

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Identification
Number

102907M044

SSID

2556932872

Eligible (SLD)

Student

ANCONINA

NADAV

MI

Date of Birth:

29-OCT-2007

Last

First

Section A: Meeting Information

Pertinent Dates	Type of Meeting
Date of Initial IEP Team Meeting	11-JAN-2018
Date of Present Meeting	08-OCT-2021
Annual Review to be conducted by	08-OCT-2022
Next Three Year Review will be conducted by	19-NOV-2023
Three Year Review or Evaluation was conducted on	19-NOV-2020
Transition to Kindergarten to be conducted by	

Location of Meeting	Walter Reed MS/ Zoom Virtual	District Name	Los Angeles Unified School Dis
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Section B: Student Information

Date of Birth	29-OCT-2007	Age	13	Grade	8
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female	Limited English Proficient Student	<input type="radio"/> Yes <input checked="" type="radio"/> No	Ethnic Code	White
Location of the Psych Folder	REED MS	Student has no Psych Folder	<input type="checkbox"/>		
Location of the Cum Folder	REED MS	Student has no Cum Folder	<input type="checkbox"/>		
Home Language	Hebrew	Student Language	Hebrew	Alternate Mode of Communication	
Home Address of Student	11818 RIVERSIDE DR APT 113				
City	VALLEY VLG CA	ZIP Code	91607		
Home Telephone	(818) 378-9410	Daytime Telephone		Emergency Telephone	
School of Attendance	Reed Ms	Location Code	8355		
School of Residence	Reed Ms	Location Code	8355		
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 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"/> Department of Children's Services	
Child's family living within LAUSD's boundaries?		<input type="radio"/> No <input type="radio"/> Yes		<input type="radio"/> Other	
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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MI

Date of Birth 29-OCT-2007

Section C: Language Acquisition

Language Classification:

Initially Identified Fluent English Profic

Start Date:

06-SEP-2012

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	Reading	<input type="radio"/>	<input checked="" type="radio"/>	Seeing Improvement; Needs more time
Category	Reading			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	
2	Writing	<input type="radio"/>	<input checked="" type="radio"/>	Seeing Improvement; Needs more time
Category	Writing			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	
3	Math	<input type="radio"/>	<input checked="" type="radio"/>	Seeing Improvement; Needs more time
Category	Math			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	
4	Vocational Education	<input type="radio"/>	<input checked="" type="radio"/>	Goal revised
Category	Vocational Education			
	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"/>	

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Date of Birth 29-OCT-2007

Meeting Date 08-OCT-2021

Section E: Present Level of Performance

Performance Area:

Reading

Category:

Reading

Assessment/Monitoring Process
Used:

Teacher reports, Observations

State/District Assessment Results:

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

Strengths:

Per Nadav's English teacher, he can summarize a grade level text that has been read in class. In addition, Nadav can use context clues to determine the meaning of unknown words. He can describe a character from a story using an existing list of character traits.

Areas of Need:

Per Nadav's English teacher, he struggles to infer in grade level text or cite evidence from a text to support a conclusion.

Impact of Disability: Nadav's Specific Learning Disability (SLD) eligibility and challenges in Reading affects his ability to infer and cite evidence from a text which impacts his involvement and progress in the General Education Program.

Performance Area:

Writing

Category:

Writing

Assessment/Monitoring Process
Used:

Teacher reports, Student Work Samples, Observations

State/District Assessment Results:

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

Strengths:

Nadav is able to use a teacher provided graphic organizer to plan and structure ideas. Based on student work samples in Nadav's Learning Center class, when given a prompt, Nadav is able to construct sentences to express his thoughts and ideas. In addition, he is able to write about personal experiences and can write a summary about a short text read in class.

Areas of Need:

Per Nadav's English teacher, his writing responses are usually only a few sentences long and struggles to elaborate and write about a topic in depth. In addition, Nadav continues to make errors with spelling and punctuation, often forgetting to end sentences with proper punctuation and spelling words phonetically.

Impact of Disability: Nadav's Specific Learning Disability (SLD) eligibility and challenges in Writing make it difficult for him to develop complex writing skills which impacts his involvement and progress in the general education program.

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Section E: Present Level of Performance

Performance Area:

Math

Category:

Math ▼

Assessment/Monitoring Process
Used:

Teacher Observations, Student work samples

State/District Assessment Results:

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

Strengths:

Based on teacher observations and student work samples, Nadav is able to add, subtract, multiply and divide integers. In addition, Nadav is able to find the missing length of right triangles using the Pythagorean Theorem. Nadav is currently working on Integer Exponents and how to write numbers in Scientific Notation and in Standard Form. Per Nadav's science teacher, he can apply topics to his everyday life and use academic language like gravity, friction, and normal force.

Areas of Need:

Based on student work samples, Nadav makes computational errors in his work and can become over-confident with answers. He needs to practice checking over answers for mistakes before turning in assignments.

Impact of Disability: Nadav's Specific Learning Disability (SLD) eligibility and challenges in math impacts his involvement and progress in the general education program.

Performance Area:

Vocational Education

Category:

Vocational Education ▼

Assessment/Monitoring Process
Used:

Teacher Reports, Observations, Grades

State/District Assessment Results:

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

5 Week Progress Report Card Grades

English: F U S

Math: D U E

History: M E E

PE: M E E

Learning Center: M E S

Science: M E E

Strengths:

Nadav is currently an 8th grade student at Walter Reed Middle School. He has been observed greeting the teacher and other adults appropriately when he walks into his Learning Center classroom. Per Nadav's English teacher, he arrives to class on time and is generally prepared with his supplies. Nadav has shown some progress in his math class, raising his grade up from a D to a C. In addition, his English teacher reports that she has seen a considerable change in Nadav's effort on his assignments and his ability to focus and not partake in distracting behavior.

Areas of Need:

Although Nadav is making some progress, he continues to need reminders and prompts to stay on task and or to follow directions. In addition, he needs to check his work before submitting assignments to assure that he has completed the assignment correctly.

Impact of Disability: Nadav's Specific Learning Disability (SLD) eligibility and deficits in the area of executive functioning impact his involvement and progress in the general education program.

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Meeting Date

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Section F: Eligibility

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

For Initial IEP, interventions attempted prior to determining eligibility:

Eligible as a student with the disability of:

Code:

SLD

Specific Learning Disability



Not Applicable,



Blind or



Partially Sighted

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

Code:



Not Applicable,



Blind or



Partially Sighted



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

or



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

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

Final IEP Reason:

Final IEP Effective Date:

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



Social Maladjustment



Temporary Physical Disability



Lack of instruction in reading



Lack of instruction in math



Limited English Proficiency



Environmental, Cultural or Economic Factors

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Section G: Annual Goals and Objectives

Performance Area: Reading Category: Reading Annual Goal #: 1

Nadav will cite the textual evidence that most strongly supports an analysis of what the text says explicitly as well as inferences drawn from the text, independently, with 75% accuracy in 4 out of 5 trials as measured by teacher observations.

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:

Nadav will cite the textual evidence that most strongly supports an analysis of what the text says explicitly as well as inferences drawn from the text, with adult support, with 65% accuracy in 4 out of 5 trials as measured by teacher observations.

Incremental objective #2 related to the goal:

Nadav will cite the textual evidence that most strongly supports an analysis of what the text says explicitly as well as inferences drawn from the text, with minimal adult support, with 70% accuracy in 4 out of 5 trials as measured by teacher observations.

Date to be achieved: February 2022 MO/YR

Date to be achieved: May 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:

Behavioral Support

Category:

Behavior Intervention ▼

Annual Goal #:

6

When given a task, Nadav will start task promptly, remain on task with a maximum of 2 reminders, and continue working until task is complete, with 90% accuracy across all settings.

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 task, Nadav will start task promptly, remain on task with a maximum of 4 reminders, and continue working until task is complete, with 90% accuracy across all settings.

Incremental objective #2 related to the goal:

When given a task, Nadav will start task promptly, remain on task with a maximum of 3 reminders, and continue working until task is complete, with 90% accuracy across all settings.

Date to be achieved:

February ▼

2022 ▼

MO/YR

Date to be achieved:

May ▼

2022 ▼

MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

1 NO PROGRESS

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

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Date of Birth **29-OCT-2007**Meeting Date **08-OCT-2021**

Section G: Annual Goals and Objectives

Performance Area: **Writing** Category: **Writing** Annual Goal #: **2**

Nadav will develop one or more paragraphs with relevant, well-chosen facts, definitions, concrete details, quotations, or other information and examples, independently, with 75% accuracy in 4 out of 5 trials as measured by student work samples.

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:

Nadav will develop one or more paragraphs with relevant, well-chosen facts, definitions, concrete details, quotations, or other information and examples, with adult support, with 65% accuracy in 4 out of 5 trials as measured by student work samples.

Incremental objective #2 related to the goal:

Nadav will develop one or more paragraphs with relevant, well-chosen facts, definitions, concrete details, quotations, or other information and examples, with minimal adult support, with 70% accuracy in 4 out of 5 trials as measured by student work samples.

Date to be achieved: **February** **2022** MO/YRDate to be achieved: **May** **2022** MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

1 NO PROGRESS

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

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Meeting Date 08-OCT-2021

Section G: Annual Goals and Objectives

Performance Area: Writing Category: Writing Annual Goal #: 3

Nadav will compose one or more paragraphs including a topic sentence, supporting sentences, and a concluding sentence with correct spelling, capitalization, and punctuation, with minimal adult support, with 75% accuracy in 4 out of 5 trials as measured by student work samples.

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:

Nadav will compose one or more paragraphs including a topic sentence, supporting sentences, and a concluding sentence with correct spelling, capitalization, and punctuation, with adult support, with 65% accuracy in 4 out of 5 trials as measured by student work samples.

Incremental objective #2 related to the goal:

Nadav will compose one or more paragraphs including a topic sentence, supporting sentences, and a concluding sentence with correct spelling, capitalization, and punctuation, with minimal adult support with 70% accuracy in 4 out of 5 trials as measured by student work samples.

Date to be achieved: February 2022 MO/YR

Date to be achieved: May 2022 MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

1 NO PROGRESS

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

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Student ANCONINA

NADAV

Last

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Date of Birth 29-OCT-2007

Meeting Date 08-OCT-2021

Section G: Annual Goals and Objectives

Performance Area:

Math

Category:

Math

Annual Goal #:

4

Nadav will give examples of linear equations in one variable with one solution, infinitely many solutions, or no solutions, independently, with 80% accuracy in 4 out of 5 trials as measured by student work samples.

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:

Nadav will give examples of linear equations in one variable with one solution, infinitely many solutions, or no solutions, independently, with 60% accuracy in 4 out of 5 trials as measured by student work samples.

Incremental objective #2 related to the goal:

Nadav will give examples of linear equations in one variable with one solution, infinitely many solutions, or no solutions, independently, with 70% accuracy in 4 out of 5 trials as measured by student work samples.

Date to be achieved:

February

2022

MO/YR

Date to be achieved:

May

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 ANCONINA

NADAV

Last

First

MI

Date of Birth 29-OCT-2007

Meeting Date 08-OCT-2021

Section G: Annual Goals and Objectives

Performance Area:

Vocational Education

Category:

Vocational Education ▼

Annual Goal #:

5

When given an assignment/task, Nadav will read the instructions completely, follow the instructions in the order in which they are written, and find the appropriate adult to ask about instructions if he has questions with 90% accuracy in 4 out of 5 trials as measured by teacher observations.

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 an assignment/task, Nadav will read the instructions completely, follow the instructions in the order in which they are written, and find the appropriate adult to ask about instructions if he has questions with 90% accuracy in 4 out of 5 trials as measured by teacher observations.

Incremental objective #2 related to the goal:

When given an assignment/task, Nadav will read the instructions completely, follow the instructions in the order in which they are written, and find the appropriate adult to ask about instructions if he has questions with 90% accuracy in 4 out of 5 trials as measured by teacher observations.

Date to be achieved:

February ▼

2022 ▼

MO/YR

Date to be achieved:

May ▼

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

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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"> - Read aloud by an adult in English (for math items and ELA items except for reading passages) - Test in a separate/smaller setting - Simplified or paraphrased test directions (non-embedded designated support) 	
Accommodations: <ul style="list-style-type: none"> - Read aloud in English by an adult (non-embedded accommodation) for ELA reading passages. 	

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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	Whom	When
Student	Cindy Lewis	27-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

12-OCT-2021

- ☒ 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

8-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!

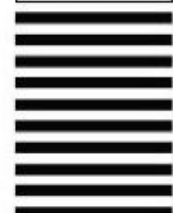


NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

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 ANCONINA
LastNADAV
First

MI

Date of Birth 29-OCT-2007

Meeting Date 08-OCT-2021

Section R: Names and Signatures (Signatures on File)

Team Member	Print Name	Signature
Parent/Guardian		
Parent/Guardian		
Student Age 18 - 21 years		
Student Under Age 18 years		
Surrogate Parent		
Foster Parent		
Family Foster Home Provider		
Administrator		
Administrative Designee	Karissa Masmela	
Special Education Teacher	Alejandro Ayala	
General Education Teacher	Maegen rasner/ Via Zoom	
School Psychologist		
School Nurse		
Related Service Staff		
Related Service Staff		
Related Service Staff		
Interpreter		
Sign Language Interpreter		
Agency Representative		
Agency Representative		
Agency Representative		
Other		
Other		
Other		
Other		

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student **ANCONINA**
Last**NADAV**
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LEAST RESTRICTIVE ENVIRONMENT ANALYSIS

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

Student's Current Placement Type:

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

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

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

Step A.	Can the supports, services, accommodations and/or modifications in the student's IEP be made available in a general education classroom/setting?	
	<input checked="" type="radio"/> Yes <input type="radio"/> No	If the answer is YES, then a general education classroom/setting is the appropriate placement. If the answer is NO, go to the question below.
	<input 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 ANCONINA
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NADAV
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29-OCT-2007

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Date**

08-OCT-2021

ANNUAL LEAST RESTRICTIVE ENVIRONMENT ANALYSIS (Continued)

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

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

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

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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):	
	<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"/>	<p>Diminished access to the full range of the curriculum</p> <p>Missed general education instruction taught by highly qualified staff</p> <p>Rate at which student may earn credits for graduation</p> <p>Lack of opportunity for social interaction</p> <p>Lack of opportunities for age-appropriate peer role models</p> <p>Amount of socialization opportunities with typical peers</p> <p>Limited access to peers in student's home community</p> <p>Lack of exposure to appropriate behavioral models from peers</p> <p>Other: <input type="text" value="None"/></p>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 1 - Eligibility, Placements and Supports

Student ANCONINA
LastNADAV
First

MI

Date of Birth 29-OCT-2007

Meeting Date 08-OCT-2021

		Effective With this IEP	Future Changes Related to this IEP
	As of Date:	12-OCT-2021	
Eligibility: (from Page 4)		Eligible (SLD)	
	Final IEP Reason Final IEP Effective Date:		
Curriculum		General Education	
Placement	Type of School	District Resident School	
	Name of School	REED MS	
Instructional Setting	Setting	General Education	
	Program	GE	
	Special Day Minutes/Wk		
	Addresses Goals	1(Reading),2(Writing),3(Writing),4(Math),5(Vocational Education),6(Behavioral Support)	
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	1. Frequent break opportunities (if he is having trouble focusing) 2. Task broken down in smaller chunks 3. Shortened assignments 4. Preferential seating 5. Note taking assistance 6. Tests read aloud 7. Check agenda book for accuracy 8. Audio books (where applicable)	
	Instructional Modifications		
	Other Supports, including Non-Academic and Extra-curricular Activities		
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	Nadav will be enrolled in all general education classes with the exception of one learning center class.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student ANCONINA

NADAV

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Date of Birth 29-OCT-2007

**Meeting
Date**

08-OCT-2021

Last

First

		Effective With This IEP	Future Changes Related To This IEP
Service 1	Start Date:	Effective on Signature Date 12-OCT-2021	
RSP	End Date:		
RSP	Service applies to:	Regular	
	Frequency:	1-5	
This service addresses the following goals:	Interval:	Weekly	
4(Math)	Minutes/Interval:	100	
5(Vocational Education)	Minutes/Interval (Pullout from Gen Ed):	0	
6(Behavioral Support)	Service Delivery Model:	RSP: Collaborative Teaching and Planning*	
	RSP Area:	Math	
	Responsible Personnel:	General Education Teacher	
		Resource Specialist Teacher	
*			
Service 2	Start Date:	Effective on Signature Date 12-OCT-2021	
RSP	End Date:		
RSP	Service applies to:	Regular	
	Frequency:	1-5	
This service addresses the following goals:	Interval:	Weekly	
1(Reading)	Minutes/Interval:	100	
2(Writing)	Minutes/Interval (Pullout from Gen Ed):	0	
3(Writing)	Service Delivery Model:	RSP: Collaborative Teaching and Planning*	
5(Vocational Education)			

6(Behavioral Support)	RSP Area:	Literacy/ELA/ELD	
	Responsible Personnel:	General Education Teacher	
		Resource Specialist Teacher	
*			

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

Part 3 - Percentage of Time Outside of General Education		
	Effective With this IEP	Future Changes Related to this IEP
% of Time per Week outside of General Education	<input type="text" value=".0"/>	
Part 4 - Additional Discussion (This section is optional)		
Student was present at the IEP meeting. Student's Mother joined IEP meeting via phone call. Mother stated she understands the student needs help academically and understands the learning center class provides help but at this time wishes to remove learning center service to give student an opportunity to have an elective class of his choice. Mother then gave IEP team permission to proceed without her. The IEP team went over present level of performance, goals, accommodations, and BIP, with student. Mother was contacted after IEP meeting and updated with meeting information. There were no further concerns or questions.		

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

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IEP FAPE Part 2 - Summary of Services

Student ANCONINA

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MI

FAPE Summary Grid

Program:	GE	Setting:	General Education
Eligibility:	Eligible (SLD)	Curriculum:	General Education
Transportation:	None	Low Incident Support:	None
Date District Received Parent Signature:	12-Oct-2021		

Service Code	Service Desc	Start Date	Service Applies To	Interval	Frequency	Area	Total Minutes	Addresses Goal(s)	No Consent
RSP	RSP	Effective on Signature Date	Regular	Weekly	1-5	RSP-Math	100	Math , Vocational Education, Behavioral Support	--
RSP	RSP	Effective on Signature Date	Regular	Weekly	1-5	RSP-Literacy/ELA/ELD	100	Reading , Writing , Writing , Vocational Education, Behavioral Support	--

Alternative Remote/Distance Learning Services During Emergency Conditions

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

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

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

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

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

For IEP Team Information

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

INDIVIDUALIZED EDUCATION PROGRAM

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 **ANCONINA** **NADAV** **MI** Date of Birth **29-OCT-2007** Meeting Date **08-OCT-2021**

- 1 The behavior impeding learning is: Describe what it looks like:
 ☒ Talking to peers around him, distractions (chromebook, other
- 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 ☐
- 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)

☒ Reported by and/or ☐ observed by

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 type="checkbox"/> Work level higher than student's ability | <input checked="" type="checkbox"/> Verbal directives | <input checked="" type="checkbox"/> Lack of predictability |
| <input type="checkbox"/> Time of day | <input checked="" type="checkbox"/> Internal physical/emotional state | <input checked="" 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 checked="" 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"/> Rate, size, etc.) |
| | <input type="checkbox"/> Transition skills | <input type="checkbox"/> Schedule | <input type="checkbox"/> Conflict resolution skills |
| | <input type="checkbox"/> Re-teaching | <input type="checkbox"/> Task structuring | <input type="checkbox"/> Effective communication with parent |
| | <input type="checkbox"/> Social skills instruction | <input type="checkbox"/> Consequences not clear to student | <input type="checkbox"/> Communications system |
| | <input type="checkbox"/> Choices | | |
- ☐ Other (Missing/Present):

REMOVE STUDENT'S NEED TO USE THE PROBLEM BEHAVIOR

- 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)
- Intervention
- | | | | |
|-------------------|--|--|--|
| 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 type="checkbox"/> Preferred seating | <input type="checkbox"/> Different work areas | <input type="checkbox"/> Study carrels |
| Interaction: | <input type="checkbox"/> Personal space | <input checked="" type="checkbox"/> Hands-on learning | <input 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 type="checkbox"/> Cue the student | <input type="checkbox"/> Model |
| | <input type="checkbox"/> Use specific supportive words | <input checked="" type="checkbox"/> Praise successes | <input type="checkbox"/> Peer Models |
| | <input checked="" type="checkbox"/> Verbally praise student | <input checked="" type="checkbox"/> Use calm, de-escalating language | |
| | <input type="checkbox"/> Use specific support communications | | |
- ☐ Other
- Who will establish? Who will monitor? Frequency

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 **ANCONINA** **NADAV** **MI** Date of Birth **29-OCT-2007** Meeting Date **08-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 easy)

☐

Task (too difficult)

☐

Task (too easy)

☒

Task (too long)

Describe:

Tasks maybe 'boring' and 'Dumb' to student

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?)

Nadav should ask for permission to work on the assignment with his peer.

Instead of avoiding to do the task altogether, Nadav will complete the task in parts and check that the section he completed was done correctly.

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/Paraprofessional

Who will monitor?

Teacher/Paraprofessional

Frequency:

As needed

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

Intervention 11

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

Tangibles

☐

Positive phone calls or notes to home

☐

Points

Tokens and Points:

☐

Tokens

☐

Extra test points

Privileges:

☐

Exempt assignment

Other ideas:

Selection of reinforcer based on: High interest for student

☐

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)

1.The student will be prompted to focus/stay on task. 2.Staff should remind student of choices and ask which he will choose.

Personnel?

Teacher/paraprofessional

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 **ANCONINA**
Last**NADAV**
First**MI**Date of Birth **29-OCT-2007**Meeting Date **08-OCT-2021**

OUTCOMES

PART IV

BEHAVIORAL GOALS

13Behavioral Goal: Goal #: **6**

When given a task, Nadav will start task promptly, remain on task with a maximum of 2 reminders, and continue working until task is complete, with 90% accuracy across all settings.

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 Pg 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

Between?

Teacher/Parent

Frequency?

as needed

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

(ITP, pg. 1 of 3)

Student ANCONINA

NADAV

Date of

29-OCT-2007

Meeting

08-OCT-2021

Last

First

MI

Birth

Date

INDIVIDUAL TRANSITION PLAN (ITP)

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

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

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

Section 1: Education/Training

Assessment (at least one assessment must be completed in this area).	Date	Assessment Name and Results: Indicate interests/abilities and area(s) of need (if applicable)
Web-Based Interest Inventory <input type="text"/>	07-OCT-2021	RIASEC Inventory - Nadav scored high in the areas of Realistic, Social, and Enterprising. These areas show a preference for working at mechanical jobs, working with other people, and persuading or performing.
If other? <input type="text"/>		
<input type="text"/>		
If other? <input type="text"/>		
<input type="text"/>		

Education/Training Postsecondary Goal

Upon completion of high school, the student will:

If other?

enroll in and attend 2 or 4 year college

Education/Training Activity to Support Goal	Timeline	Person/Agency Responsible
develop a list of high school courses needed for college entrance and develop a schedule for completing them in the remaining years of high school	03-OCT-2022	Counselor <input type="text"/>
If other? <input type="text"/>		Transition Teacher <input type="text"/>
<input type="text"/>		Other School Staff <input type="text"/>
		<input type="text"/>
		<input type="text"/>
		<input type="text"/>
		<input type="text"/>

Student ANCONINA

NADAV

MI

Date of Birth

29-OCT-2007

**Meeting
Date**

08-OCT-2021

INDIVIDUAL TRANSITION PLAN (ITP)

Section 2: Employment

Assessment (at least one assessment must be completed in this area).	Date	Assessment Name and Results: Indicate interests/abilities and area(s) of need (if applicable)
<div>Web-Based Interest Inventory</div> <div>If other?</div>	07-OCT-2021	Based on the RIASEC survey results, career fields of interest for Nadav would be Mechanic, Engineering, Advertising, Public relations, Real Estate, Marketing, and Banking
<div></div> <div>If other?</div>		

Employment Postsecondary Goal

Upon completion of high school, the student will:

If other?

be competitively employed

Employment Activity to Support Goal	Timeline	Person/Agency Responsible
<div> identify skills needed in various occupations of interest </div>	<div>03-OCT-2022</div>	<div>Counselor</div> <div>Transition Teacher</div> <div>Other School Staff</div> <div></div> <div></div> <div></div> <div></div>
<div>If other?</div> <div></div>		

Section 3: Independent Living (as needed)

Assessment (at least one assessment must be completed in this area).	Date	Assessment Name and Results: Indicate interests/abilities and area(s) of need (if applicable)
<div> <div></div> <div>▼</div> </div> <div>If other?</div> <div></div>	<div></div>	
<div> <div></div> <div>▼</div> </div> <div>If other?</div> <div></div>	<div></div>	

Independent Living Postsecondary Goal

Upon completion of high school, the student will:

If other?

Upon completion of high school, the student will:

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

(ITP, pg. 3 of 3)

Student
Last

First

MI

Date of Birth

Meeting Date

INDIVIDUAL TRANSITION PLAN (IEP)

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

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

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

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

Student is working towards: ☐ Certificate of Completion ☒ Diploma

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

Nadav is enrolled in a course study that will prepare him to graduate with a diploma and attend a community or four year college, vocational school, or enter the workforce directly after completion of High School if he should choose to do so. Courses taken will include the required LAUSD A-G requirements. See IGP for more information.

Future Agency Involvement:

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

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

Agency Name:

Agency Name:

Agency Name:

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

1. ☒ Yes

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

2. ☒ Yes

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

3. ☒ Yes

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

4. ☒ Yes

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

5. ☒ Yes

6. ☒ Yes

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

7. ☒ Yes

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

8. ☐ Yes ☒ N/A

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