

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Identification
Number

200149X619

SSID

5792760742

Eligible (AUT)

Student
Last

AKIVA

First

RAPHAEL

MI

Date of Birth:

03-MAY-2017

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
Via Zoom	Los Angeles Unified School Dis

Section B: Student Information

Date of Birth	03-MAY-2017	Age	4	Grade	-1
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female	Limited English Proficient Student	<input type="radio"/> Yes <input type="radio"/> No	Ethnic Code	White
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	13018 DELANO ST				
City	VALLEY GLEN CA	ZIP Code	91401		
Home Telephone	(818) 319-5856	Daytime Telephone		Emergency Telephone	
School of Attendance	Sp Ed Inf/Pre (1989)	Location Code	1989		
School of Residence	Erwin El	Location Code	3630		
Name of Parent/Guardian		Telephone			
Address					
City		CA	ZIP Code		
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 type="radio"/> No <input type="radio"/> Yes	FFH#			
Is FFH Provider related to student?	<input type="radio"/> No <input type="radio"/> Yes	Relationship			
Licensed Children's Institution	<input type="radio"/> No <input type="radio"/> Yes	LCI Name			
		LCI#			
Out of the home placement made by	<input type="radio"/> Regional Center	<input type="radio"/> Department of Mental Health	<input type="radio"/> Department of Children's Services		
	<input type="radio"/> Superior Court	<input type="radio"/> Other			
Child's family living within LAUSD's boundaries?	<input type="radio"/> No <input 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 ☐ No

Reclassification Date:

ELPAC Performance Level and Performance Descriptor:

Test Date:

Alternate ELPAC Performance Level and Performance Descriptor:

Test Date:

Section D: Goal Achievement from Current IEP

		Achieved		
Goal for: (example - Reading)		Yes	No	If No, explain the reason the goal/objective was not achieved
1	Cognitive	<input type="radio"/>	<input checked="" type="radio"/>	Requires mod-max prompts to attend to tasks
Category	Cognitive Development ▼			
	Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	
	Objective 2 met	<input checked="" type="radio"/>	<input type="radio"/>	
2	Social Emotional	<input type="radio"/>	<input checked="" type="radio"/>	Cont. difficulty maintaining eye contact
Category	Social Emotional Development ▼			
	Objective 1 met	<input type="radio"/>	<input checked="" type="radio"/>	
	Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	
3	Physical	<input checked="" type="radio"/>	<input type="radio"/>	
Category	Physical Development ▼			
	Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	
	Objective 2 met	<input checked="" type="radio"/>	<input type="radio"/>	
4	Communication	<input checked="" type="radio"/>	<input type="radio"/>	Uses mostly, 'I want__' carrier phrases
Category	Communication ▼			
	Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	
	Objective 2 met	<input checked="" type="radio"/>	<input type="radio"/>	
5	Behavioral Support	<input checked="" type="radio"/>	<input type="radio"/>	
Category	Social Emotional ▼			
	Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	
	Objective 2 met	<input checked="" 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:

Cognitive Development

Category:

Cognitive Development

Assessment/Monitoring Process
Used:

Teacher report, parent conference, review of records

State/District Assessment Results:

DRDP

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

Previous Cognitive Development Goal: When given the choice of two teacher-directed activities, Raphael will attend to and participate in a teacher-directed task for at least 6 minutes, on at least 4 occasions during the school week with minimal verbal and gestural (1-2) prompts and cues.

Goal Achievement: Not yet met

Strengths: Per Teacher conference, Raphael maintains interest in activities for short periods of time, including circle time. He follows the basic routine of the day, with prompting and reminders as needed. He follows one-step directions. He plays with preferred toys appropriately. Team shared that Raphael can rote count from 1-10 but at times skips numbers.

Needs: Raphael has not yet met the goal of attending and participating in a teacher directed task for at least 6 minutes with minimal prompts and cues. Per Teacher, he requires moderate to maximum cues to participated in activities. He has difficulty maintaining focus during circle time/large group activities. Per Team, Raphael does not yet recognize colors or shapes. He will arbitrarily name colors as 'red' despite the color that it is.

Impact of Disability: Rapahel is a student with a special education eligibility of Autism which impacts his ability to attend to and participate in teacher directed tasks and identifying colors and shapes. This impacts his ability to access the general education curriculum.

Performance Area:

Language Development

Category:

Language Development

Assessment/Monitoring Process
Used:

Teacher report, parent conference, review of records

State/District Assessment Results:

DRDP

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

Previous Language Development Goal: Raphael will combine words into 2-3 word phrases to communicate his wants or needs (i.e. Go away bear, I want more, I want juice, No more juice, etc.) during oral-language opportunities in his classroom setting in 70% of opportunities, given minimal prompts.

Goal Achievement: Not yet met

Strengths: Per conference with teacher, Raphael responds to his name when called. He smiles and appears happy at school. He uses simple words to communicate basic wants and needs. He shows understanding of frequently used simple phrases or sentences.

Needs: Raphael needs to improve his ability to utilize short phrases or sentences of more than two words to communicate. Per teacher, he has difficulty communicating with peers. He needs to improve in his ability to engage in brief back and forth communication, combining words to convey meaning.

Impact of Disability: Raphael is a student with a special education eligibility of Autism. This impacts his ability to utilize short phrases or sentences, communicate with peers, and engage in back and forth communication. This impacts his ability to access the general education curriculum.

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Section E: Present Level of Performance

Performance Area:

Receptive and Expressive Language

Category:

Language

Assessment/Monitoring Process
Used:

NPA Speech and Language Report by Tamar Barazani M.S., SLP, parent interview

State/District Assessment Results:

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

The following PLP is per private Speech and Language Report written by Tamar Barazani, M.S., CCC-SLP dated April 23, 2021.

Service to date: Raphael currently receives speech services 2X weekly, half hour sessions targeting receptive and expressive language delays. Therapy is conducted in his native language of Hebrew.

Strength: Raphael has been making progress. He is using simple sentence structures to get his needs and wants met. He uses the following phrases independently 'I want...', 'What's that?' without cues. Raphael has met the following communication goal: Rafael will combine words into 2-3 word phrases to communicate his wants or needs (i.e. Go away bear, I want more, I want juice, No more juice, etc.) during oral-language opportunities in his classroom setting in 70% of opportunities, given minimal prompts. According to the speech therapist, Raphael 2-3 words in the classroom 70% of the time. Speech therapist is currently expanding Raphael's carrier phrases.

Needs: Raphael language skills do not represent a child who is almost 4 years of age. He needs to be prompted to use any array of phrases such as 'I like...', 'I pick...' when making requests or commenting. He tends to use the same rote phrases that been targeted during therapy sessions. He does not ask questions such as 'why?' to gain more information. Although he is beginning to ask simple 'wh' questions, he still demonstrates difficulty using descriptive language/conversational that does not appear as scripted both with his peers and adults in his environment. Parents reported that Raphael demonstrates difficulty participating in non-preferred communication. He does not engage in back and forth communication. He has difficult time answering open ended questions and has difficult time reading social cues. He has difficult staying on topic, especially when the topic is not preferred. Parent reported that Raphael does not know his colors, shapes, and numbers. Parent also reported that Raphael demonstrates difficulty following 1-2 step directions.

Performance Area:

Receptive and Expressive Language

Category:

Language

Assessment/Monitoring Process
Used:

NPA Speech and Language Report by Tamar Barazani M.S., SLP, parent interview

State/District Assessment Results:

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

Impact of disability: Due to Raphael's eligibility of Autism, Raphael demonstrates difficulty in the areas of receptive and expressive language. This may impact his ability to progress in the general education curriculum.

Accommodation/modifications: Encourage expansion of mean length of utterances, provide visual prompt for comprehension, provide positive peer speech and language peer model.

Private Speech Report and parent interview summarized by Tina Lee MS CCC-SLP#15433

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Section E: Present Level of Performance

Performance Area:

Social Emotional Development

Category:

Social Emotional Development

Assessment/Monitoring Process
Used:

DRDP, teacher conference

State/District Assessment Results:

DRDP

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

Previous IEP Goal: Social Emotional

Raphael will play interactively/cooperatively with one other child (or more than one child) sharing toys appropriately and giving eye contact with a peer at least 1 minute, with moderate adult support (3-4 prompts) on 4 occasions during a school week.

Progress towards goal: Not yet met

Strengths: Per teacher, Raphael is happy and cheerful at school. He plays appropriately with the toys available at school, mostly playing on his own. He is able to carry out most steps of familiar hygiene routines, with teacher reminders when needed. He responds to his own name. He shows awareness of familiar adults. He interacts in simple ways with familiar adults, such as his teacher.

Needs: Per teacher, Raphael has difficulty maintaining eye contact with teachers and peers. He needs to participate in cooperative play with peers, share appropriately, and maintain eye-contact with peers.

Impact of Disability: Raphael is a student with a special education eligibility of Autism which impacts his ability to participate in cooperative play with peers. This interferes with his ability to access the general education 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):

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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:

AUT

Autism



Not Applicable,



Blind or



Partially Sighted

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

Code:



Not Applicable,



Blind or



Partially Sighted



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

or



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

No Longer Eligible (Effective
Date):

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

Final IEP Reason:

Final IEP Effective Date:

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



Social Maladjustment



Temporary Physical Disability



Lack of instruction in reading



Lack of instruction in math



Limited English Proficiency



Environmental, Cultural or Economic Factors

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Section G: Annual Goals and Objectives

Performance Area:

Receptive Language

Category:

Language – Receptive ▼

Annual Goal #:

1

Raphael will identify common noun labels in a field of 2-3 objects in 4/5 opportunities

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

Raphael will identify common noun labels in a field of 2-3 objects in 2/5 opportunities given 1-2 prompts.

Incremental objective #2 related to the goal:

Raphael will identify common noun labels in a field of 2-3 objects in 3/5 opportunities given 1-2 prompts.

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
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:

Expressive Language

Category:

Language – Expressiv

Annual Goal #:

2

Raphael will ask and answer various simple and complex 'Wh' questions with 1-2 verbal cues 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:

Raphael will ask and answer various simple and complex 'Wh' questions with 2-3 verbal cues with 65% accuracy.

Incremental objective #2 related to the goal:

Raphael will ask and answer various simple and complex 'Wh' questions with 2-3 verbal cues with 70% accuracy.

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
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"/>

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Section G: Annual Goals and Objectives

Performance Area:

Cognitive Dev

Category:

Cognitive Development ▼

Annual Goal #:

3

When given the choice of two teacher-directed activities, Raphael will attend to and participate in a teacher-directed task for at least 6 minutes, on at least 4 occasions during the school week with minimal verbal and gestural (1-2) prompts and cues.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

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

Incremental objective #2 related to the goal:

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

Date to be achieved:

Septembe ▼

2021 ▼

MO/YR

Date to be achieved:

January ▼

2021 ▼

MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

1 NO PROGRESS

1st Reporting Period 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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Performance Area:

Language Development

Category:

Language Development

Annual Goal #:

4

Rafael will combine words into 2-3 word phrases to communicate his wants or needs (i.e. Go away bear, I want more, I want juice, No more juice, etc.) during oral-language opportunities in his classroom setting in 70% of opportunities, given minimal prompts.

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:

Rafael will combine words into 2-3 word phrases to communicate his wants or needs (i.e. Go away bear, I want more, I want juice, No more juice, etc.) during oral-language opportunities in his classroom setting in 50% of opportunities, given maximal verbal models, cues, or prompts.

Incremental objective #2 related to the goal:

Rafael will combine words into 2-3 word phrases to communicate his wants or needs (i.e. Go away bear, I want more, I want juice, No more juice, etc.) during oral-language opportunities in his classroom setting in 60% of opportunities, given moderate prompts, cues, or models.

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

AKIVA

RAPHAEL

Last

First

MI

Date of Birth

03-MAY-2017

Meeting Date

19-MAY-2021

Section G: Annual Goals and Objectives

Performance Area:

Social Emotional Dev

Category:

Social Emotional Dev

Annual Goal #:

5

Raphael will play interactively/cooperatively with one other child (or more than one child) sharing toys appropriately and giving eye contact with a peer at least 1 minute, with moderate adult support (3-4 prompts) on 4 occasions during a school week.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

Raphael will play alongside another child (or more than one child) for at least 2 minutes, with at least 3 interactions and giving eye contact for a total of 15 seconds, with moderate adult support (3-4 prompts), on 4 occasions during a school week.

Incremental objective #2 related to the goal:

Raphael will play interactively/cooperatively with one other child (or more than one child), sharing toys for at least 1 minute and giving eye contact for a total of 30 seconds, with maximum adult support (5+ prompts) on 4 occasions during a school week.

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
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"/>

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Section G: Annual Goals and Objectives

Performance Area:

Language Dev.

Category:

Language Development ▼

Annual Goal #:

6

Raphael will attend to group interactive storytime for at least 5 minutes, with adult assistance on 4 occasions, as demonstrated by staying focused during the story (eyes looking, ears listening, calm body) during the school week.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

Raphael will look at pictures in a book with an adult, for at least 5 minutes, on 4 occasions, during the school week.

Incremental objective #2 related to the goal:

Raphael will participate in story-reading with an adult and one other child for at least 5 minutes, on 4 occasions, during the school week.

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
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

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RAPHAEL

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Section G: Annual Goals and Objectives

Performance Area:

Pragmatics

Category:

Language – Pragmatic ▼

Annual Goal #:

7

Raphael will use 3+ circles of communication with topic with 70% accuracy given 1-2 verbal cues.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

Raphael will use 3+ circles of communication with topic with 60% accuracy given 3-4 verbal cues.

Incremental objective #2 related to the goal:

Raphael will use 3+ circles of communication with topic with 65% accuracy given 2-3 verbal cues.

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
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"/>

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Section G: Annual Goals and Objectives

Performance Area:

Cognitive Dev

Category:

Cognitive Development ▼

Annual Goal #:

8

Raphael 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:

Raphael will follow two-step directions with adult assistance, prompting, visual models, on 3 opportunities, during a school day.

Incremental objective #2 related to the goal:

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

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)

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Section G: Annual Goals and Objectives

Performance Area:

Logical Thinking

Category:

Cognitive Development

Annual Goal #:

9

Raphael will use positional words top, bottom, behind, beside, near, with one prompt/independently on at least 5 occasions during a school day.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

Raphael will use positional words on, in, under, next to, with maximum adult model on at least 5 occasions during a school day.

Incremental objective #2 related to the goal:

Raphael will use positional words top, bottom, behind, beside, near, with 3-4 adult model/prompting, on at least 5 occasions during a school day.

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)

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Section G: Annual Goals and Objectives

Performance Area:

Cognitive Dev

Category:

Cognitive Development ▼

Annual Goal #:

10

Raphael will independently name and identify (point to) basic colors (red, blue, green, yellow...) and shapes with 85% accuracy 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:

Raphael will identify (point to) basic colors and shapes with 75% accuracy on 3 opportunities during a school day with maximum cues and prompts.

Incremental objective #2 related to the goal:

Raphael will identify and name basic colors and shapes with 85% accuracy on 3 opportunities during a school day with moderate cues and prompts.

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
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
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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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19-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)

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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:

all

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

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Meeting Date

19-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	Whom	When
Phone	Estern	13-APR-2021
Phone	Estern	19-MAY-2021
Email	EStern	18-MAY-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

24-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.

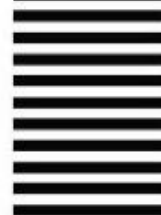
Please fold along dotted lines with the address showing. Seal and mail. Postage is pre-paid.
Again, Thank you!



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

POST

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Reconvened
Meeting Date

Student

AKIVA

RAPHAEL

Last



First

MI

Date of Birth 03-MAY-2017

Meeting Date 19-MAY-2021

Section R: Names and Signatures (Signatures on File)

Team Member	Print Name	Signature
Parent/Guardian	Daniel Amar	
Parent/Guardian	Esther Akiva	
Student Age 18 - 21 years		
Student Under Age 18 years		
Surrogate Parent		
Foster Parent		
Family Foster Home Provider		
Administrator	Anna Valenzuela	Anna Valenzuela
Administrative Designee		
Special Education Teacher	Elizabeth Stern	Elizabeth Stern
General Education Teacher	Vanessa Sandoval	Vanessa Sandoval
School Psychologist		
School Nurse		
Related Service Staff LAS	Tina Lee	Tina Lee
Related Service Staff		
Related Service Staff		
Interpreter		
Sign Language Interpreter		
Agency Representative		
Agency Representative		
Agency Representative		
Other		
Other		
Other		
Other		

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Reconvened
Meeting Date

24-MAY-2021

Student

AKIVA

RAPHAEL

Last


First

MI

Date of Birth 03-MAY-2017

Meeting Date 19-MAY-2021

Section R: Names and Signatures (Signatures on File)

Team Member	Print Name	Signature
Parent/Guardian	Daniel Calomiti-using phone	
Parent/Guardian	Esther Akiva	
Student Age 18 - 21 years		
Student Under Age 18 years		
Surrogate Parent		
Foster Parent		
Family Foster Home Provider		
Administrator		
Administrative Designee	Anna Valenzuela	Anna Valenzuela
Special Education Teacher	Elizabeth Stern	Elizabeth Stern
General Education Teacher	Iris Yelinek	
School Psychologist		
School Nurse		
Related Service Staff LAS	Tina Lee	Tina Lee
Related Service Staff		
Related Service Staff		
Interpreter		
Sign Language Interpreter		
Agency Representative		
Agency Representative		
Agency Representative		
Other Advocate A2Z Consulting	Luciana Ganach	
Other		
Other		
Other		

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student

AKIVA

RAPHAEL

Last

First

MI

Date of

03-MAY-2017

Birth

Meeting

19-MAY-2021

Date

LEAST RESTRICTIVE ENVIRONMENT ANALYSIS

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

Student's Current Placement Type:

<input checked="" 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.

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.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student AKIVA
Last

RAPHAEL
First

MI

**Date of
Birth**

03-MAY-2017

**Meeting
Date**

19-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

AKIVA

RAPHAEL

Date of

03-MAY-2017

Meeting

19-MAY-2021

Last

First

MI

Birth

Date

ANNUAL LEAST RESTRICTIVE ENVIRONMENT ANALYSIS (Continued)

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

Step 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 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" value=""/>	<input type="text" value="01-AUG-2021"/>
Eligibility: (from Page 4)		Eligible (AUT)	
	Final IEP Reason Final IEP Effective Date:		
Curriculum		<input type="text" value="General Education"/>	<input type="text" value="General Education"/>
Placement	Type of School	<input type="text" value="Preschooler Non-LAUSD/Not Headstart"/>	<input type="text" value="District Resident School"/>
	Name of School	<input type="text" value="SP ED INF/PRE (1989)"/> <input type="text" value="ERWIN EL"/>	<input type="text" value="ERWIN EL"/> <input type="text" value=""/>
Instructional Setting	Setting	<input type="text" value="DIS Only - Preschooler"/>	<input type="text" value="Special Education"/>
	Program	<input type="text" value="GE"/>	<input type="text" value="PAL"/>
	Special Day Minutes/Wk	<input type="text" value=""/>	<input type="text" value="1350"/>
	Addresses Goals	<input type="text" value="1(Receptive Language),2(Expressive Language),3(Cognitive Dev),4(Language Development),5(Social Emotional Dev),6(Language Dev.),7(Pragmatics),8()"/>	<input type="text" value="1(Receptive Language),2(Expressive Language),3(Cognitive Dev),4(Language Development),5(Social Emotional Dev),6(Language Dev.)"/>
Additional Factors	Low Incident Support	<input type="text" value="None"/>	<input type="text" value="None"/>
	Assistive Technology Support	<input type="text" value="No"/>	<input type="text" value="No"/>
	Transportation	<input type="text" value="None"/>	<input type="text" value="None"/>
	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="Home to School"/>	
Accommodation, Modifications, Supports	Instructional Accommodations	<input type="text" value="models, cues, prompting (visual and verbal) check for understanding, opportunities for social interactions, breaks as needed, peer modeling, language modeling, Encourage expansion of mean length of utterances, provide visual prompt for comprehension, provide positive peer speech and language peer model."/>	<input type="text" value="models, cues, prompting (visual and verbal) check for understanding, opportunities for social interactions, breaks as needed, peer modeling, language modeling ,Encourage expansion of mean length of utterances, provide visual prompt for comprehension, provide positive peer speech and language peer model."/>
	Instructional Modifications	<input type="text" value=""/>	<input type="text" value=""/>
	Other Supports, including Non-Academic and Extra-curricular Activities	<input type="text" value=""/>	<input type="text" value=""/>
Preparation for Three Year Review IEP (At the second Annual Review IEP Meeting, the team must discuss and document the decision to conduct or not conduct a three-year comprehensive reassessment.)	Do the Parent and the District (local educational agency) agree that a reassessment is unnecessary?	<input type="radio"/> Yes <input type="radio"/> No	
	If the Parent does not agree, specify the area(s) to be reassessed.	<input type="text" value=""/>	<input type="text" value=""/>
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 **AKIVA**
Last

RAPHAEL
First

MI

Date of Birth 03-MAY-2017

Meeting Date 19-MAY-2021

[illegible]

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	0	

Part 4 - Additional Discussion (This section is optional)

[illegible]

Based upon Raphael's current needs, for the 2021-2022 Regular School Year, the IEP team recommends a Preschool for All Learners classroom (PAL) at Erwin Street Elementary. The PAL is an educationally-based special day program that operates 4 hours and 30 minutes 5 days a week. The preschool curriculum is delivered through evidenced-based practices. Raphael's goals, included in the IEP, will be supported in an integrated fashion 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 direct support in the classroom each week.

For the remainder of the 2020-2021 regular school year, A 'Preschooler Non LAUSD/Not Headstart' and Sp Ed INF/PRE is solely listed on the placement page as the 'type of school' and 'name of school' to show that parent wishes to continue Raphael at Musical Gan: 3624 Burbank Blvd, Sherman Oaks, CA 91401 (818) 786-7800 that's within District Boundaries.

The district offers PKIT services at 120 minutes monthly through the end of the 2020-2021 school year at Musical Gan Preschool. PKIT service is a consultative service provided by a special education teacher in collaboration with the preschool staff to support the implementation of the student's IEP in the general education preschool program. These services may also be provided via a virtual/on-line delivery format, at minimum, pending the restart of in-person services due to the Covid-19 global pandemic.

Raphael will receive educational services using @ Home Continuity of Learning Plan.

Parent requested an Occupational Therapy Evaluation.

The IEP team recommends a comprehensive psycho-educational re-evaluation prior to Raphael's transition-to-kindergarten IEP.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student AKIVA

RAPHAEL

Date of Birth 03-MAY-2017

Meeting Date 19-MAY-2021

Last

First

MI

FAPE Summary Grid

Program:	GE	Setting:	DIS Only - Preschooler
Eligibility:	Eligible (AUT)	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
26	Pre-Kdg. Itinerant	Effective on Signature Date	Regular	Monthly	1-5	~	120	Expressive Language, Cognitive Dev, Language Development, Social Emotional Dev, Language Dev.	--

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Extended School Year Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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.