

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Identification
Number

200194X238

SSID

1620912677

Eligible (DE)

Student COHEN

Last

ELIYA

First

MI

Date of Birth:

04-JUN-2018

Section A: Meeting Information

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

Section B: Student Information

Date of Birth	04-JUN-2018	Age	2	Grade	-1
Gender	<input type="radio"/> Male <input checked="" type="radio"/> Female	Limited English Proficient Student	<input type="radio"/> Yes <input type="radio"/> No	Ethnic Code	Decline to State
Location of the Psych Folder	SUPPORT UNIT NOF	Student has no Psych Folder	<input type="checkbox"/>		
Location of the Cum Folder		Student has no Cum Folder	<input checked="" type="checkbox"/>		
Home Language		Student Language		Alternate Mode of Communication	
Home Address of Student	18719 MARTHA ST				
City	TARZANA	CA	ZIP Code	91356	
Home Telephone	(818) 534-7293	Daytime Telephone		Emergency Telephone	
School of Attendance	Sp Ed Inf/Pre (1017)	Location Code	1017		
School of Residence	Tarzana El	Location Code	7041		
Name of Parent/Guardian	Rachel Cohen	Telephone	(818) 534-7293		
Address	18719 MARTHA ST				
City	TARZANA	CA	ZIP Code	91356	
Surogate Parent		Telephone			
Attends CURRENT SCHOOL as a result of one of the following	Preschool Program				
Is the student living in a Family Foster Home (FFH)?	<input checked="" type="radio"/> No <input type="radio"/> Yes	FFH#			
Is FFH Provider related to student?	<input type="radio"/> No <input type="radio"/> Yes	Relationship			
Licensed Children's Institution	<input checked="" type="radio"/> No <input type="radio"/> Yes	LCI Name			
		LCI#			
Out of the home placement made by	<input type="radio"/> Regional Center	<input type="radio"/> Department of Mental Health	<input type="radio"/> Department of Children's Services		
	<input type="radio"/> Superior Court	<input type="radio"/> Other			
Child's family living within LAUSD's boundaries?	<input type="radio"/> No <input checked="" type="radio"/> Yes				
If the student is 18 years old or older or is an emancipated minor, does he/she have educational decision-making rights?	<input type="radio"/> No <input type="radio"/> Yes				

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Section C: Language Acquisition

Language Classification: Start Date:

Withdrawal by Parent Request:

☐ Yes ☐ NoReclassification Date:

ELPAC Performance Level and Performance Descriptor:

 ▼Test Date:

Alternate ELPAC Performance Level and Performance Descriptor:

 ▼Test Date:

Section D: Goal Achievement from Current IEP

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

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Date of Birth

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Meeting Date

04-MAY-2021

Section E: Present Level of Performance

Performance Area:

Physical Development

Category:

Assessment/Monitoring Process
Used:

Parent interview, DP-3

State/District Assessment Results:

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

During the period of COVID-19 school facility closures, information was gathered on 4/27/21 conversation with parent and DP-3 in order to support the development of a present level of performance in physical development. The following strengths and potential areas of concern were identified:

Strengths: Eliya is able to make independent floor transitions, traverse around her home environment without regularly tripping or falling, get in and out of a small chair, walk up and down stairs while holding the rail with 2 hands, walk 20 feet independently, walk a distance of 1/2 block with her hand held, throw, using 2 hands, a ball a distance of 5 feet to a partner, overhand throw, using 1 hand, a small ball or object a distance of 3 feet, stop a rolled ball with her hands, trap (with prompts/cues) a ball tossed from 3-5 feet with about 40% accuracy (parent said 4/10 times), kick a stationary ball several feet in a forward direction, and make foot contact with a rolled ball in an attempt to kick.

Needs: A new walker (since January 2021), Eliya is not yet running. Parent reports that Eliya will imitate a jumping pattern by bending her knees and bouncing up and down, but is not yet jumping independently or with support.

The required Adapted PE assessment, which is part of the Initial IEP process could not be completed due to the required COVID-19 school facility closures. The APE assessment will be completed after school facilities reopen and normal school operations resume to determine need for APE support to access academic curriculum.

APE services are recommended in the interim.

Report Submitted by: Eric Harris, Adapted Physical Education Teacher

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:

Communication

Category:

Assessment/Monitoring Process
Used:

DP-3, Parent interview

State/District Assessment Results:

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

As Eliya is transitioning from part C to part B Medi-Cal services during the period of COVID-19 school facility closures information was gathered on 4/27/2021, via parent interview conducted on Zoom, and team use of the Developmental Profile 3 (DP-3), along with specific questions in order for this speech pathologist to informally determine present level of performance in the area of communication.

Areas of Strength: Eliya presents with good paralinguistic skills, Receptively, Eliya is able to follow simple 1-2 word directions such as 'come here, sit down, give me' and is able to identify common objects/ pictures (such as animals, ball, car, body parts, bobbles). She is able to understand: common verbs such as 'eat, open, go, sit, drink, & sleep', is able to use objects with its functionality; simple prepositions 'in, out, up, down'. In Expressive Communication: Eliya is reported to use gestures, baby signs - 'all done, vocalizations, few one word utterances and is able to imitate simple CV, VC, CVCV combinations. Pragmatically, Eliya is reported to greet; she plays with toys appropriately, reveals imaginative play and interacts with peers appropriately. In the area of phonology Eliya is able to produce early developing phonemes /m, b, h, a, e/.

Areas of need: Eliya presents with significant delays in receptive, expressive and phonology. Difficulties in the auditory comprehension area were reported to be in understanding complex and abstract information. Expressively, she does not yet produce different types of consonant-vowel combinations (i.e., non-reduplicating CVCV), use at least 10 words/word approximations for a variety of pragmatic functions.

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:

Motor

Category:

Assessment/Monitoring Process
Used:

DP-3, parent interview

State/District Assessment Results:

NA

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

As Eliya is transitioning from Part C to Part B services during the period of COVID-19 school facility closures, information was gathered on 4-27-21 through a parent interview and review of the DP3 in order to support the development of a present level of performance in Motor.

Strengths: Eliya is ambulatory, is able to turn pages in a book, is able to walk up stairs with support, stack a tower of blocks, imitate drawings of a vertical line, and is able to throw a ball towards a person.

Areas of need: While Eliya is ambulatory, she is reported to fall when the surfaces are uneven. See Adaptive P.E., Occupational Therapist, Physical Therapist, PLPs for more information.

Performance Area:

Social-Emotional

Category:

Assessment/Monitoring Process
Used:

DP-3, parent interview

State/District Assessment Results:

NA

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

As Eliya is transitioning from Part C to Part B services during the period of COVID-19 school facility closures, information was gathered on 4-27-21 through a parent interview and review of the DP3 in order to support the development of a present level of performance in Social-Emotional.

Strengths: Eliya is happy and friendly, is interested in the toys/games of other children and wants to play with peers, is able to attend to preferred activities, will participate with adult-directed activities, and is cooperative with instructions she understands (e.g. close the door).

Areas of need: Eliya is reported to have some difficulties with attending to activities if she is not calm and may require more redirection and prompts to attend. Eliya is attached to parent and may have difficulty with transitions.

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Section E: Present Level of Performance

Performance Area:

Adaptive

Category:

Assessment/Monitoring Process
Used:

DP-3, parent interview

State/District Assessment Results:

NA

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

As Eliya is transitioning from Part C to Part B services during the period of COVID-19 school facility closures, information was gathered on 4-27-21 through a parent interview and review of the DP3 in order to support the development of a present level of performance in Adaptive.

Strengths: Eliya is able to remove/put on her shoes, drink from an open cup, undo fasteners, is able to put things away in different locations, is able to remove a loose t-shirt, and is able to operate technological devices (e.g. tablet, smartphone, video games).

Areas of need: Eliya is emerging in her feeding skills. While she understands the function of how to use utensils, parent reports Eliya spills frequently when using a spoon and may rely on finger feeding when manipulating utensils becomes too difficult.

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:

General Ability/Cognitive Development/School Readiness

Category:

Assessment/Monitoring Process
Used:

DP-3, parent interview

State/District Assessment Results:

NA

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

As Eliya is transitioning from Part C to Part B services during the period of COVID-19 school facility closures, information was gathered on 4-27-21 through a parent interview and review of the DP3 in order to support the development of a present level of performance in General Ability/Cognitive/School-Readiness.

Strengths: Eliya imitates physical gestures/actions to songs, is able to follow pointing gestures, identify various body parts, make markings onto a piece of paper, and engages in appropriate play with toys.

Areas of need: Eliya is emerging in her ability to identify pictures in a book, in her knowledge of various academic concepts, and in her ability to recite learned information.

Performance Area:

Communication

Category:

Assessment/Monitoring Process
Used:

DP-3, parent interview

State/District Assessment Results:

NA

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

As Eliya is transitioning from Part C to Part B services during the period of COVID-19 school facility closures, information was gathered on 4-27-21 through a parent interview and review of the DP3 in order to support the development of a present level of performance in Communication.

Strengths: Eliya is able to respond to yes/no questions, is able to follow simple 1-2 step directives, is able to imitate consonant/vowel combinations (e.g. nana), enjoys nursery rhymes, and understand non-verbal gestures.

Areas of need: Eliya is emerging in her ability to identify/label various objects, understand a variety of novel directives, and is emerging in her expressive vocabulary. She is primarily communicating via pointing and vocalizations.

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Section E: Present Level of Performance

Performance Area:

Physical Access

Category:

Assessment/Monitoring Process
Used:

interview; DP-3; chart review

State/District Assessment Results:

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

As Eliya is transitioning from Part C to Part B services during the period of COVID-19 school facility closures, information was gathered through interview with parent, Developmental Profile, 3rd edition (DP-3), and review of early intervention physical therapy report by Amanda Ajdari, DPT of McRory Pediatrics dated 11/5/20. Per mother, Eliya has a history of developmental delay, walked at 31 months, and had normal results with genetic testing and MRI. Eliya participates in the McRory Jump Start program and receives early intervention physical therapy services 3 times per week as part of the Jump Start program. The following strengths and potential areas of concern were identified:

Areas of strength per parent report: Eliya transitions on/off the floor, in/out of small chairs, and off an adult size independently. She sits on the floor and in a small chair independently. She independently walks 20 feet on level surfaces, but is unstable negotiating uneven surfaces. Eliya can walk at least ½ block with hand held assistance. She walks up/down ramps with hand held assistance. Stair climbing skills are emerging as she walks up/down steps holding 1 rail with 2 hands with non-reciprocal pattern (2 feet per step). She climbs a toddler size slide ladder and slides down the slide with supervision/contact guard assistance (spotting). She climbs in/out of a ride toy independently but is not yet propelling the ride toy.

Potential areas of need: Per the DP-3 with input from mother during this assessment, Eliya's physical skills (including gross and fine motor skills) are in the below average range. Based on parent report of abilities, walking distance, walking on uneven surfaces, walking up/down ramps and stair climbing skills are emerging, but unsupported walking distance is decreased, she is unsteady and falls when negotiating uneven surfaces, and continues to require hand support to negotiate ramps and steps. She will benefit from the daily practice of gross motor activities provided through play activities with her teacher, classroom staff, and peers during her preschool program to continue to progress her skills. Natasha Hoiseck, MSPT

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:

Fine motor access

Category:

Assessment/Monitoring Process
Used:

DP-3, Chart rev., parent interv., AOTA checklist.

State/District Assessment Results:

N/A

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

As Eliya is transitioning from part C to part B Medi-Cal services during the period of COVID-19 school facility closures information was gathered on 04/27/2021, via parent interview conducted over Zoom, team use of the Developmental Profile 3 (DP-3), and chart review including latest Occupational therapy progress/discharge report from Mc Rory pediatrics prepared by Erin Stanford, MA,OTR/L dated 11/09/2020 , in order to support the development of a present level of performance in the areas of; fine motor, visual motor and sensorimotor. The following strengths and weakness were identified:

Areas of relative strengths: Eliya has the functional neuro-musculature to get in and out of a small chair, to can get up and down from the floor, and to navigate around large obstacles in her home environment. She has the range of motion to reach her hands up over her head. She uses either hand to reach for objects. She can isolate her index finger to point. She can use a finger grasp to stack large blocks. She can use a pincer grasp to pick up small items, such as cheerios. She can place several small coins into slot of a bank. She can turn pages of a book. She can stabilize her paper to scribble with a crayon. Her crayon grasp fluctuates from being fist to four fingers to a digital pronate. She can lace large beads onto a dowel. She's tolerant of textures, such as finger paints, play-dough, grass, or cream. She enjoys movement down a slide or on a swing. She demonstrates pretend play skills. She can manipulate apps on her mom's phone. She can imitate hand movements to songs, such as 'If You're Happy and You Know It'. Eliya enjoys being around other children and will enter a group of children for a play activity. She can follow one step commands. Per DP-3, physical abilities and cognition are within the below average range.

Performance Area:

Fine motor access

Category:

Assessment/Monitoring Process
Used:

DP-3, Chart rev., parent interv., AOTA checklist.

State/District Assessment Results:

N/A

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

Area of concern: Eliya has a history of delayed global development. Eliyah has made progress since her last OT progress report, as she is now walking, tolerating textures and engaging for longer periods of time. However, per OT progress/discharge report and parent, Eliya still struggles with her integrated skills and motor control when using tools (crayons, paint brush, spoon). Mother believes that Eliya needs to be with other children, especially if they have higher skills, as Eliya imitates everything they do.

Ruth Adatto, MA, OTR/L

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Section E: Present Level of Performance

Performance Area:

Health

Category:

Assessment/Monitoring Process
Used:

zoom conference with the mother

State/District Assessment Results:

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

LAUSD school facilities are closed at this time due to the COVID-19 pandemic. As a result, a physical health assessment was not performed as a part of this Initial IEP. At this time, health information was gathered from a review of available documents and conference with parent. When the school facility reopens and normal operations resume as the District transitions from distance learning, a Health Assessment will be conducted and an Amendment IEP Team Meeting will be held regarding accommodations, support, and health services for this student while on campus during school hours.

Eliya is a 34 months old child who was born full term, small for the gestational age. Child weighed 5 lbs. at birth. Intrauterine growth retardation was noted at 26 weeks of gestation. Child was admitted in the newborn intensive care unit for 2 days. There were no other significant newborn complications reported.

The developmental milestones were reported to occur within the following timelines: child sat and crawled late, and walked just recently (January 2021) and says 3-4 words only.

The parent's concern is the developmental delay.

Current Health: MRI of the brain was done at age 1 /12 year of age and the result was normal. Genetic test was also done and no syndrome was found. Child walks. Child does not have current medical diagnosis and has no history of serious/chronic illness, multiple ear infections, injury, accident, surgery, hospitalization. There are no concerns on biting, chewing, swallowing. Child has history of mild allergic reaction (rashes) after ingesting pineapple and mango. Child does not have any medications for allergic reaction. The mother reported child's immunizations are up to date and there are no concerns on the child's vision and hearing.

Performance Area:

Health

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):

Strength: Child does not need assistance in walking and feeding.

Areas of need: Child needs first aid when having symptoms of allergic reactions.

Impact of Disability:

Child's health does not affect access, progress, performance in the education program.

Accommodation: Trained school staff to provide first aid when child has symptoms of allergic reactions and notify the school nurse and parents.

No food sharing. Do Not serve pineapple/mango.

Annabelle Turla, RN, MSN

4/27/2021

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Section F: Eligibility

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

Health, General Ability, Academic Function, Motor Abilities, Language and Speech, Social/Emotional, Self-Help

For Initial IEP, interventions attempted prior to determining eligibility:

Eliya is a client of North Los Angeles County Regional Center.

Eligible as a student with the disability of:

Code:

DE

Deferred Eligibility (Preschool Only)



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:

Physical Development

Category:

Locomotor Skills

Annual Goal #:

1

Eliya will jump in place, with simultaneous 2-footed take-off and landing, 3 consecutive times, achieving success in 3/5 trials with 80% accuracy.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

With support, Eliya will jump in place, with simultaneous 2-footed take-off and landing, 3 consecutive times, achieving success in 3/5 trials with 50% accuracy.

Incremental objective #2 related to the goal:

Eliya will jump in place, with simultaneous 2-footed take-off and landing, 2 consecutive times, achieving success in 3/5 trials with 50% accuracy.

Date to be achieved:

October

2021

MO/YR

Date to be achieved:

February

2022

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"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student COHEN

ELIYA

Last

First

MI

Date of Birth 04-JUN-2018

Meeting Date 04-MAY-2021

Section G: Annual Goals and Objectives

Performance Area:

Physical Access

Category:

Annual Goal #:

2

In order to access her school environment, Eliya will walk 150+ feet on various surfaces on her school campus independently and up/down three to four 6-7 inch high steps without support of railing with contact guard assistance (spotting) 4 out of 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:

Eliya will walk up/down a ramp without hand support independently 3 out of 5 opportunities.

Incremental objective #2 related to the goal:

Eliya will step up/down a 6-7-inch high single step or curb without hand support with contact guard assistance (spotting) 3 out of 5 opportunities.

Date to be achieved:

October

2021

MO/YR

Date to be achieved:

February

2022

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 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>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student COHEN

ELIYA

Last

First

MI

Date of Birth 04-JUN-2018

Meeting Date 04-MAY-2021

Section G: Annual Goals and Objectives

Performance Area:

Integration/bimanual

Category:

Annual Goal #:

3

While seated with proper alignment and postural support, Eliya will lace 6 beads (one to 1/2 inch) onto an adapted string, 3 out of 4 opportunities, 75% accuracy, with verbal cues to monitor work.

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:

Eliya will lace 3 one inch beads onto a dowel, 2 out of 4 opportunities, 60% accuracy, moderate assistance.

Incremental objective #2 related to the goal:

Eliya will lace 4 one inch beads onto an adapted string, 3 out of 4 opportunities, 70% accuracy, minimal assistance.

Date to be achieved:

October

2021

MO/YR

Date to be achieved:

February

2021

MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

4 GOAL MET OR EXCEEDED

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

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

1 NO PROGRESS

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student

Last

First

MI

Date of Birth Meeting Date

Section G: Annual Goals and Objectives

Performance Area:

Category:



Annual Goal #:

While seated with proper alignment and support, Eliya will demonstrate functional motor control when using classroom based tools (crayons, scoopers, spoons, markers, paint brush) to engage in a simple art/craft activity, one tool per session, 3 out of 4 opportunities, 75% accuracy, minimal assistance.

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:

Eliya will demonstrate functional motor control when using classroom based tools (crayons, scoopers, spoons, markers, paint brush) to engage in a teacher directed task or activity, one tool per session, 1 out of 4 opportunities, 60 % accuracy, moderate assistance.

Incremental objective #2 related to the goal:

Eliya will demonstrate functional motor control when using classroom based tools (crayons, scoopers, spoons, markers, paint brush) to engage in a teacher directed task or activity, one tool per session, 2 out of 4 opportunities, 70 % accuracy, moderate to minimal assistance.

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student

Last

First

MI

Date of Birth Meeting Date

Section G: Annual Goals and Objectives

Performance Area:

Category:



Annual Goal #:

Targeting all age appropriate phonemes Eliya will expend her expressive vocabulary to at least 50+ spontaneous words to express her wants/needs and answer simple yes/no and wh question with 70% accuracy throughout his daily program.

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:

Targeting all age appropriate phonemes Eliya will expend her expressive vocabulary to at least 10+ spontaneous words to express her wants/needs and answer simple yes/no and wh question with 70% accuracy throughout his daily program.

Incremental objective #2 related to the goal:

Targeting all age appropriate phonemes Eliya will expend her expressive vocabulary to at least 20+ spontaneous words to express her wants/needs and answer simple yes/no and wh question with 70% accuracy throughout his daily program.

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: <input type="text"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student

Last

First

MI

Date of Birth Meeting Date

Section G: Annual Goals and Objectives

Performance Area:

Category:



Annual Goal #:

COHEN ELIYA will independently repeat and persist actions when trying to solve a problem (e.g., putting on jacket) on at least 3 occasions in a week.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

With adult modeling, COHEN ELIYA will use trial and error to explore objects or to solve a problem (e.g. places pieces in form board), on at least 3 occasions in a week.

Incremental objective #2 related to the goal:

COHEN ELIYA will use trial and error to explore objects or to solve a problem (e.g. places pieces in form board), with adult prompts, on at least 3 occasions in a week.

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 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"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student COHEN

ELIYA

Last

First

MI

Date of Birth 04-JUN-2018

Meeting Date 04-MAY-2021

Section G: Annual Goals and Objectives

Performance Area:

language

Category:

Annual Goal #:

7

COHEN ELIYA will follow two step directions, on 3 opportunities, during a school day.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

COHEN ELIYA will follow two-step directions with adult assistance, on 3 opportunities, during a school day.

Incremental objective #2 related to the goal:

COHEN ELIYA will follow two-step directions when combined with gestures or visual cues, on 3 opportunities, during a school day.

Date to be achieved:

October

2021

MO/YR

Date to be achieved:

February

2022

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"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student COHEN

ELIYA

Last

First

MI

Date of Birth 04-JUN-2018

Meeting Date 04-MAY-2021

Section G: Annual Goals and Objectives

Performance Area:

social emotional

Category:

Annual Goal #:

8

COHEN ELIYA will join in classroom activities (e.g., going to circle time, toileting, eating, clean-up) with adult reminders and will require direct adult assistance a maximum of 2 times during the school day.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

COHEN ELIYA will join in classroom activities (e.g., going to circle time, toileting, eating, clean-up) with direct adult assistance on 3 occasions during the school day.

Incremental objective #2 related to the goal:

COHEN ELIYA will join in classroom activities (e.g., going to circle time, toileting, eating, clean-up) with adult reminders and will require direct adult assistance a maximum of 5 times during the school day.

Date to be achieved:

October

2021

MO/YR

Date to be achieved:

February

2022

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"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student COHEN

ELIYA

Last

First

MI

Date of Birth 04-JUN-2018

Meeting Date 04-MAY-2021

Section G: Annual Goals and Objectives

Performance Area:

Communication

Category:



Annual Goal #:

9

Eliya will produce different CV, CVC, CVCV, VC (functional words) combinations following models and visual cues with 60% accuracy in 6/10 trails.

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:

Eliya will produce different CV, CVC, CVCV, VC (functional words) combinations following models and visual cues with 30% accuracy in 6/10 trails.

Incremental objective #2 related to the goal:

Eliya will produce different CV, CVC, CVCV, VC (functional words) combinations following models and visual cues with 50% accuracy in 6/10 trails.

Date to be achieved:

Septembe

2021

MO/YR

Date to be achieved:

January

2022

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"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student

COHEN

Last

ELIYA

First

MI

Date of Birth

04-JUN-2018

Meeting Date

04-MAY-2021

Section K: Participation in State and District-wide Assessments

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

DRDP-A - (Adaptations identified below are applicable)

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

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Section N: Procedural Safeguards and Follow-up Actions

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

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

Select Preferred Language:

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

Select Preferred Language:

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.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student

COHEN

ELIYA

Last

First

MI

Date of Birth

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04-MAY-2021

Section Q: Parent Participation and Consent

Parent Participation

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

Parent Notification

Method

Other

Whom

dma

When

27-APR-2021

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

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

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

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

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

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

Parent Concerns and Comments

Signature(s)

Date

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

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

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

Signature(s)

Date

4-MAY-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.

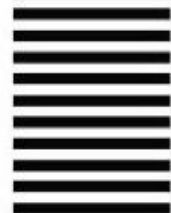
Please fold along dotted lines with the address showing. Seal and mail. Postage is pre-paid.
Again, Thank you!



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 Date

Student COHEN

Last

ELIYA

First

MI

Date of Birth 04-JUN-2018

Meeting Date 04-MAY-2021

Section R: Names and Signatures (Signatures on File)

Team Member	Print Name	Signature
Parent/Guardian	Rachel Cohen	200M IEP
Parent/Guardian		
Student Age 18 - 21 years		
Student Under Age 18 years		
Surrogate Parent		
Foster Parent		
Family Foster Home Provider		
Administrator	Melissa Calderon	
Administrative Designee	Denise Martin-Allen	
Special Education Teacher	Rosa Mora	200M IEP
General Education Teacher		
School Psychologist		
School Nurse		
Related Service Staff APE	Eric Harris	Eric Harris
Related Service Staff OT	Ruth Adatto, MA,OTR/L	Ruth Adatto
Related Service Staff PT	Natasha Hoiseck, MSPT	Natasha Hoiseck
Interpreter		
Sign Language Interpreter		
Agency Representative		
Agency Representative		
Agency Representative		
Other SLP	Patty Paitsar Zhamkochyan	Zhamkochyan
Other		
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 type="radio"/> Special Day Program/General Education Site
<input type="radio"/> Special Day Program/Special Education Center	<input type="radio"/> Nonpublic School
<input type="radio"/> Home/Hospital or Residential Care Facility	

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

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

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student COHEN
Last

ELIYA
First

MI

**Date of
Birth**

04-JUN-2018

**Meeting
Date**

04-MAY-2021

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

COHEN

ELIYA

Last

First

MI

Date of
Birth

04-JUN-2018

Meeting
Date

04-MAY-2021

ANNUAL LEAST RESTRICTIVE ENVIRONMENT ANALYSIS (Continued)

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

<p>Step F.</p>	<p>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):</p>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input 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"/></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 (DE)	
	Final IEP Reason Final IEP Effective Date:		
Curriculum		<input type="text" value="General Education"/>	<input type="text"/>
Placement	Type of School	<input type="text" value="District Non-Resident School"/>	<input type="text"/>
	Name of School	<input type="text" value="NEWCASTLE EL"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
Instructional Setting	Setting	<input type="text" value="Special Education"/>	<input type="text"/>
	Program	<input type="text" value="PAL"/>	<input type="text"/>
	Special Day Minutes/Wk	<input type="text" value="1350"/>	<input type="text"/>
	Addresses Goals	<input type="text" value="1(Physical Development),2(Physical Access),3(Integration/bimanual),4(sensorimotor),5(Communication),6(Cognitive),7(language),8(social emotional)"/>	<input type="text"/>
Additional Factors	Low Incident Support	<input type="text" value="None"/>	<input type="text"/>
	Assistive Technology Support	<input type="text" value="No"/>	<input type="text"/>
	Transportation	<input type="text" value="Home to School"/>	<input type="text"/>
	Extended School Year/Intersession	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
	Parent Counseling and Training (PCT)	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
	ESY Transportation	<input type="text" value="Home to School"/>	<input type="text"/>
Accommodation, Modifications, Supports	Instructional Accommodations	<input type="text" value="Accommodations will include daily structured language activities facilitated by an adult to engage in question, answer and conversations. Additional support may include modeling of language, small group instruction, repetition/rephrasing, vocabulary development, short verbal direction, visual/verbal cues, preview and review of new information to assist in comprehension, and additional time to respond"/>	<input type="text"/>
	Instructional Modifications	<input type="text"/>	<input type="text"/>
	Other Supports, including Non-Academic and Extra-curricular Activities	<input type="text"/>	<input type="text"/>
Preparation for Three Year Review IEP (At the second Annual Review IEP Meeting, the team must discuss and document the decision to conduct or not conduct a three-year comprehensive reassessment.)	Do the Parent and the District (local educational agency) agree that a reassessment is unnecessary?	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
	If the Parent does not agree, specify the area(s) to be reassessed.	<input type="text"/>	<input type="text"/>

Comments, as appropriate

**Low Incidence
Equipment**

**Assistive Technology
Equipment**

**Participation in
General Education**

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student **COHEN**

ELIYA

Date of Birth 04-JUN-2018

**Meeting
Date**

04-MAY-2021

Last

First

MI

		Effective With This IEP	Future Changes Related To This IEP
Service 1	Start Date:	Effective as of 3rd Birthday with Parent Signature	
09	End Date:		
Adapted PE	Service applies to:	Regular	
	Frequency:	1-5	
This service addresses the following goals:	Interval:	Weekly	
1(Physical Development)	Minutes/Interval:	20	
	Minutes/Interval (Pullout from Gen Ed):	0	
	Service Delivery Model:	Direct Service (Collaborative)*	
	Responsible Personnel:	Licensed/Credentialed Provider	
		Special Education Teacher	
		*	
Service 2	Start Date:	Effective as of 3rd Birthday with Parent Signature	
09	End Date:		
Adapted PE	Service applies to:	ESY	
	Frequency:	1-5	
This service addresses the following goals:	Interval:	Yearly	
1(Physical Development)	Minutes/Interval:	80	
	Minutes/Interval (Pullout from Gen Ed):	0	
	Service Delivery Model:	Direct Service (Collaborative)*	
	Responsible Personnel:	Licensed/Credentialed Provider	
		Special Education Teacher	

	*		
Service 3	Start Date:	Effective as of 3rd Birthday with Parent Signature	
16	End Date:		
Occupational Therapy	Service applies to:	Regular	
	Frequency:	1-5	
This service addresses the following goals:	Interval:	Weekly	
3(Integration/bimanual)	Minutes/Interval:	45	
4(sensorimotor)	Minutes/Interval (Pullout from Gen Ed):	0	
	Service Delivery Model:	Direct Service (Collaborative)*	
	Responsible Personnel:	Licensed/Credentialed Provider	
		Special Education Teacher	
	*		
Service 4	Start Date:	Effective as of 3rd Birthday with Parent Signature	
13	End Date:		
Physical Therapy	Service applies to:	Regular	
	Frequency:	1-5	
This service addresses the following goals:	Interval:	Weekly	
2(Physical Access)	Minutes/Interval:	30	
	Minutes/Interval (Pullout from Gen Ed):	0	
	Service Delivery Model:	Direct Service (Collaborative)*	

	Responsible Personnel:	Licensed/Credentialed Provider	
		Special Education Teacher	
	*		

Service 5	Start Date:	Effective as of 3rd Birthday with Parent Signature	
16	End Date:		
Occupational Therapy	Service applies to:	ESY	
	Frequency:	1-5	
This service addresses the following goals :	Interval:	Weekly	
3(Integration/bimanual)	Minutes/Interval:	30	
4(sensorimotor)	Minutes/Interval (Pullout from Gen Ed):	0	
	Service Delivery Model:	Direct Service (Collaborative)*	
	Responsible Personnel:	Licensed/Credentialed Provider	
		Special Education Teacher	
*			

Service 6	Start Date:	Effective as of 3rd Birthday with Parent Signature	
13	End Date:		
Physical Therapy	Service applies to:	ESY	
	Frequency:	1-5	
This service addresses the following goals :	Interval:	Weekly	
2(Physical Access)	Minutes/Interval:	30	

Minutes/Interval (Pullout from Gen Ed):	0	
Service Delivery Model:	Direct Service (Collaborative)*	
Responsible Personnel:	Licensed/Credentialed Provider	
	Special Education Teacher	
*		

Notes:

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

Part 3 - Percentage of Time Outside of General Education

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

Part 4 - Additional Discussion (This section is optional)

This is an Initial IEP for Eliya Cohen. The offer of FAPE is the PAL program at Newcastle Elementary. The Preschool for All Learners is an educationally based general education program that operates 4 hours and 30 mins, 5 days a week. The preschool curriculum is delivered through evidence-based practices. Eliya's goals, included in the IEP, will be supported in an integrated model by a multidisciplinary on-site team comprised of a speech-language pathologist, early childhood special education teacher, and district special education assistants. The Speech Language Pathologist will provide 2 hours of support in the classroom each week.

As Eliya is transitioning from Part C to Part B services during the period of COVID-19 as school facilities re-open with safety restrictions, the assessments listed in the signed assessment plan, received were not completed in their entirety. A temporary eligibility, Deferred Eligibility (DE), will be used and will require follow up assessment to be completed as soon as possible once schools re-open and resume normal operations. Eliya will receive educational and related services (this would be modified to reflect each FAPE offer and any service grids) services either in-person if parent elects or virtually as described in the Distance Learning Plan (DLP) recommended by the IEP team until all school facilities resume normal operations.

IEP FAPE Part 2 - Summary of Services

Meeting Date 04-MAY-2021

MI

Program:		PAL			Setting:			Special Education	
Eligibility:		Eligible (DE)			Curriculum:			General Education	
Transportation:		Home to School			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
09	Adapted PE	Effective as of 3rd Birthday with Parent Signature	ESY	Yearly	1-5	~	80	Physical Development	--
09	Adapted PE	Effective as of 3rd Birthday with Parent Signature	Regular	Weekly	1-5	~	20	Physical Development	--
16	Occupational Therapy	Effective as of 3rd Birthday with Parent Signature	ESY	Weekly	1-5	~	30	Integration/bimanual, sensorimotor	--
16	Occupational Therapy	Effective as of 3rd Birthday with Parent Signature	Regular	Weekly	1-5	~	45	Integration/bimanual, sensorimotor	--
13	Physical Therapy	Effective as of 3rd Birthday with Parent Signature	Regular	Weekly	1-5	~	30	Physical Access	--
13	Physical Therapy	Effective as of 3rd Birthday with Parent Signature	ESY	Weekly	1-5	~	30	Physical Access	--

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.

[illegible]

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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.