

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Identification
Number

200081X243

SSID

7565106622

Eligible (AUT)

Student

AZAR

LIEL

MI

Date of Birth:

01-JAN-2010

Last

First

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
Portola Charter Middle School	Los Angeles Unified School Dis

Section B: Student Information

Date of Birth	01-JAN-2010	Age	11	Grade	6
Gender	<input type="radio"/> Male <input checked="" 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 NOF	Student has no Psych Folder	<input type="checkbox"/>		
Location of the Cum Folder	PORTOLA CM	Student has no Cum Folder	<input type="checkbox"/>		
Home Language	English	Student Language	English	Alternate Mode of Communication	
Home Address of Student	5150 YARMOUTH AVE APT 302				
City	ENCINO CA	ZIP Code	91316		
Home Telephone	(310) 993-7944	Daytime Telephone		Emergency Telephone	
School of Attendance	Portola Cm	Location Code	8107		
School of Residence	Portola Cm	Location Code	8107		
Name of Parent/Guardian		Telephone			
Address					
City		CA	ZIP Code		
Surogate Parent		Telephone			
Attends CURRENT SCHOOL as a result of one of the following	Attends School of Residence ▼				
Is the student living in a Family Foster Home (FFH)?	<input checked="" type="radio"/> No <input type="radio"/> Yes	FFH#			
Is FFH Provider related to student?	<input type="radio"/> No <input type="radio"/> Yes	Relationship			
Licensed Children's Institution	<input checked="" type="radio"/> No <input type="radio"/> Yes	LCI Name			
		LCI#			
Out of the home placement made by	<input type="radio"/> Regional Center	<input type="radio"/> Department of Mental Health	<input type="radio"/> Department of Children's Services		
	<input type="radio"/> Superior Court	<input type="radio"/> Other			
Child's family living within LAUSD's boundaries?	<input type="radio"/> No <input checked="" type="radio"/> Yes				
If the student is 18 years old or older or is an emancipated minor, does he/she have educational decision-making rights?	<input type="radio"/> No <input type="radio"/> Yes				

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Section C: Language Acquisition

Language Classification:

Start Date:

Withdrawal by Parent Request:

☐ Yes ☐ 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	<input type="text" value="Reading"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="Not able to cite 4 pieces of textual evidence with"/>
Category	<input type="text" value="Reading"/>			
	Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text" value="75% accuracy. Will continue to work on goal."/>
	Objective 2 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
2	<input type="text" value="Writing"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="Not able to reach 75% accuracy at this moment."/>
Category	<input type="text" value="Writing"/>			
	Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text" value="Will continue to work on goal."/>
	Objective 2 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
3	<input type="text" value="Mathematics"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="Not able to reach Division of Multi-digit"/>
Category	<input type="text" value="Math"/>			
	Objective 1 met	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="numbers. Will continue to work"/>
	Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="on goal."/>
4	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Category	<input type="text"/>			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
5	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Category	<input type="text"/>			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
6	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Category	<input type="text"/>			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
7	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Category	<input type="text"/>			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
8	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Category	<input type="text"/>			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
9	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Category	<input type="text"/>			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
10	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Category	<input type="text"/>			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

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Section E: Present Level of Performance

Performance Area:

HEALTH ASSESSMENT

Category:

Health

Assessment/Monitoring Process
Used:

State/District Assessment Results:

LAUSD HEALTH ASSESSMENT

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

DUE TO THE PANDEMIC,ASSESSMENT ARE BEING CONDUCTED REMOTELY OR IN PERSON.THE PROVISION OF IN PERSON HEALTH ASSESSMENT IS SUBJECT TO EXISTING PUBLIC HEALTH AND SAFETY CONDITIONS.HEALTH INFORMATION IS GATHERED FROM A REVIEW OF THE HEALTH RECORD AND CONFERENCE WITH PARENT.VISION AND HEARING INFORMATION ARE THE MOST CURRENT DOCUMENTED IN THE HEALTH RECORD.

HEALTH SUMMARY: INFORMATION PROVIDED BY HER MOTHER. SHE REPORTS NO SIGNIFICANT HEALTH PROBLEM AND TAKES NO MEDICATION ON A DAILY BASIS.PARENT AREA OF CONCERN IS ACADEMIC.

STUDENTS NEEDS: HEALTH IS NOT AN AREA OF NEED.

STUDENT STRENGTHS: SHE PASSED VISION TEST WITHOUT CORRECTION ON 10/1/21 AND PASSED HEARING TEST ON 2/28/20.NO HISTORY OF SERIOUS ILLNESS,INJURY OR HOSPITALIZATION IN THE LAST 3 YEARS.

IMPACT OF DISABILITY: STUDENT HEALTH DOES NOT IMPACT HER PARTICIPATION,PERFORMANCE, AND ACCESS IN HER EDUCATIONAL PROGRAM.

ACCOMMODATION: NONE.

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:

Reading

Category:

Reading

Assessment/Monitoring Process
Used:

Teacher reports, samples, observation

State/District Assessment Results:

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

Woodcock Johnson IV Broad Reading (Standard Score 66 - Very Low Range)

Strengths: According to his teachers, Liel is able to read basic sight words from the text. She can identify characters and setting from a short story that is presented to her. She can pronounce many single-syllabic words when reading from the text. She enjoys reading whenever assigned a paragraph.

Needs: Liel needs to work on pronouncing more difficult words and/or multi-syllabic words. Whenever she encounters an unrecognizable word, she should locate the prefix/suffix in order to identify the word. In addition, it would behoove Liel to use a dictionary or thesaurus to also find its definition.

Impact Statement: Liel's eligibility of Autism impairs her ability to read/comprehend at grade level in which impacts her involvement and progress in the general education Reading curriculum.

Performance Area:

Written Language

Category:

Writing

Assessment/Monitoring Process
Used:

Teacher reports, samples, observation

State/District Assessment Results:

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

Woodcock Johnson IV Broad Written Language (Standard Score 78 - Low Range)

Strengths: According to her teachers, Liel is able to write simple sentences with correct capitalization and punctuation. She can generally write a paragraph that is of interest to her with teacher support. When using sentence starters, she can write a complete sentence which integrates textual evidence from the text.

Needs: Liel needs to work on making sure her sentences are free of spelling errors. Prior finishing her sentence/paragraph, it would behoove her to proofread her work before submission. She should continue using graphic organizers including circle maps for her to help visualize what she puts into the essay.

Impact Statement: Liel's eligibility of Autism impairs her ability to write an essay which impacts her involvement and progress in the general education writing curriculum.

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Section E: Present Level of Performance

Performance Area:

Mathematics

Category:

Math

Assessment/Monitoring Process
Used:

Teacher reports, samples, observation

State/District Assessment Results:

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

Woodcock Johnson IV Broad Mathematics (Standard Score 64 - Very Low Range)

Strengths: According to her Math teacher, Liel is good with math when she stays focused and is present. Liel is accommodated with the use of a calculator or times table chart for operational computations. She has some good basic operational skills (+, -, x). She can add, subtract multi-digit numbers and multiply single digit numbers without decimals with some prompting from teacher and adults in the classroom. She can also set up ratios and basic simplifying with visual and auditory prompting from the teacher.

Needs: Liel shows difficulty solving multi-step problems without prompting and modeling. She can understand some math standards during whole group instruction but struggles to fill in all the gaps independently with math standards unless prompted. Liel struggles with division and multi-digit multiplication. Liel has difficulty with retaining learned skills and needs renewed clarification when coming back from an absence. Liel needs to improve her ability to solve rational number problems to increase math ability and academic success.

Impact Statement: Liel's eligibility of Autism impairs her ability to do mathematical calculations which impacts her involvement and progress in the general education Math curriculum.

Performance Area:

Vocational Education

Category:

Vocational Education

Assessment/Monitoring Process
Used:

Teacher reports, observation

State/District Assessment Results:

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

Strengths: Liel is organized and prepares for class with minimal to no prompting. She finishes all her assignments in due time even when she is absent.

Needs: None at this time.

Impact Statement: Liel's eligibility of Autism does not impact the student's ability to demonstrate executive functioning and organizing.

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Section E: Present Level of Performance

Performance Area:

Behavioral Support

Category:

Behavior Intervention

Assessment/Monitoring Process
Used:

Teacher reports, observation

State/District Assessment Results:

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

Strengths: According to her teachers, Liel is very kind, respectful, polite and well-mannered. She listens when on-task and participates when asked to answer a question or read. She puts effort in her academic classes especially when she understands the topic and prompted by adults. She is cooperative when focused and finishes all her assignments in class or at home even when she is absent.

Needs: Academic teachers say she follows with the lectures and the notes but she rarely asks for help and often says she has no questions. Liel needs to continue to ask for help when needed especially when topic or directions are unclear to her to achieve academic success.

Impact Statement: Liel's eligibility of Autism impairs her ability to ask questions on clarification of assignments which impacts her involvement and progress in 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:

Reading

Category:

Reading

Annual Goal #:

1

Liel will determine or clarify the meaning of 10 unknown and multiple-meaning words and phrases by using reference materials, both print and digital, to find the pronunciation of a word or determine or clarify its precise meaning with minimal prompting including verbal and visual cues as measured by work samples 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:

Liel will determine or clarify the meaning of 5 unknown and multiple-meaning words and phrases by using reference materials, both print and digital, to find the pronunciation of a word or determine or clarify its precise meaning with maximum prompting including verbal and visual cues as measured by work samples in 2 out of 5 trials with 60% accuracy

Incremental objective #2 related to the goal:

Liel will determine or clarify the meaning of 7 unknown and multiple-meaning words and phrases by using reference materials, both print and digital, to find the pronunciation of a word or determine or clarify its precise meaning with moderate prompting including verbal and visual cues as measured by work samples in 3 out of 5 trials with 70% accuracy

Date to be achieved:

February

2022

MO/YR

Date to be achieved:

June

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

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Section G: Annual Goals and Objectives

Performance Area:

Behavioral Support

Category:

Behavior Intervention ▼

Annual Goal #:

4

Liel will demonstrate self-advocacy through skills taught by the teacher (ex. raising the hand) by requesting for teacher prompts and clarification both visual and verbal cues on assignments when needed 4 out of 5 times 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:

Liel will demonstrate self-advocacy through skills taught by the teacher (ex. raising the hand) by requesting for teacher prompts and clarification both visual and verbal cues on assignments when needed 2 out of 5 times with 60% accuracy.

Incremental objective #2 related to the goal:

Liel will demonstrate self-advocacy through skills taught by the teacher (ex. raising the hand) by requesting for teacher prompts and clarification both visual and verbal cues on assignments when needed 3 out of 5 times with 70% accuracy.

Date to be achieved:

February ▼

2022 ▼

MO/YR

Date to be achieved:

June ▼

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:

Written Language

Category:

Writing

Annual Goal #:

2

With some guidance and support from peers and adults, Liel will develop and strengthen writing of 3 paragraphs as needed by planning, revising, editing, rewriting, or trying a new approach with minimal prompting both visual and verbal cues as measured by work samples 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:

With some guidance and support from peers and adults, Liel will develop and strengthen writing of 1 paragraph as needed by planning, revising, editing, rewriting, or trying a new approach with maximum prompting both verbal and visual cues as measured by work samples in 2 out of 5 trials with 60% accuracy.

Incremental objective #2 related to the goal:

With some guidance and support from peers and adults, Liel will develop and strengthen writing of 2 paragraphs as needed by planning, revising, editing, rewriting, or trying a new approach with moderate prompting both visual and verbal cues as measured by work samples in 3 out of 5 trials with 70% accuracy.

Date to be achieved:

February

2022

MO/YR

Date to be achieved:

June

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:

Category:

Annual Goal #:

Liel will solve real-world and mathematical problems involving the four operations with rational numbers with minimal prompting both visual and verbal cues as measured by work samples 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:

Liel will solve real-world and mathematical problems involving the addition and subtraction with rational numbers with maximum prompting both verbal and visual cues as measured by work samples in 2 out of 5 trials with 60% accuracy.

Incremental objective #2 related to the goal:

Liel will solve real-world and mathematical problems involving multiplication and division with rational numbers with moderate prompting both visual and verbal cues as measured by work samples in 3 out of 5 trials with 70% accuracy.

Date to be achieved:

MO/YR

Date to be achieved:

MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

4 GOAL MET OR 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

AZAR

LIEL

Last

First

MI

Date of Birth

01-JAN-2010

Meeting Date

06-OCT-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 Regular State and District Assessments. <i>(Designated Supports and/or Accommodations identified below are applicable)</i>	CAASPP Subject ELA and Math
Designated Supports: <ul style="list-style-type: none"> - Simplified or paraphrased test directions (non-embedded designated support) - Test in a separate/smaller setting - Read aloud by an adult in English (for math items and ELA items except for reading passages) - Text-to-speech software enabled (for math items and ELA items except for reading passages) Accommodations: <ul style="list-style-type: none"> - Multiplication table for single digits 1-9 (paper-based; not allowed for Grade 3; non-embedded accommodation) - Read aloud in English by an adult (non-embedded accommodation) for ELA reading passages. - Text-to-Speech software enabled for ELA reading passages (embedded accommodation). 	

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

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Section N: Procedural Safeguards and Follow-up Actions

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

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

Select Preferred Language:

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

Select Preferred Language:

Hebrew



Specify the Individual Pages to be translated:

Special Requests:

- ☐ For students who are 17 years old, the student and parent(s)/guardian(s) have been informed that the educational decision-making rights will transfer to the student at 18 years of age, unless the court has determined otherwise.

THIS SPACE DELIBERATELY LEFT BLANK.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

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Section Q: Parent Participation and Consent

Parent Participation

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

Parent Notification

Method

Phone

Whom

G. Moran

When

20-SEP-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

6-OCT-2021

PARENT INPUT SURVEY

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

ALL INFORMATION IS CONFIDENTIAL

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

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

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

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



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

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

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



PARENT INPUT SURVEY
English



INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Reconvened
Meeting Date

Student

AZAR

LIEL

Last

First

MI

Date of Birth 01-JAN-2010

Meeting Date 06-OCT-2021

Section R: Names and Signatures (Signatures on File)

Team Member	Print Name	Signature
Parent/Guardian	Sharona Azar (on iphone)	
Parent/Guardian		
Student Age 18 - 21 years		
Student Under Age 18 years		
Surrogate Parent		
Foster Parent		
Family Foster Home Provider		
Administrator		
Administrative Designee	Lynda Hirsch	
Special Education Teacher	Francis Padua	FP
General Education Teacher	Katharine Beck	KB
School Psychologist		
School Nurse	Mehrdokht Parsinia	MS
Related Service Staff		
Related Service Staff		
Related Service Staff		
Interpreter		
Sign Language Interpreter		
Agency Representative		
Agency Representative		
Agency Representative		
Other	Student Teacher	Katherine Durbin
Other		
Other		
Other		

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student

AZAR

LIEL

Last

First

MI

Date of
Birth

01-JAN-2010

Meeting
Date

06-OCT-2021

LEAST RESTRICTIVE ENVIRONMENT ANALYSIS

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

Student's Current Placement Type:

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

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

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

Step A.	Can the supports, services, accommodations and/or modifications in the student's IEP be made available in a general education classroom/setting?	
	<input type="radio"/> Yes <input checked="" type="radio"/> No	If the answer is YES, then a general education classroom/setting is the appropriate placement. If the answer is NO, go to the question below.
	<input type="radio"/> Yes <input checked="" type="radio"/> No	If not currently available, can the required supports, services, accommodations and/or modifications be made available in a general education classroom/setting? If YES, all required supports, services, accommodations and/or modifications must be provided within a reasonable timeline. If the answer is NO, please articulate why in the box below. Then go to Step B.
<div style="border: 1px solid black; padding: 5px; min-height: 80px;"> Liel needs a more restrictive environment and higher level of accommodations to access curriculum and achieve academic success. </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 checked="" type="radio"/> Yes <input type="radio"/> No	If the answer is YES, then a special day program on a general education site is the appropriate placement. If the answer is NO, go to the question below.
	<input type="radio"/> Yes <input type="radio"/> No	If not currently available, can the required supports, services, accommodations and/or modifications be made available in a special day program on a general education site? If YES, all required supports, services, accommodations and/or modifications must be provided within a reasonable timeline. If the answer is NO, please articulate why in the box below. Then go to Step C.
<div style="border: 1px solid black; height: 80px;"></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

AZAR

LIEL

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Date of
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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 Date of Birth Meeting Date

Last

First

MI

		Effective With this IEP	Future Changes Related to this IEP
	As of Date:	<input type="text"/>	<input type="text"/>
Eligibility: (from Page 4)		Eligible (AUT)	
	Final IEP Reason Final IEP Effective Date:		
Curriculum		<input type="text" value="General Education"/>	<input type="text"/>
Placement	Type of School	<input type="text" value="District Resident School"/>	<input type="text"/>
	Name of School	<input type="text" value="PORTOLA CM"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
Instructional Setting	Setting	<input type="text" value="Special Education"/>	<input type="text"/>
	Program	<input type="text" value="SLD"/>	<input type="text"/>
	Special Day Minutes/Wk	<input type="text" value="1000"/>	<input type="text"/>
	Addresses Goals	<input type="text" value="1(Reading),2(Written Language),3(Mathematics),4(Behavioral Support)"/>	<input type="text"/>
Additional Factors	Low Incident Support	<input type="text" value="None"/>	<input type="text"/>
	Assistive Technology Support	<input type="text" value="No"/>	<input type="text"/>
	Transportation	<input type="text" value="None"/>	<input type="text"/>
	Extended School Year/Intersession	<input checked="" type="radio"/> Yes <input type="radio"/> No	
	Parent Counseling and Training (PCT)	<input checked="" type="radio"/> Yes <input type="radio"/> No	
	ESY Transportation	<input type="text" value="No"/>	<input type="text"/>
Accommodation, Modifications, Supports	Instructional Accommodations	<input type="text" value="preferred seating, visual cues, prompting, re-direct to task, graphic organizer, break lengthy assignments into chunks, clear expectations on directions for assignments, extra time for assessments and assignments as needed, shorten assignments as needed but must show mastery, allow student to use ruler or line marker when reading/writing. Allow student to have a break when using computer for more than 20 min., Larger font/print when available, Allow student to use prism glasses as she needs, text to speech (as appropriate)"/>	<input type="text"/>
	Instructional Modifications	<input type="text"/>	<input type="text"/>
	Other Supports, including Non-Academic and Extra-curricular Activities	<input type="text"/>	<input type="text"/>
Preparation for Three Year Review IEP (At the second Annual Review IEP Meeting, the team must discuss and document the decision to conduct or not conduct a three-year comprehensive reassessment.)	Do the Parent and the District (local educational agency) agree that a reassessment is unnecessary?	<input type="radio"/> Yes <input type="radio"/> No	
	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	PE and Elective		

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student
Last

First

MI

Date of Birth

Meeting Date

		Effective With This IEP	Future Changes Related To This IEP
--	--	-------------------------	------------------------------------

Notes:

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

Part 3 - Percentage of Time Outside of General Education

	Effective With this IEP	Future Changes Related to this IEP
% of Time per Week outside of General Education	<input type="text" value="53"/>	

Part 4 - Additional Discussion (This section is optional)

General Education Art teacher reports: Liel is doing 'great' in art class. She is very motivated student, she will advocate for herself when she returns from an absence or is unclear as to what is expected. Liel is very creative.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student AZAR

LIEL

Date of Birth 01-JAN-2010

Meeting Date 06-OCT-2021

Last

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FAPE Summary Grid

Program:	SLD	Setting:	Special Education
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

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"/>
Extended School Year Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Supplementary Aids and Services (provided in general education classes and other general ed environments)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

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

For IEP Team Information

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

INDIVIDUALIZED EDUCATION PROGRAM

Behavior Intervention Plan

For Behavior Interfering with Student's Learning or the Learning of His/Her Peers

Los Angeles Unified School District

(Behavior Intervention Plan, pg. 1 of 3)

Student **AZAR** **LIEL** **MI** Date of Birth **01-JAN-2010** Meeting Date **06-OCT-2021**

- 1 The behavior impeding learning is: Describe what it looks like:
 other ☒ doesn't ask clarifying questions when needed or more often
- 2 It impedes learning because: lack of work production ☐ disrupts other students ☐ requires instruction to stop ☐
 instructional time is lost ☐ negative interaction with peers ☐
 other ☒ not understanding directions on assignments
- 3 The need for a Behavior Intervention Plan: ☒ early stage intervention ☐ moderate ☐ serious ☐ extreme
- 4 Frequency or intensity or duration of behavior: Frequency (x) Period Intensity Duration (min)
 1 weekly ☒ low ☒
☒ Reported by teacher and/or ☒ observed by teacher

PREVENTION

PART 1

ENVIRONMENTAL FACTORS AND NECESSARY CHANGES

- 5 What are the predictors for the behavior? (Situations in which the behavior is likely to occur: people, time, place, subject, etc).
- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Disruption in routines | <input checked="" type="checkbox"/> Work level higher than student's ability | <input type="checkbox"/> Verbal directives | <input checked="" type="checkbox"/> Lack of predictability |
| <input type="checkbox"/> Time of day | <input type="checkbox"/> Internal physical/emotional state | <input type="checkbox"/> Peer conflict | <input type="checkbox"/> Over stimulation |
| <input type="checkbox"/> Unstructured time | <input type="checkbox"/> Lack of freedom, choice, desirable activities, friends | <input type="checkbox"/> Room conditions | <input type="checkbox"/> Specific room arrangement |
| <input type="checkbox"/> Events from previous environments | <input type="checkbox"/> Under stimulation | | |
- ☐ Other Describe: _____
- 6 What supports the student using the problem behavior? (What is missing in the environment/curriculum or what is in the environment/curriculum that needs changing?)
- Observation Analysis
- | | | | |
|-----------------------------|---|--|--|
| Present in the environment: | <input checked="" type="checkbox"/> Classroom seating arrangement | <input type="checkbox"/> Noise levels | <input type="checkbox"/> Interactions (adult and/or peers) |
| Missing in the environment: | <input type="checkbox"/> Peer status gained for misbehavior | <input type="checkbox"/> Inappropriate materials (age-appropriate) | <input type="checkbox"/> Conflict resolution skills |
| | <input type="checkbox"/> Transition skills | <input type="checkbox"/> Schedule | <input type="checkbox"/> Effective communication with parent |
| | <input type="checkbox"/> Re-teaching | <input type="checkbox"/> Task structuring | <input checked="" type="checkbox"/> Communications system |
| | <input type="checkbox"/> Social skills instruction | <input type="checkbox"/> Consequences not clear to student | |
| | <input type="checkbox"/> Choices | | |
- ☐ Other (Missing/Present): _____

REMOVE STUDENT'S NEED TO USE THE PROBLEM BEHAVIOR

- Intervention 7 What environmental changes, structure and supports are needed to remove the student's need to use this behavior? (Changes in Time/Space/Materials/Interactions to remove the likelihood of behavior)
- | | | | |
|-------------------|---|--|---|
| Time Changes: | <input checked="" type="checkbox"/> Give more time on tasks | <input checked="" type="checkbox"/> Allow completion in parts | <input type="checkbox"/> Teach a closure system |
| Space Changes: | <input type="checkbox"/> Signal transition | <input checked="" type="checkbox"/> Provide a break | <input type="checkbox"/> Give less time on tasks |
| Material Changes: | <input checked="" type="checkbox"/> Preferred seating | <input type="checkbox"/> Different work areas | <input type="checkbox"/> Study carrels |
| Interaction: | <input type="checkbox"/> Personal space | <input type="checkbox"/> Hands-on learning | <input checked="" type="checkbox"/> Tasks organized |
| | <input checked="" type="checkbox"/> Accommodated work | <input type="checkbox"/> Notebook organizer | <input type="checkbox"/> Enlarged print size books |
| | <input checked="" type="checkbox"/> High interest materials | <input checked="" type="checkbox"/> Cue the student | <input checked="" type="checkbox"/> Model |
| | <input checked="" type="checkbox"/> Use specific supportive words | <input checked="" type="checkbox"/> Praise successes | <input checked="" type="checkbox"/> Peer Models |
| | <input checked="" type="checkbox"/> Verbally praise student | <input checked="" type="checkbox"/> Use calm, de-escalating language | |
| | <input checked="" type="checkbox"/> Use specific support communications | | |
- ☐ Other _____
- Who will establish? teacher Who will monitor? teacher and staff Frequency as needed

INDIVIDUALIZED EDUCATION PROGRAM

Behavior Intervention Plan

For Behavior Interfering with Student's Learning or the Learning of His/Her Peers

Los Angeles Unified School District

(Behavior Intervention Plan, pg. 2 of 3)

Student **AZAR** **LIEL** **MI** Date of Birth **01-JAN-2010** Meeting Date **06-OCT-2021**

ALTERNATIVE

PART II

FUNCTIONAL FACTORS AND NEW BEHAVIORS TO TEACH AND SUPPORT

8

Team believes the behavior occurs because: (Function of behavior in terms of getting, protest or avoiding something)

To Get:

☐

Sensory input

☐

Attention (peer)

☐

Attention (staff)

To Avoid:

☐

Tangible (desired item)

☐

Tangible (desired activity)

☐

Attention (staff)

☐

Sensory input

☐

Attention (peer)

☐

Task (too long)

☒

Task (too difficult)

☐

Task (too easy)

Describe:

Observation 9
Analysis

What team believes the student should do INSTEAD of the problem behavior? (How should the student escape/protest/avoid or get his/her need met in an acceptable way?)

To avoid task too difficult, Liel will ask clarifying questions to assignments that are not clear to her or on assignments that are more difficult for her to work on independently.

10

What teaching Strategies/Necessary Curriculum/Materials are needed?

☒

Better communication skills

☐

Anger management

☐

Communication system

☒

Self-management systems

☐

Following schedules & routines

☐

Learning new social skills

☐

Learning how to negotiate

☐

Learning structured choice

☐

Learning new scripts

☐

Learning notebook organization

☐

Learning to use conflict resolution

☐

Learning to request breaks

☐

Other

Who will establish?

teacher

Who will monitor?

teacher

Frequency:

as needed

Intervention 11

What are reinforcement procedures to use for establishing, maintaining, and generalizing the replacement behavior(s)?

Physical:

☐

High-fives

☒

Smiles

☐

Handshake

☐

Pat on the back

☒

Recognition of student's ...

☒

Peer recognition

Verbal:

☒

Use specific praises

☐

Free time

☐

Listen to music

Contingent Access:

☐

Time on the computer

☒

Describe:

☐

Other

☒

Preferred activity

☐

Certificate sent home

☐

Seating Location

☒

Positive phone calls or notes to home

☐

Points

Tangibles

☐

Tokens

☐

Extra test points

Tokens and Points:

☐

Exempt assignment

Privileges:

Other ideas:

Selection of reinforcer based on: student's interests

☒

reinforcer for using replacement behavior

☒

reinforcer for general increase in positive behaviors

By whom?

teacher

Frequency

as needed

EFFECTIVE REACTION

PART III

REACTIVE STRATEGIES

12

What strategies will be employed if the problem behavior occurs again. (1. Prompt student to switch to the replacement behavior, 2. Describe how staff should handle the problem behavior if it occurs again, 3. Positive discussion with student after behavior ends, 4. Any necessary further classroom or school consequences)

Prompt Liel to switch to the replacement behavior. Describe how staff should handle the problem behavior if it occurs again. Positive discussion with Liel after behavior ends. Discuss any necessary further classroom or school consequences

Personnel?

Teacher

INDIVIDUALIZED EDUCATION PROGRAM**Behavior Intervention Plan***For Behavior Interfering with Student's Learning or the Learning of His/Her Peers***Los Angeles Unified School District****(Behavior Intervention Plan, pg. 3 of 3)**Student **AZAR****LIEL****MI****Last****First****MI****Date of
Birth****01-JAN-2010****Meeting
Date****06-OCT-2021****OUTCOMES****PART IV****BEHAVIORAL GOALS****13**Behavioral Goal: Goal #: **4**

Liel will demonstrate self-advocacy through skills taught by the teacher (ex. raising the hand) by requesting for teacher prompts and clarification both visual and verbal cues on assignments when needed 4 out of 5 times with 80% accuracy.

The above behavioral goal is to: ☒ Increase use of replacement behavior and may also include:

☒ Reduce frequency of problem behavior ☒ Develop new general skills that remove student's need to use the problem behavior

Observation and Analysis Conclusion

Are curriculum accommodations or modifications also necessary? Where described?

FAPE 1

☒ Yes ☐ No

Are environmental supports/changes necessary?

☐ Yes ☒ No

Is reinforcement of replacement behavior alone enough? (no new teaching is necessary)?

☒ Yes ☐ No

Are both teaching of new replacement behavior AND reinforcement needed?

☐ Yes ☒ No

This BIP to be coordinated with other agency's service plans? Agency?

☐ Yes ☒ No

Person responsible for contact between agencies.

COMMUNICATION**PART V****COMMUNICATION PROVISIONS****14**

Manner and content of communication:

☒ Phone calls☒ Email☐ Written notes☐ Daily reports☐ Daily charting☐ Behavioral logs☐ Weekly reports☒ Other **Report cards/Progress reports**

Between?

Frequency?

Teacher, student, parent**as needed**