondary goals? *info*

4. ☒ Yes

5. Do the transition services include a course of study that is a multi-year description of coursework from the student's current year to anticipated exit year and that is designed to help the student achieve the identified postsecondary goals? *info*

5. ☒ Yes

6. ☒ Yes

6. Is (are) there annual IEP goal(s) related to the student's transition services needs? *info*

7. ☒ Yes

7. Is there evidence that the student was invited to the IEP team meeting where transition services were discussed? *info*

8. ☐ Yes ☒ N/A

8. If appropriate, is there evidence that a representative of any participating agency was invited to the IEP team meeting with the prior consent of the parent or student who has reached the age of majority? *info*