

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Identification
Number

062504M014

SSID

2701126833

Eligible (SLD)

Student FADLON

Last

KFIR

First

MI

Date of Birth:

25-JUN-2004

Section A: Meeting Information

Pertinent Dates	Type of Meeting
Date of Initial IEP Team Meeting	<input type="radio"/> Initial
Date of Present Meeting	<input type="radio"/> Amendment of IEP dated
Annual Review to be conducted by	<input type="radio"/> Annual Review
Next Three Year Review will be conducted by	<input checked="" 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
University High School Charter	Los Angeles Unified School Dis

Section B: Student Information

Date of Birth	25-JUN-2004	Age	16	Grade	11
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female	Limited English Proficient Student	<input type="radio"/> Yes <input checked="" type="radio"/> No	Ethnic Code	White
Location of the Psych Folder	SUPPORT UNIT CEN	Student has no Psych Folder	<input type="checkbox"/>		
Location of the Cum Folder	UNIVERSITY HS CH	Student has no Cum Folder	<input type="checkbox"/>		
Home Language	Hebrew	Student Language	Hebrew	Alternate Mode of Communication	
Home Address of Student	1476 S BEDFORD ST				
City	LOS ANGELES CA	ZIP Code	90035		
Home Telephone	(310) 360-7924	Daytime Telephone		Emergency Telephone	
School of Attendance	Univrsty Chs Mast Ma	Location Code	7754		
School of Residence	Hamilton Sh	Location Code	8686		
Name of Parent/Guardian		Telephone			
Address					
City		CA	ZIP Code		
Surogate Parent		Telephone			
Attends CURRENT SCHOOL as a result of one of the following	Magnet 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 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:

Redesignated Fluent English Proficient

Start Date:

Withdrawal by Parent Request:

☐ Yes ☐ No

Reclassification Date:

29-JAN-2018

ELPAC Performance Level and Performance Descriptor:

Test Date:

Alternate ELPAC Performance Level and Performance Descriptor:

Test Date:

Section D: Goal Achievement from Current IEP

		Achieved		
Goal for: (example - Reading)		Yes	No	If No, explain the reason the goal/objective was not achieved
1	Reading	<input checked="" type="radio"/>	<input type="radio"/>	
Category	Reading			
	Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	
	Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	Needs more time
2	Writing	<input checked="" type="radio"/>	<input type="radio"/>	
Category	Writing			
	Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	
	Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	Needs more time.
3	Math	<input type="radio"/>	<input type="radio"/>	
Category	Math			
	Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	
	Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	Needs more time
4	Vocational	<input type="radio"/>	<input checked="" type="radio"/>	
Category	Vocational Education			
	Objective 1 met	<input type="radio"/>	<input checked="" type="radio"/>	Needs more time.
	Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	Needs more time.
5		<input type="radio"/>	<input type="radio"/>	
Category				
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	
6		<input type="radio"/>	<input type="radio"/>	
Category				
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	
7		<input type="radio"/>	<input type="radio"/>	
Category				
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	
8		<input type="radio"/>	<input type="radio"/>	
Category				
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	
9		<input type="radio"/>	<input type="radio"/>	
Category				
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	
10		<input type="radio"/>	<input type="radio"/>	
Category				
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	

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Date of Birth

25-JUN-2004

Meeting Date

28-MAY-2021

Section E: Present Level of Performance

Performance Area:

English Language Development

Category:

English Language Development

Assessment/Monitoring Process
Used:

State/District Assessment Results:

CST ELA LEVEL - 2, CST MATH LEVEL - 4, CELDT SCORE (31-OCT-2016) - 4

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

Performance Area:

Category:

Assessment/Monitoring Process
Used:

State/District Assessment Results:

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

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Section E: Present Level of Performance

Performance Area:

Writing

Category:

Writing

Assessment/Monitoring Process
Used:

Teachers's Observations, informal assessments and submitted work samples.

State/District Assessment Results:

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

Strengths: Previous assessments reveal Kfir is capable of writing multiple paragraphs with correct transition in between sentences, as well as demonstrate he is able to use spelling and grammar when developing his writing tasks to respond to class assignments. Kfir earned a B S S for his Spring 2021 first five week progress report and is able to self advocate to for further understanding of the assignments at hand. His classmates benefit when he asks for further understanding of the classroom assignments.

Area of Needs: As evidenced from his Spring 2021 10 weeks progress report in Am Lit D U S , Kfir's ELA teacher shares 'He has struggled in completing assignments. The assignments which he does complete are generally pretty solid, but those are few and far between. I've sent numerous messages home, but have not received a response from Kfir's parent or guardian. Grades on Schoology are up-to-date. Attendance has been spotty, at best. I know earlier in the semester, Kfir expressed one of his friends passed away from COVID which may have affected his socio-emotional needs for school.

Impact of Disability: Kfir's Specific Learning (SLD) limits his ability to access General Education curriculum in regard to making progress in Writing.

Performance Area:

Reading

Category:

Reading

Assessment/Monitoring Process
Used:

Teachers's Observations, informal assessments and submitted work samples.

State/District Assessment Results:

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

Strengths: Earlier assessments reveal Kfir is on a grade level with his peer group and can verbalize his comprehension to his teacher and classmates. Kfir's ELA instructor shares Kfir is able to use different strategies in order to gain meaning when reading independently such reviewing with in the context of the sentence or decoding the root word for its intrinsic meaning. Kfir's classmates benefit when he participates in class explaining the main idea or central theme of a story or text.

Area of Needs: Kfir struggles with reading a text thoroughly and would rather skim through a text to gain general understanding of both informal and narrative readings. Kfir at times has difficulty sounding out some words while reading aloud. Kfir prefers not to look up unfamiliar words he does not understand which limits his ability to comprehend and his ability to cite evidence to support his understanding of the text.

Impact of Disability: Kfir's Specific Learning (SLD) limits his ability to access General Education curriculum in regard to making progress in Reading.

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Section E: Present Level of Performance

Performance Area:

Math

Category:

Math

Assessment/Monitoring Process
Used:

Teachers' observations, informal assessments, and submitted work samples.

State/District Assessment Results:

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

Strengths: Kfir is currently enrolled in CC Alg 2B where he received a C S S during the first reporting period of the Spring 2021 semester. Kfir's teachers share when he participates in class he demonstrates knowledge of the steps required to solve problems and what the class assignment is expected of him. According to previous assessments, Kfir is able to reasonably answer mathematical problems when he is required to use estimation strategies, chunking smaller sections of problems first, applying logical reasoning and using a formula or working backwards with minimal supervision.

Area of Needs: Kfir's 2nd reporting period of the Spring 2021 semester reveals a D U S thus demonstrating he is struggling to show continuity in his work habits thus limiting his understanding of what is expected of him to do for his class assignments. He is capable to grasp new concepts with multiple forms of entry but can easily be distracted during classroom activities. He appears he rather perform on other activities than the work at hand in front of him and his peers. His teachers share it is difficult to assess his true comprehension of his mathematical set skills with inconsistent submission of his classroom work.

Impact of Disability: Kfir's Specific Learning (SLD) limits his ability to access General Education curriculum in regard to making progress in Math.

Performance Area:

Vocational

Category:

Vocational Education

Assessment/Monitoring Process
Used:

Teachers' observations, informal assessments, and submitted work samples.

State/District Assessment Results:

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

Strengths: Kfir's teachers and support staff report back when he participates in his classroom studies he will also follow up by submitting his work on time to be graded by his teachers. Kfir's classmates benefit when he participates in the class by self-advocating for clarity on the steps needed to solve homework assignments.

Area of Needs: Kfir as of late struggles with regular and consistent attendance and participation in his classes. He has a tendency to display there are other things he would rather apply his focus to than his classroom assignments. Kfir's teachers share when he is on time and participate in class he has a tendency to complete and submit his work. It is very difficult to assess what his learning concerns are when he does not regularly submit his work on time.

Area of Needs: Kfir's Specific Learning (SLD) limits his ability to access General Education curriculum in regard to making progress in his Vocational Education.

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Section F: Eligibility

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

For Initial IEP, interventions attempted prior to determining eligibility:

Eligible as a student with the disability of:

Code:

SLD

Specific Learning Disability



Not Applicable,



Blind or



Partially Sighted

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

Code:



Not Applicable,



Blind or



Partially Sighted



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

or



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

No Longer Eligible (Effective
Date):☐ This is a Final IEP, the student remains eligible for Special Education Services until the Effective Date below.

Final IEP Reason:

Final IEP Effective Date:

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



Social Maladjustment



Temporary Physical Disability



Lack of instruction in reading



Lack of instruction in math



Limited English Proficiency



Environmental, Cultural or Economic Factors

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Section G: Annual Goals and Objectives

Performance Area:

English Language Dev

Category:

English Language Dev ▼

Annual Goal #:

1

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:

Incremental objective #2 related to the goal:

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 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:

Writing

Category:

Writing

Annual Goal #:

2

With some guidance and support from peers and adults, Kfir will develop and strengthen writing as needed by planning, revising, editing, rewriting, or trying a new approach, focusing on addressing what is most significant for a specific purpose and audience as measured in his submitted work samples 4 out of 5 trials with 90% accuracy.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

With some guidance and support from peers and adults, Kfir will develop and strengthen writing as needed by planning, revising, editing, rewriting, or trying a new approach, focusing on addressing what is most significant for a specific purpose and audience as measured in his submitted work samples 4 out of 5 trials with 75% accuracy.

Incremental objective #2 related to the goal:

With some guidance and support from peers and adults, Kfir will develop and strengthen writing as needed by planning, revising, editing, rewriting, or trying a new approach, focusing on addressing what is most significant for a specific purpose and audience as measured in his submitted work samples 4 out of 5 trials with 80% accuracy.

Date to be achieved:

December

2021

MO/YR

Date to be achieved:

April

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"/>

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Meeting Date 28-MAY-2021

Section G: Annual Goals and Objectives

Performance Area:

Reading

Category:

Reading

Annual Goal #:

3

Kfir will identify the premises, purposes, and arguments in important government and/or political documents through submitted work samples as measured in 4 out of 5 trials with 90% accuracy.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

Kfir will identify the premises, purposes, and arguments in important government and/or political documents through submitted work samples as measured in 4 out of 5 trials with 75% accuracy.

Incremental objective #2 related to the goal:

Kfir will identify the premises, purposes, and arguments in important government and/or political documents through submitted work samples as measured in 4 out of 5 trials with 80% accuracy.

Date to be achieved:

December

2021

MO/YR

Date to be achieved:

April

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: <input type="text"/>

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Section G: Annual Goals and Objectives

Performance Area:

Math

Category:

Math

Annual Goal #:

4

Kfir will explain each step in solving a simple equation or construct a viable argument to justify a solution method or combination of both orally, in writing, and/or through a combination of words and drawings through submitted work samples as measured in 4 out of 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:

Kfir will explain each step in solving a simple equation or construct a viable argument to justify a solution method or combination of both orally, in writing, and/or through a combination of words and drawings through submitted work samples as measured in 4 out of 5 trials with 70% accuracy.

Incremental objective #2 related to the goal:

Kfir will explain each step in solving a simple equation or construct a viable argument to justify a solution method or combination of both orally, in writing, and/or through a combination of words and drawings through submitted work samples as measured in 4 out of 5 trials with 75% accuracy.

Date to be achieved:

May

2021

MO/YR

Date to be achieved:

June

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

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Section G: Annual Goals and Objectives

Performance Area:

Vocational

Category:

Vocational Education ▼

Annual Goal #:

5

Kfir will self advocate for assistance from either the teacher, staff or peer in class, via email or participating in a breakout room requesting further clarity on work assignments and their due dates in 4 out 5 trails with 90% accuracy.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

Kfir will self advocate for assistance from either the teacher, staff or peer in class, via email or participating in a breakout room requesting further clarity on work assignments and their due dates in 4 out 5 trails with 75% accuracy.

Incremental objective #2 related to the goal:

Kfir will self advocate for assistance from either the teacher, staff or peer in class, via email or participating in a breakout room requesting further clarity on work assignments and their due dates in 4 out 5 trails with 80% accuracy.

Date to be achieved:

June ▼

2021 ▼

MO/YR

Date to be achieved:

December ▼

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 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"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student

FADLON

Last

KFIR

First

MI

Date of Birth

25-JUN-2004

Meeting Date

28-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.

Student will participate in California Alternate Assessment in English Language Arts and Math in grades 3-8 and 11 and Science in grades 5, 8, and once in high school.

CAA Subject
ELA/Math and Science

Designated Supports:

- Test in a separate/smaller setting (non-embedded resource)

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

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Section N: Procedural Safeguards and Follow-up Actions

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

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

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

Specify the Individual Pages to be translated:

All

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

FADLON

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28-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

Email
EmailOFFICE TECH
OFFICE TECH23-FEB-2021
17-MAR-2021

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

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

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

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

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

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

Parent Concerns and Comments

Signature(s)

Date

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

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

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

Signature(s)

Date

28-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.

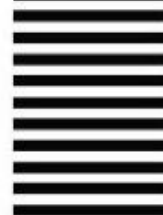
Please fold along dotted lines with the address showing. Seal and mail. Postage is pre-paid.
Again, Thank you!



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 DateStudent **FADLON**
Last**KFIR**
First

MI

Date of Birth **25-JUN-2004**Meeting Date **28-MAY-2021**

Section R: Names and Signatures (Signatures on File)

Team Member	Print Name	Signature
Parent/Guardian		
Parent/Guardian		
Student Age 18 - 21 years		
Student Under Age 18 years		
Surrogate Parent		
Foster Parent		
Family Foster Home Provider		
Administrator		
Administrative Designee	A. White (via Zoom)	
Special Education Teacher	J. Govey (via Zoom)	
General Education Teacher	E. Eisner (via Zoom)	
School Psychologist		
School Nurse		
Related Service Staff		
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

Student **FADLON**
Last**KFIR**
First**MI**
MIDate of
Birth

25-JUN-2004

Meeting
Date

28-MAY-2021

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
Last

First

MI

Date of Birth

Meeting Date

ANNUAL LEAST RESTRICTIVE ENVIRONMENT ANALYSIS (Continued)

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

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

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

Step E.	Can the supports, services, accommodations and/or modifications in the student's IEP be made available in a residential care facility?	
	<input type="radio"/> Yes <input type="radio"/> No	If not currently available, articulate in the IEP what supports, accommodations and/or modifications are required for the student in this setting.
	<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	

Student **FADLON****KFIR****MI****Date of
Birth**

25-JUN-2004

**Meeting
Date**

28-MAY-2021

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):

☐

Diminished access to the full range of the curriculum

☒

Missed general education instruction taught by highly qualified staff

☐

Rate at which student may earn credits for graduation

☐

Lack of opportunity for social interaction

☐

Lack of opportunities for age-appropriate peer role models

☐

Amount of socialization opportunities with typical peers

☐

Limited access to peers in student's home community

☐

Lack of exposure to appropriate behavioral models from peers

☐

Other:

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 1 - Eligibility, Placements and Supports

Student FADLON

KFIR

Date of Birth 25-JUN-2004

Meeting Date 28-MAY-2021

Last

First

MI

		Effective With this IEP	Future Changes Related to this IEP
	As of Date:		
Eligibility: (from Page 4)		Eligible (SLD)	
	Final IEP Reason Final IEP Effective Date:		
Curriculum		General Education	
Placement	Type of School	District Non-Resident School	
	Name of School	UNIVERSITY HS CHARTER	
Instructional Setting	Setting	General Education	
	Program	GE	
	Special Day Minutes/Wk		
	Addresses Goals	1(English Language Development),2(Writing),3(Reading),4(Math),5(Vocational)	
Additional Factors	Low Incident Support	None	
	Assistive Technology Support	No	
	Transportation	None	
	Extended School Year/Intersession	<input type="radio"/> Yes <input checked="" type="radio"/> No	
	Parent Counseling and Training (PCT)	<input checked="" type="radio"/> Yes <input type="radio"/> No	
	ESY Transportation		
Accommodation, Modifications, Supports	Instructional Accommodations	Preferential Seating, close to board and teacher proximity; Visual aids (word walls, vocabulary sheets, math manipulative); Verbal praise and positive reinforcement; Multiple clarifications of tasks (verbal and written); Redirection when off-task; Pre-teach & re-teach concepts as necessary; Extended time on assignments (up to 50%) Extended time on tests & quizzes in the resource room up to 50% (extra day/period); Use of notes for cumulative test/quiz, L Late assignments without penalties within one week of due date; Use of computer for final written assignments: Allow student to use technology in class for academic purposes (taking photo of either teacher's or classmates' notes, lecture guide)	
	Instructional Modifications		
	Other Supports, including Non-Academic and Extra-curricular Activities		
Preparation for Three Year Review IEP (At	Do the Parent and the District (local	<input type="radio"/> Yes <input checked="" type="radio"/> No	

the second Annual Review IEP Meeting, the team must discuss and document the decision to conduct or not conduct a three-year comprehensive reassessment.)	educational agency) agree that a reassessment is unnecessary?	
	If the Parent does not agree, specify the area(s) to be reassessed.	
Comments, as appropriate		
Low Incidence Equipment		
Assistive Technology Equipment		
Participation in General Education	Student is in all general education classes	

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student FADLON

KFIR

MI

Date of Birth 25-JUN-2004

**Meeting
Date**

28-MAY-2021

Last

First

		Effective With This IEP	Future Changes Related To This IEP
Service 1	Start Date:	Effective on Signature Date	
RSP	End Date:		
RSP	Service applies to:	Regular	
	Frequency:	1-5	
This service addresses the following goals:	Interval:	Weekly	
<div>1(English Language Development)</div> <div>2(Writing)</div> <div>3(Reading)</div> <div>4(Math)</div> <div>5(Vocational)</div>	Minutes/Interval:	30	
	Minutes/Interval (Pullout from Gen Ed):	0	
	Service Delivery Model:	RSP: Collaborative Teaching and Planning*	
	RSP Area:	Multiple Academic Areas	
	Responsible Personnel:	Resource Specialist Teacher	
		General Education Teacher	

*

Notes:

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

Part 3 - Percentage of Time Outside of General Education

		Effective With this IEP	Future Changes Related to this IEP
% of Time per Week outside of General Education	0		

Part 4 - Additional Discussion (This section is optional)

--

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

(SLD, pg. 1 of 1)

Student FADLON

KFIR

Date of Birth 25-JUN-2004

Meeting Date 28-MAY-2021

Last

First

MI

SPECIFIC LEARNING DISABILITIES CERTIFICATION

Use this form at Initial, Three Year Reviews and comprehensive assessments for students eligible as having a Specific Learning Disability, including but not limited to students with characteristics of dyslexia. This form is not required at Annual Review meetings.

It is the consensus of the IEP Team that the student meets the eligibility criteria for Specific Learning Disability based upon the information which follows. This form serves as the written report of the IEP Team consensus.

1. Are there educationally relevant medical conditions which should be considered by the IEP Team? ☐ Yes ☒ No

If Yes, describe

2. During the observation of the student in the general education setting, was behavior noted that relates to the student's general academic functioning? ☐ Yes ☒ No

If Yes, describe

3. A severe discrepancy exists in one or more of the following academic areas: (Check all that apply)

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Listening Comprehension | <input type="checkbox"/> Basic Reading Skills | <input type="checkbox"/> Oral Expression | <input checked="" type="checkbox"/> Reading Comprehension |
| <input checked="" type="checkbox"/> Written Expression | <input type="checkbox"/> Math Calculation | <input checked="" type="checkbox"/> Math Reasoning | <input type="checkbox"/> Reading Fluency |

4. The discrepancy is the result of a disorder in one or more of the following psychological processes: (Check all that apply)

- | | | | |
|---|--|--|---|
| <input checked="" type="checkbox"/> Attention | <input type="checkbox"/> Visual Processing | <input type="checkbox"/> Auditory Processing | <input type="checkbox"/> Sensory Motor Skills |
| <input checked="" type="checkbox"/> Cognitive abilities including association, conceptualization and expression | <input type="checkbox"/> Phonological Processing | | |

5. The Team agrees that the discrepancy is not primarily the result of:

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Limited school experience | <input checked="" type="checkbox"/> Poor school attendance | <input checked="" type="checkbox"/> Environmental, economic or cultural disadvantage |
| <input checked="" type="checkbox"/> Social maladjustment | <input checked="" type="checkbox"/> Intellectually Disabled | <input checked="" type="checkbox"/> Visual, hearing or motor impairment |
| <input checked="" type="checkbox"/> Unfamiliarity with the English language | | |

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student
Last
First
MIDate of Birth Meeting Date

FAPE Summary Grid

Program:	GE	Setting:	General Education
Eligibility:	Eligible (SLD)	Curriculum:	General Education
Transportation:	None	Low Incident Support:	None
Date District Received Parent Signature:			

Service Code	Service Desc	Start Date	Service Applies To	Interval	Frequency	Area	Total Minutes	Addresses Goal(s)	No Consent
RSP	RSP	Effective on Signature Date	Regular	Weekly	1-5	RSP-Multiple Academic Areas	30	English Language Development, Writing, Reading, Math, Vocational	--

Alternative Remote/Distance Learning Services During Emergency Conditions

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

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

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

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

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

For IEP Team Information

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

(ITP, pg. 1 of 3)

Student Date of
BirthMeeting
Date

Last

First

MI

INDIVIDUAL TRANSITION PLAN (ITP)

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

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

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

Section 1: Education/Training

Assessment (at least one assessment must be completed in this area).	Date	Assessment Name and Results: Indicate interests/abilities and area(s) of need (if applicable)
<input type="text" value="Transition Surveys, Checklists, or Informal Questionnaires"/> If other? <input type="text"/>	<input type="text" value="04-MAR-2021"/>	Per previous IEP: Based on Ready Set Go survey, Kfir is interested in physical activity, mechanical/repairing/construction, and occupational training plus education.
<input type="text"/> If other? <input type="text"/>	<input type="text"/>	

Education/Training Postsecondary Goal

Upon completion of high school, the student will:

If other?

Education/Training Activity to Support Goal	Timeline	Person/Agency Responsible
develop a personal career / education plan	<input type="text" value="02-MAY-2022"/>	<input type="text" value="Parent/Guardian/Family"/> <input type="text" value="Student"/> <input type="text" value="Special Education Teacher"/> <input type="text"/> <input type="text"/> <input type="text"/>
If other? <input type="text"/>		

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

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Student
Last First MI

Date of Birth

Meeting Date

INDIVIDUAL TRANSITION PLAN (ITP)

Section 2: Employment

Assessment (at least one assessment must be completed in this area).	Date	Assessment Name and Results: Indicate interests/abilities and area(s) of need (if applicable)
<input type="text" value="Transition Surveys, Checklists, or Informal Questionnaires"/> <input type="button" value="v"/> If other? <input type="text"/>	<input type="text" value="04-MAR-2021"/>	Per previous IEP: Based on Ready Set Go survey, Kfir is interested in physical activity, mechanical/repairing/construction, and occupational training plus education.
<input type="text"/> <input type="button" value="v"/> If other? <input type="text"/>	<input type="text"/>	

Employment Postsecondary Goal

Upon completion of high school, the student will:

If other?

Employment Activity to Support Goal	Timeline	Person/Agency Responsible
develop a career plan and identify career goals	<input type="text" value="04-MAY-2022"/>	<input type="text" value="Parent/Guardian/Family"/> <input type="button" value="v"/> <input type="text" value="Special Education Teacher"/> <input type="button" value="v"/> <input type="text" value="Student"/> <input type="button" value="v"/> <input type="text"/> <input type="button" value="v"/> <input type="text"/> <input type="button" value="v"/> <input type="text"/> <input type="button" value="v"/> <input type="text"/> <input type="button" value="v"/>
If other? <input type="text"/>		

Section 3: Independent Living (as needed)

Assessment (at least one assessment must be completed in this area).	Date	Assessment Name and Results: Indicate interests/abilities and area(s) of need (if applicable)
<input type="text"/> <input type="button" value="v"/> If other? <input type="text"/>	<input type="text"/>	
<input type="text"/> <input type="button" value="v"/> If other? <input type="text"/>	<input type="text"/>	

Independent Living Postsecondary Goal

Upon completion of high school, the student will:

If other?

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

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INDIVIDUAL TRANSITION PLAN (IEP)

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

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

Courses completed: ☒ Yes ☐ No
Courses currently enrolled in: ☒ Yes ☐ No
Courses still needed: ☒ Yes ☐ No

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

Student is working towards: ☐ Certificate of Completion ☒ Diploma

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

Student should enroll in electives and school clubs in areas of interest.

Future Agency Involvement:

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

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

Agency Name:

Agency Name:

Agency Name:

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

1. ☒ Yes

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

2. ☒ Yes

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

3. ☒ Yes

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

4. ☒ Yes

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

5. ☒ Yes

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

6. ☒ Yes

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

7. ☒ Yes

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

8. ☐ Yes ☒ N/A