

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Identification
Number

W4049459

SSID

Eligible (OHI)

Student NOUMA
LastORYA
First

MI

Date of Birth:

08-JUN-2013

Section A: Meeting Information

Pertinent Dates	Type of Meeting
Date of Initial IEP Team Meeting	11-OCT-2021
Date of Present Meeting	11-OCT-2021
Annual Review to be conducted by	04-OCT-2022
Next Three Year Review will be conducted by	03-OCT-2024
Three Year Review or Evaluation was conducted on	11-OCT-2021
Transition to Kindergarten to be conducted by	
	<input checked="" type="radio"/> Initial <input type="radio"/> Annual Review <input type="radio"/> Three Year Review <input type="radio"/> Other <input type="radio"/> Amendment of IEP dated <input type="radio"/> Early Start Transition <input type="radio"/> Expulsion Analysis <input type="radio"/> Individual Transition Plan
Location of Meeting	Kester Ave Elementary via Zoor
District Name	Los Angeles Unified School Dis

Section B: Student Information

Date of Birth	08-JUN-2013	Age	8	Grade	3
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	
Location of the Psych Folder	SPED SVC CTR-NW	Student has no Psych Folder	<input type="checkbox"/>		
Location of the Cum Folder	KESTER AVE EL	Student has no Cum Folder	<input type="checkbox"/>		
Home Language	English	Student Language	English	Alternate Mode of Communication	
Home Address of Student	5832 NORWICH AVE				
City	SHERMAN OAK CA	ZIP Code	91411		
Home Telephone	818-640-7785	Daytime Telephone	818-667-4441	Emergency Telephone	818-667-4441
School of Attendance	Private School Office (Location Code	1536		
School of Residence	Kester Ave El	Location Code	4726		
Name of Parent/Guardian	Morel Nouma	Telephone			
Address	5832 NORWICH AVE				
City	SHERMAN OAK CA	ZIP Code	91411		
Surogate Parent		Telephone			
Attends CURRENT SCHOOL as a result of one of the following	Private School Enrollment ▼				
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 checked="" 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"/> Superior Court	<input type="radio"/> Department of Mental Health <input type="radio"/> Other	<input type="radio"/> Department of Children's Services		
Child's family living within LAUSD's boundaries?	<input type="radio"/> No <input checked="" type="radio"/> Yes				
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				

Private School:

Emek Hebrew AcademyTeichman Family Torah

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Section C: Language Acquisition

Language Classification:

English Only

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="radio"/>	<input type="radio"/>	this is an initial IEP
Category				
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	
2		<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"/>	
3		<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"/>	
4		<input type="radio"/>	<input type="radio"/>	
Category				
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	
5		<input type="radio"/>	<input type="radio"/>	
Category				
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	
6		<input type="radio"/>	<input type="radio"/>	
Category				
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	
7		<input type="radio"/>	<input type="radio"/>	
Category				
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	
8		<input type="radio"/>	<input type="radio"/>	
Category				
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	
9		<input type="radio"/>	<input type="radio"/>	
Category				
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	
10		<input type="radio"/>	<input type="radio"/>	
Category				
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
Last
First
MIDate of Birth Meeting Date

Section E: Present Level of Performance

Performance Area:

Category:

Assessment/Monitoring Process
Used:

State/District Assessment Results:

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

Areas of Strength: Orya has average cognitive ability. She demonstrates relative strengths with her ability to recall and interpret visual information (visual processing), as well as auditory / verbal information (auditory processing), in addition to problem solving skills (conceptualization). Orya's gross motor skills are in the average range. She is able to walk, run and access her environment. She has average expressive language skills.

Areas of Need: Orya demonstrated a mild processing deficit in the area of attention. She was distracted easily at times, did not consistently pay attention to detail, had difficulty with planning and organization, and did not always work in a time efficient manner during timed activities. A mild processing disorder was also identified in the area of visual-motor integration as she demonstrated some difficulties with copying geometric shapes and figures. She also demonstrated a phonological processing deficit which looks at the ability to blend sounds into words and segment words into parts. Receptive language was measured in the below average range but appears to have been impacted by outside factors such as not sustaining attention and impulsivity.

Impact of Disability: Orya's eligibility of Other Health Impairment - ADHD Like Behaviors impacts her ability to learn and access the general education curriculum.

Performance Area:

Category:

Assessment/Monitoring Process
Used:

State/District Assessment Results:

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

Areas of Strength: With regards to social emotional development parent reports that Orya is very social and loves people. She plays well on playdates with family and friends, and likes to play with others. When observed by the examiner Orya initially did not interact with her peers but later was able to initiate and sustain appropriate interaction. She was able to interact appropriately with the examiner. She had appropriate eye contact.

Areas of Need: Teachers report that she seems to lack awareness of what is appropriate to say or do in school and has poor self-regulation. She is not always respectful to teachers and adult authority figures though she does not appear to be 'willfully defiant' and her behaviors are not malicious. When observed at school she got frustrated and raised her voice in front of her teacher calling her work stupid when the teacher came over and tried to correct her work, pointing out her mistakes. Teacher reports that Orya does not seem to understand rules at school though it has been explained to her many times. When observed at school she needed extra time with following the routine which seemed to be due to attention issues. Both parents and teacher report that Orya is easily distracted. Difficulties with short attention span and off task behavior were also observed by the examiner at the assessment and also within her classroom. Overall both parent and teacher rating scales as well as observations support difficulties consistent with ADHD Like Behaviors particularly as it relates to sustaining attention.

Impact of Disability: Orya's eligibility of Other Health Impairment - ADHD Like Behaviors impacts her ability to learn and access the general education curriculum.

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Section E: Present Level of Performance

Performance Area:

Health

Category:

Health

Assessment/Monitoring Process
Used:

Health Assessment completed with information from parents and school records

State/District Assessment Results:

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

Due to the pandemic, assessments are being conducted remotely and/or in person. The provision of in-person health assessments is subject to existing public health and safety conditions. Health information is gathered from a review of health records and a conference with the parent/guardian. Vision and hearing information are the most current documented in the health record.

Health Summary: Health assessment was completed on 10/4/21 with information from mother, Morel Nouma and father, Eliran Nouma. Orya is a 3rd grade student born full term via normal delivery with no prenatal, birth, or newborn complications. Developmental milestones were within normal limits or early. No history of any serious or chronic illness, accident, injury, surgery or hospitalization. Student is not on any routine medication at home or school. Student has no known allergies. Immunizations are up-to-date.

Strengths: Student is in good general health and development. Orya is able to ambulate without assistance and is independent with all activities of daily living. Orya is able to communicate verbally. Parents report that hearing and vision were assessed by pediatrician and are not an area of concern.

Areas of Need: Health is not an area of need.

Impact of Disability: Health does not impact the student's participation, performance, and access in the educational program.

Accommodations/Modifications: None in the area of health.

Completed by: Christin Liang, RN, Credentialed School Nurse

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:

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):

WJIV

Test Area Test/Subtest Score ranking Standard Score

Broad Reading Average 87

Letter-Word Identification Average 91

Passage Comprehension Average 86

Reading Fluency Average 85

Reading

MAP assessment provided by school - spring 2021

Reading 162 6th percentile (Lexile range BR145L - 5L)

2nd grade report card comments (no letter/number grades)

Made improvements in her reading but continues to struggle. Her school uses an assessment called MAP for ELA and math. Her current score in reading is in the 6th percentile. She has improved her decoding skills but is still below grade level and has attention and focus issues. She requires small group or one on one attention in order to complete classwork.

Strengths per WJIV: Orya is able to sound out many words. She can read a simple sentence and decide if it is true. She can read a list of grade level words. She is better able to comprehend a text and respond to comprehension questions when it has been read aloud and discussed as a group. With support, Orya is able to answer who, what, when, where, and how questions about a story. She seems to be able to read the beginning of most words, but then 'fills in' the latter syllables with something familiar when reading longer sentences and passages.

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):

Needs: Orya continues to struggle with reading independently. She misapplies irregular sound spelling rules. (ie: signal she read as 'sign-al'). She is challenged when reading irregular spellings. She left out words or was not able to decode words and that makes her comprehension much more challenging. She is more able to read words and phrases independently but still struggles with reading whole sentences and passages independently. Her fluency scores are below average for her age/grade. As text becomes more difficult, fluency and comprehension have become a struggle. She is still unable to read words by breaking them into syllables and struggles with reading passages. Her comprehension suffers because of this.

Impact of disability: Orya's eligibility of OHI impacts her ability to read fluently and her reading comprehension and this impedes her ability to access and progress in the general education curriculum.

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Section E: Present Level of Performance

Performance Area:

Writing

Category:

Writing

Assessment/Monitoring Process
Used:

report cards

State/District Assessment Results:

WJIV, MAP

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

WJIV

Written Language

Broad Writing Average 95

Spelling Average 89

Writing Samples Average 107

Writing Fluency Average 90

2nd grade

MAP Language usage 175 20th percentile

Strengths: Orya can write simple sentences to answer a question about a topic when given one-on-one support, extra time, and reminders to stay on-task. She is more proficient with a sentence frame to complete or a word bank to use. With the use of word banks, writing organizers, and in small group with support, Orya is able to write and generate a paragraph.

Performance Area:

Writing

Category:

Writing

Assessment/Monitoring Process
Used:

report cards

State/District Assessment Results:

WJIV, MAP

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

Needs: Orya is challenged with spelling (encoding). Her abilities in the WJIV writing subtests were very inconsistent. Orya still struggles with independently generating a simple sentence about a picture. She still requires support to write complete, grammatically correct sentences. She appears to struggle with letter formation and the conventions of writing in English appear to slow her writing down.

Impact of disability: Orya's eligibility of OHI impacts her ability to complete writing assignments independently while using proper writing conventions and spelling and this impedes her ability to access and progress in the general education curriculum.

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Section E: Present Level of Performance

Performance Area:

Math

Category:

Math

Assessment/Monitoring Process
Used:

report card

State/District Assessment Results:

WJIV, MAP

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

WJIV

Broad Math Average 96

Math Calculation Skills Average 99

Calculation Average 100

Math Fluency Average 98

Applied Problems Average 89

2nd grade

MAP Math 180 24th percentile

Strengths: Orya is able to add single and double digits. She knows any number multiplied by 0 equals 0. She knew simple multiplication facts and could complete 1 out of two multiplication problems with 2 digit times 1 digit. When math word problems are read aloud to her, she requires time to pause and think of a strategy. She can make models to check and show her work and can even find a mistake and correct her own work.

Needs: none at this time (made some grade level arithmetical mistakes) Money problems were challenging for her.

Impact of Disability: Orya's eligibility of OHI does not impact her ability to access 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:

SLD, Autism, OHI

For Initial IEP, interventions attempted prior to determining eligibility:

Eligible as a student with the disability of:

Code:

OHI

Other Health Impairment



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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Meeting Date 11-OCT-2021

Section G: Annual Goals and Objectives

Performance Area:

Social Emotional

Category:

Social Emotional

Annual Goal #:

1

NOUMA ORYA will identify the need for rules at school, home, and in society, and positive and negative consequences for adhering to the rules in 4 out of 5 trials per school week with decreasing adult prompting and cues adult support as measured by counselor.

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:

NOUMA ORYA will identify the need for rules at school, home, and in society in 2 out of 5 trials per school week with maximum adult support as measured by counselor.

Incremental objective #2 related to the goal:

NOUMA ORYA will identify the positive and negative consequences for adhering to the rules in 3 out of 5 trials per school week with decreasing adult support as measured by counselor.

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 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)

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Date of Birth 08-JUN-2013

Meeting Date 11-OCT-2021

Section G: Annual Goals and Objectives

Performance Area:

syllabication

Category:

Reading

Annual Goal #:

2

When presented with grade level words, Orya will apply phonics and syllabication rules in order to help her to sound out a word (to decode or to encode) with 80% accuracy in 3 out of 5 opportunities.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

When presented with grade level words, Orya will apply phonics and syllabication rules in order to help her to sound out a word (to decode or to encode) with 50% accuracy in 3 out of 5 opportunities.

Incremental objective #2 related to the goal:

When presented with grade level words, Orya will apply phonics and syllabication rules in order to help her to sound out a word (to decode or to encode) with 65% accuracy in 3 out of 5 opportunities.

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 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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Section G: Annual Goals and Objectives

Performance Area:

comprehension

Category:

Reading

Annual Goal #:

3

When presented with grade level literary text Orya will ask and answer questions to demonstrate understanding, referring explicitly to the test as her evidence with an accuracy of 80% in 3 out of 5 opportunities.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

When presented with grade level literary text Orya will ask and answer questions to demonstrate understanding, referring explicitly to the test as her evidence with an accuracy of 50% in 3 out of 5 opportunities.

Incremental objective #2 related to the goal:

When presented with grade level literary text Orya will ask and answer questions to demonstrate understanding, referring explicitly to the test as her evidence with an accuracy of 65% in 3 out of 5 opportunities.

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 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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Section G: Annual Goals and Objectives

Performance Area:

Writing

Category:

Writing

Annual Goal #:

4

When given a grade level writing prompt and minimal support, Orya will compose a writing that clearly introduces a topic and groups related information together in paragraphs or sections with 80% accuracy in 3 out of 5 opportunities.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

When given a grade level writing prompt and maximum support, Orya will compose a writing that clearly introduces a topic and groups related information together in paragraphs or sections with 50% accuracy in 3 out of 5 opportunities.

Incremental objective #2 related to the goal:

When given a grade level writing prompt and moderate support, Orya will compose a writing that clearly introduces a topic and groups related information together in paragraphs or sections together with 65% accuracy in 3 out of 5 opportunities.

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 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

NOUMA

Last

ORYA

First

MI

Date of Birth

08-JUN-2013

Meeting Date

11-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.

(Designated Supports and/or Accommodations identified below are applicable)

CAASPP Subject

ELA and Math

Designated Supports:

- Test in a separate/smaller setting
- Simplified or paraphrased test directions (non-embedded designated support)
- Read aloud by an adult in English (for math items and ELA items except for reading passages)

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student

NOUMA

Last

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Section N: Procedural Safeguards and Follow-up Actions

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

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

Select Preferred Language:

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

Select Preferred Language:

Hebrew



Specify the Individual Pages to be translated:

Special Requests:

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

THIS SPACE DELIBERATELY LEFT BLANK.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student

NOUMA

ORYA

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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	Whom	When
Email	J, Nitti	04-OCT-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

11-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!

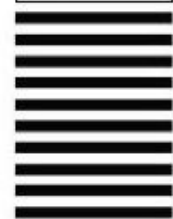


NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

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 DateStudent NOUMA
LastORYA
First

MI

Date of Birth 08-JUN-2013

Meeting Date 11-OCT-2021

Section R: Names and Signatures (Signatures on File)

Team Member	Print Name	Signature
Parent/Guardian	Morel Nouma (cell phone)	
Parent/Guardian	Eliran Nouma (Cell phone)	
Student Age 18 - 21 years		
Student Under Age 18 years		
Surrogate Parent		
Foster Parent		
Family Foster Home Provider		
Administrator	Chon Ellis	
Administrative Designee		
Special Education Teacher	Jaye Case	Jaye Case
General Education Teacher	Stephanie Bregman	
School Psychologist	Negar Zivari	Negar Zivari
School Nurse	Christin Liang	
Related Service Staff		
Related Service Staff		
Related Service Staff		
Interpreter		
Sign Language Interpreter		
Agency Representative		
Agency Representative		
Agency Representative		
Other Family Friend	Shiron Ohayon (cell phone)	
Other		
Other		
Other		

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student NOUMA
LastORYA
First

MI

Date of
Birth

08-JUN-2013

Meeting
Date

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student NOUMA
Last

ORYA
First

MI

Date of 08-JUN-2013
Birth

Meeting 11-OCT-2021
Date

ANNUAL LEAST RESTRICTIVE ENVIRONMENT ANALYSIS (Continued)

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

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

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
Last

First

MI

Date of
Birth

Meeting
Date

ANNUAL LEAST RESTRICTIVE ENVIRONMENT ANALYSIS (Continued)

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

Step F.	The student's needs as reflected in the contents of this IEP, and the placement being considered by the IEP team, outweigh any potential harmful effects at this time, including (check all that apply):	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	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: <input type="text" value="does not apply"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 1 - Eligibility, Placements and Supports

Student NOUMA
LastORYA
First

MI

Date of Birth 08-JUN-2013

Meeting Date 11-OCT-2021

		Effective With this IEP	Future Changes Related to this IEP
	As of Date:		
Eligibility: (from Page 4)		Eligible (OHI)	
	Final IEP Reason Final IEP Effective Date:		
Curriculum		General Education	
Placement	Type of School	District Resident School	
	Name of School	KESTER AVE EL	
Instructional Setting	Setting	General Education	
	Program	GE	
	Special Day Minutes/Wk		
	Addresses Goals	1(Social Emotional),2(syllabication),3(comprehension),4(Writing)	
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 type="radio"/> Yes <input checked="" type="radio"/> No	
	ESY Transportation		
Accommodation, Modifications, Supports	Instructional Accommodations	additional time, models for reference, small group whenever possible, repeat directions as needed, summarize concepts or directions, allow for movement breaks, graphic organizers, word banks for writing	
	Instructional Modifications	NA	
	Other Supports, including Non-Academic and Extra-curricular Activities	NA	
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	NA		

Assistive Technology Equipment	
Participation in General Education	Orya participates in general education with resource support for ELA.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student NOUMA

ORYA

MI

Date of Birth 08-JUN-2013

**Meeting
Date**

11-OCT-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	
2(syllabication)	Minutes/Interval:	120	
3(comprehension)	Minutes/Interval (Pullout from Gen Ed):	0	
4(Writing)	Service Delivery Model:	RSP: Direct Instruction Services*	
	RSP Area:	Literacy/ELA/ELD	
	Responsible Personnel:	Resource Specialist Teacher	
		General Education Teacher	
		Other Provider(s)	
*			
Service 2	Start Date:	Effective on Signature Date	
04	End Date:		
Counseling and Guidance	Service applies to:	Regular	
	Frequency:	1-5	
This service addresses the following goals:	Interval:	Monthly	
1(Social Emotional)	Minutes/Interval:	60	
	Minutes/Interval (Pullout from Gen Ed):	60	
	Service Delivery Model:	Direct Service (By a Single Provider)*	
	Responsible Personnel:	Licensed/Credentialed Provider	

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student NOUMA

ORYA

Date of Birth 08-JUN-2013

Meeting Date 11-OCT-2021

Last

First

MI

FAPE Summary Grid

Program:	GE	Setting:	General Education
Eligibility:	Eligible (OHI)	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)
04	Counseling and Guidance	Effective on Signature Date	Regular	Monthly	1-5	~	60	Social Emotional
RSP	RSP	Effective on Signature Date	Regular	Weekly	1-5	RSP-Literacy/ELA/ELD	120	syllabication, comprehension, Writing

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"/>
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.