

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Identification
Number

200211X120

SSID

1612941265

Eligible (DE)

Student MOUSTAKI
LastMOSES
First

MI

Date of Birth:

05-JUL-2017

Section A: Meeting Information

Pertinent Dates	Type of Meeting
Date of Initial IEP Team Meeting	<input checked="" type="radio"/> Initial
Date of Present Meeting	<input type="radio"/> Amendment of IEP dated
Annual Review to be conducted by	<input type="radio"/> Annual Review
Next Three Year Review will be conducted by	<input type="radio"/> Three Year Review
Three Year Review or Evaluation was conducted on	<input type="radio"/> Early Start Transition
Transition to Kindergarten to be conducted by	<input type="radio"/> Expulsion Analysis
	<input type="radio"/> Individual Transition Plan

Location of Meeting	Preschool Intake at Lokrantz	District Name	Los Angeles Unified School Dis
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Section B: Student Information

Date of Birth	05-JUL-2017	Age	4	Grade	-1
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female	Limited English Proficient Student	<input type="radio"/> Yes <input type="radio"/> No	Ethnic Code	Decline to State
Location of the Psych Folder	SUPPORT UNIT NOF	Student has no Psych Folder	<input type="checkbox"/>		
Location of the Cum Folder		Student has no Cum Folder	<input checked="" type="checkbox"/>		
Home Language		Student Language		Alternate Mode of Communication	
Home Address of Student	20361 CLARK ST				
City	WOODLAND HIL CA	ZIP Code	91367		
Home Telephone	(818) 294-2429	Daytime Telephone		Emergency Telephone	
School of Attendance	Sp Ed Inf/Pre (1017)	Location Code	1017		
School of Residence	Calvert Ces	Location Code	2712		
Name of Parent/Guardian	Shmuel Mustaki/Adva	Telephone	(818) 294-2429		
Address	20361 CLARK ST				
City	WOODLAND HIL CA	ZIP Code			
Surogate Parent		Telephone			
Attends CURRENT SCHOOL as a result of one of the following	Preschool Program <input checked="" type="checkbox"/>				
Is the student living in a Family Foster Home (FFH)?	<input checked="" type="radio"/> No <input type="radio"/> Yes	FFH#			
Is FFH Provider related to student?	<input type="radio"/> No <input type="radio"/> Yes	Relationship			
Licensed Children's Institution	<input checked="" type="radio"/> No <input type="radio"/> Yes	LCI Name			
		LCI#			
Out of the home placement made by	<input type="radio"/> Regional Center	<input type="radio"/> Department of Mental Health	<input type="radio"/> Department of Children's Services		
	<input type="radio"/> Superior Court	<input type="radio"/> Other			
Child's family living within LAUSD's boundaries?	<input type="radio"/> No <input checked="" type="radio"/> Yes				
If the student is 18 years old or older or is an emancipated minor, does he/she have educational decision-making rights?	<input type="radio"/> No <input type="radio"/> Yes				

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Section C: Language Acquisition

Language Classification:

Start Date:

Withdrawal by Parent Request:

☐ Yes ☐ No

Reclassification Date:

ELPAC Performance Level and Performance Descriptor:

Test Date:

Alternate ELPAC Performance Level and Performance Descriptor:

Test Date:

Section D: Goal Achievement from Current IEP

		Achieved		If No, explain the reason the goal/objective was not achieved
Goal for: (example - Reading)		Yes	No	
1		<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"/>	
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"/>	

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Date of Birth **05-JUL-2017**Meeting Date **27-AUG-2021**

Section E: Present Level of Performance

Performance Area:

General Ability

Category:

Cognitive Development

Assessment/Monitoring Process
Used:

DP-3, parent interviews, reports

State/District Assessment Results:

N/A

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

As Moses has been requested by parent to be assessed during the period of COVID-19 school facility closures, information was gathered on 8/20/2021, through conversation with parent, DP-3 and/or review of outside agency reports in order to support the development of a present level of performance in the area of cognitive development. The following strengths and weaknesses were identified:

Strengths: Based on results of the DP 3, as reported by parent, Moses scored in the Well Above Average range on the Cognitive scale. This scale measures perception, concept development, number relations, reasoning, memory, classification, time concepts and related mental acuity tasks. Moses's score implies that his cognitive skills are above age expectancy. He is able to name the seven days of the week and answer which day comes before and after any given day, write words using both capital and small letters correctly, subtract single digits correctly, spell out loud common five-letter words that are not names, answers correctly when asked for the correct date, day, month, and year and is able to correctly multiply single digits by 2.

Weaknesses: None identified at this time.

Performance Area:

Academic Performance

Category:

Cognitive Development

Assessment/Monitoring Process
Used:

DP-3, parent interviews, reports

State/District Assessment Results:

N/A

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

As Moses has been requested by parent to be assessed during the period of COVID-19 school facility closures, information was gathered on 8/20/2021, through conversation with parent, DP-3 and/or review of outside agency reports in order to support the development of a present level of performance in the area of school readiness skills. The following strengths and weaknesses were identified:

Strengths: Moses's profile suggests strength in his general fund of information, pre-mathematics, pre-reading and pre-writing skills. Moses is able to identify and label, the alphabet, numbers, colors, shapes and clothing items. he is able to give all of his personal information (name, last name, age, gender, etc...) and is able to rote count to 100, add, subtract, and do simple multiplication. Moses is also able to read, write and draw at well above age appropriate levels.

Weaknesses: None identified at this time.

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Date of Birth **05-JUL-2017**Meeting Date **27-AUG-2021**

Section E: Present Level of Performance

Performance Area: Social/Emotional

Category: Social Emotional Development ▼

Assessment/Monitoring Process Used: DP-3, parent interviews, reports

State/District Assessment Results: N/A

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

As Moses has been requested by parent to be assessed during the period of COVID-19 school facility closures, information was gathered on 8/20/2021, through conversation with parent, DP-3 and/or review of outside agency reports in order to support the development of a present level of performance in the area of social emotional skills. The following strengths and weaknesses were identified:

Strengths: Based on the results of the DP-3, as reported by parent, Moses gets along well with family members and participates in a variety of activities. He enjoys playing with his marble run toy, playing with playdough, running around, swim, watching educational videos about the solar system, the periodic table, how the body and its organs work, and enjoys learning about letters, numbers and reading and writing. Moses is described as very gentle, sweet, nice, mostly agreeable and reasonable, and wants to learn. Parent also reports Moses demonstrates good eye contact, is aware of common dangers at home and in the community and is able to recognize and understand safety words like 'Stop.' Moses is able to follow one-step directions and is able to keep himself busy on a preferred activity for hours. He has no difficulty with foods, he eats everything and does not mouth non-food items. Parents report that he is able to play with a couple of friends a little longer than others since they initiate and demand his attention longer than other children. However, this is also a short interaction. Moses gets along better with adults, particularly if the topic is something he is interested in.

Performance Area: Social Emotional cont...

Category: Social Emotional Development ▼

Assessment/Monitoring Process Used: DP-3, parent interviews, reports

State/District Assessment Results: N/A

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

Weaknesses: Based on results of the DP 3, as reported by parent, Moses's social/emotional skills are rated as falling below the expected level of social-emotional development for his age. This scale measures skills related to interpersonal behaviors and the demonstration of social and emotional competence, such as expressing his needs, interacting with others, and adhering to societal norms. Parents report that Moses received a diagnosis of Autism when he was in Israel. He is currently working on getting an assessment through Regional Center. His score signifies that he has below typical social-emotional skills for his age. Moses has a great deal of difficulty interacting with others and prefers to play alone. He does not express a desire for playtime with peers, prefers to play alone, does not play group games with other children or knows to ask permission to use something that does not belong to him. Based on parent report, Moses exhibits challenges in transitioning from one activity to another. Thus, he requires warnings and prompting. Additionally, Moses is described as rigid. He does not respond well to things that occur spontaneously or unexpectedly (such as accidentally dropping his biscuit in his tea) and has difficulty adjusting to things that are not a part of his schedule or routine. In addition, it should be reported that Moses does not stand loud noises or too much noise, does not like bright lights and has some sensory concerns such as the wind hitting his ears or driving in cars.

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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):

As Moses has been requested by parent to be assessed during the period of COVID-19 school facility closures, information was gathered on 8/20/2021, through conversation with parent, DP-3 and/or review of outside agency reports in order to support the development of a present level of performance in the area of daily living skills. The following strengths and weaknesses were identified:

Strengths: Based on results of the DP-3, as reported by parent, Moses is able to drink from a child-sized cup or glass without help, use a spoon for eating, undo at least 2 different types of fasteners, put things away in at least 3 different places and use the toilet independently.

Weaknesses: Based on results of the DP 3, as reported by parent, Moses's adaptive behavior skills are rated as falling within the well below average range. This scale measures Moses's independent functioning, which includes the ability to use current technology. Moses's score indicates that he has difficulties in the area of adaptive behavior. Parent reports Moses is unable to take off his socks or shoes without help, use a fork for eating, take off a pullover or T-shirt without help, put on his shoes, wash and dry his hands and face acceptably without help, manipulate a remote control or dress himself completely.

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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Meeting Date 27-AUG-2021

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Section E: Present Level of Performance

Performance Area:

Communication

Category:

Communication

Assessment/Monitoring Process
Used:

Parent Interview & DP3 administered by School Psychologist

State/District Assessment Results:

unknown

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

REASON FOR REFERRAL/SUMMARY OF SERVICES Moses Moustaki is a 4 years, 1 months old child that was referred by his parents for an initial Language and Speech evaluation to be conducted by LAUSD. Regarding Speech and Language skills, parents are primarily concerned about his social skills with same aged peers. Per parent, Moses lives in a bilingual Hebrew/English-speaking household with his biological parents.

During this period of COVID-19 impact on school facilities, Moses's parent has chosen to have a Modified Assessment completed at this time. Information was gathered on 8/20/2021 through conversation with parent, DP 3 and/or review of regional center or outside agency reports in order to support the development of a present level of performance in the area of Speech and Language. The following strengths and potential areas of concern were identified:

STUDENT STRENGTHS: In the area of Receptive Language, parent reported that Moses can follow familiar and/or routine one-step directions, answers yes/no questions, answers simple WH questions, understands spatial concepts/prepositions, and can identify/label approximately 20 body parts, advanced shapes (e.g. parallelogram, octagon, heptagon) clothing items, and items in a book. In the area of Expressive Language, parents reported that Moses has thousands of words in his vocabulary, typically uses pointing, and 5+ word utterances within his efforts to communicate. Additionally, Moses answers logical questions, can count to at least 100, reads in English, and engages in simple conversations with adults. On the Communication subset of the DP3 administered by the School Psychologist, Moses's results revealed 'Above Average' Communication skills when compared to same age peers. Parents do not have any current concerns with Voice, Fluency, or Oral Motor Function/Structure at this time. Socially, Moses occasionally plays with same aged children.

Performance Area:

Communication

Category:

Communication

Assessment/Monitoring Process
Used:

Parent Interview & DP3 administered by School Psychologist

State/District Assessment Results:

unknown

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

AREAS OF NEED: Per parent, Moses demonstrates difficulty answering questions without visuals, and retelling personal experiences or recent events. Parent also reported that Moses does not yet engage in conversation with peers.

Carlene Fort, M.S., CCC-SLP
Speech Language Pathologist

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Section E: Present Level of Performance

Performance Area:

sensory processing

Category:

Sensory Processing

Assessment/Monitoring Process
Used:

modified assessment

State/District Assessment Results:

n/a

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

During this period of COVID-19 impact on school facilities, Mose's parent has chosen to have a Modified Assessment completed at this time. Information was gathered on DATE through conversation with parent, DP 3 and completion of the Sensory Profile, in order to support the development of a present level of performance in the area of sensory processing. The following strengths and potential areas of concern were identified:

Student's areas of strength: Parent reports Moses has functional neuromuscular skills to transition between various postures independently without loss of balance. He can scan cluttered surfaces and locate desired items, and stacks eight or more blocks independently. Parent reports he can write his first name, and uses his alternate hand to stabilize the paper. While it is reported he uses an immature grasp pattern, mother reports she has taught Moses the proper grasp pattern and he can demonstrate use of it, however chooses not to use it. Mother reports he can color within the boundaries of a picture independently, and just learned how to use scissors recently and is now snipping. When at the community park, it is reported Moses can climb the ladder to the apparatus independently. He goes down the slide maintaining an upright posture. Parent reports he requires assistance on the swing as he is not yet pumping the swing independently. Per the DP-3 completed by parent, Moses drinks from a child size cup and uses a spoon at meal time with minimal spillage. He can undo simple clothing fasteners.

continued below..

Performance Area:

sensory processing continued

Category:

Sensory Processing

Assessment/Monitoring Process
Used:

State/District Assessment Results:

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

Potential areas of need: Parents report concerns with sensory processing. Moses does not like the texture of sand at the community park. Additionally, when in the car, parents report Moses is constantly distressed and they spend the car ride attempting different strategies to keep him calm such as counting numbers or red cars to distract him. Parents report loud noises and bright lights are also distressing for Moses. Per the Sensory Profile completed by parent, Moses scored 'much more than others' in the area of avoider/avoiding, and 'more than others' in sensitivity/sensor, and registration/bystander. Potential areas of need noted in the area of sensory processing.

Talia Cohen, M.S. OTR/L
LAUSD school based occupational therapist

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Section F: Eligibility

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

health, general ability, academic function, motor ability, language and speech, social/emotional, self-help adaptive

For Initial IEP, interventions attempted prior to determining eligibility:

N/A

Eligible as a student with the disability of:

Code: DE Deferred Eligibility (Preschool Only)

☒ 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:

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Social Maladjustment | <input checked="" type="checkbox"/> Temporary Physical Disability | <input checked="" type="checkbox"/> Lack of instruction in reading |
| <input checked="" type="checkbox"/> Lack of instruction in math | <input checked="" type="checkbox"/> Limited English Proficiency | <input checked="" type="checkbox"/> Environmental, Cultural or Economic Factors |

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Meeting Date 27-AUG-2021

Section G: Annual Goals and Objectives

Performance Area:

Communication

Category:

Communication



Annual Goal #:

1

Given minimal (1-2) prompts and cues, Moses will maintain reciprocal social interactions by asking and answering 3 questions (i.e. conversational turn-taking) with a peer as measured by clinical observation.

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:

Given moderate (up to 4) prompts and cues, Moses will maintain reciprocal social interactions by asking and answering 2 questions (i.e. conversational turn-taking) with a peer as measured by clinical observation.

Incremental objective #2 related to the goal:

Given moderate (up to 4) prompts and cues, Moses will maintain reciprocal social interactions by asking and answering 2-3 questions (i.e. conversational turn-taking) with a peer as measured by clinical observation.

Date to be achieved:

Dece



2021



MO/YR

Date to be achieved:

April



2022



MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

4 GOAL MET OR EXCEEDED

3 SUBSTANTIAL PROGRESS (50-99% of goal met)

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

1 NO PROGRESS

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

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Section G: Annual Goals and Objectives

Performance Area:

sensory processing

Category:

Sensory Processin



Annual Goal #:

2

To demonstrate improved sensory processing skills, following sensory input, Moses will participate in a teacher led multi step gross motor activity with peers, with appropriate coordination and arousal level, with minimal verbal/visual/tactile cues (1-2), 4/5 opportunities.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

To demonstrate improved sensory processing skills, following sensory input, Moses will participate in a teacher led multi step gross motor activity with peers, with appropriate coordination and arousal level, with maximum verbal/visual/tactile cues (5+), 2/5 opportunities.

Incremental objective #2 related to the goal:

To demonstrate improved sensory processing skills, following sensory input, Moses will participate in a teacher led multi step gross motor activity with peers, with appropriate coordination and arousal level, with moderate verbal/visual/tactile cues (3-4), 3/5 opportunities.

Date to be achieved:

Dece



2021



MO/YR

Date to be achieved:

April



2022



MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

4 GOAL MET OR EXCEEDED

3 SUBSTANTIAL PROGRESS (50-99% of goal met)

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

1 NO PROGRESS

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

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Section G: Annual Goals and Objectives

Performance Area:

Cognitive Develop

Category:

Cognitive Develo



Annual Goal #:

3

When faced with unexpected or novel occurrences (i.e. a change in routine, a new classroom activity, interacting with various classroom peers and adults), Moses will self-regulate by going to a quiet/calming area, take deep breaths, or use other self-regulating skills when given minimal (1-2) prompts and reminders in 4 out of 5 opportunities as measured by teacher observation.

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 faced with unexpected or novel occurrences (i.e. a change in routine, a new classroom activity, interacting with various classroom peers and adults), Moses will self-regulate by going to a quiet/calming area, take deep breaths, or use other self-regulating skills when given maximum (5-6) models and redirection in 2 out of 5 opportunities as measured by teacher observation.

Incremental objective #2 related to the goal:

When faced with unexpected or novel occurrences (i.e. a change in routine, a new classroom activity, interacting with various classroom peers and adults), Moses will self-regulate by going to a quiet/calming area, take deep breaths, or use other self-regulating skills when given moderate (3-4) prompts and redirection in 3 out of 5 opportunities as measured by teacher observation.

Date to be achieved:

Dece



2021



MO/YR

Date to be achieved:

April



2022



MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

4 GOAL MET OR EXCEEDED

3 SUBSTANTIAL PROGRESS (50-99% of goal met)

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

1 NO PROGRESS

1st Reporting Period	2nd Reporting Period	3rd Reporting Period	4th Reporting Period (Secondary Only)	Goal Achievement
Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	
Progress Mark: <input type="text"/>	Progress Mark: <input type="text"/>	Progress Mark: <input type="text"/>	Progress Mark: <input type="text"/>	Objective 1 Met: <input type="radio"/> Yes <input type="radio"/> No
Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Objective 2 Met: <input type="radio"/> Yes <input type="radio"/> No
If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please explain: <div style="border: 1px solid black; height: 100px; width: 100%;"></div>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student **MOUSTAKI**
Last**MOSES**
First

MI

Date of Birth **05-JUL-2017**Meeting Date **27-AUG-2021**

Section G: Annual Goals and Objectives

Performance Area:

Social Emotional Dev

Category:

Social Emotional



Annual Goal #:

4

With minimal (1-2) prompts or reminders, Moses will engage in reciprocal interactions (i.e. rolling a ball back-and-forth with a peer, turn-taking with a toy, etc) for 8 minutes on 5 occasions during the school week as measured by teacher observation.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

With maximum (5-6) prompts and redirection, Moses will engage in reciprocal interactions (i.e. rolling a ball back-and-forth with a peer, turn-taking with a toy, etc) for 2 minute on 5 occasions during the school week as measured by teacher observation.

Incremental objective #2 related to the goal:

With moderate (3-4) prompts and redirection, Moses will engage in reciprocal interactions (i.e. rolling a ball back-and-forth with a peer, turn-taking with a toy, etc) for 5 minutes on 5 occasions during the school week as measured by teacher observation.

Date to be achieved:

Dece



2021



MO/YR

Date to be achieved:

April



2022



MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

1 NO PROGRESS

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)**Los Angeles Unified School District****Student**

MOUSTAKI

Last

MOSES

First**MI****Date of Birth**

05-JUL-2017

Meeting Date

27-AUG-2021

Section K: Participation in State and District-wide Assessments

Assessments administered will conform to those assessments determined for each grade by the California Department of Education and/or the Los Angeles Unified School District.

DRDP-A - (Adaptations identified below are applicable)

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student MOUSTAKI
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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 ☒ NoSelect Preferred Language: Is the parent/guardian requesting official translation? ☒ Yes ☐ NoSelect Preferred Language:

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.

Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student **MOUSTAKI****MOSES**

Last

First

MI

Date of Birth **05-JUL-2017**Meeting Date **27-AUG-2021**

Section Q: Parent Participation and Consent

Parent Participation

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

Parent Notification

Method	Whom	When
Other	ECSE	20-AUG-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 **08-SEP-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 **27-AUG-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.

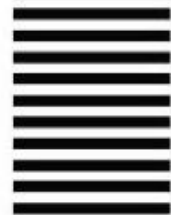
Please fold along dotted lines with the address showing. Seal and mail. Postage is pre-paid.
Again, Thank you!



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

Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Reconvened
Meeting DateStudent
Last
First
MIDate of Birth Meeting Date

Section R: Names and Signatures (Signatures on File)

Team Member	Print Name	Signature
Parent/Guardian	<input type="text" value="Shmuel Mustaki via Zoom"/>	<input type="text"/>
Parent/Guardian	<input type="text" value="Adva Rebibo via Zoom"/>	<input type="text"/>
Student Age 18 - 21 years	<input type="text"/>	<input type="text"/>
Student Under Age 18 years	<input type="text"/>	<input type="text"/>
Surrogate Parent	<input type="text"/>	<input type="text"/>
Foster Parent	<input type="text"/>	<input type="text"/>
Family Foster Home Provider	<input type="text"/>	<input type="text"/>
Administrator	<input type="text"/>	<input type="text"/>
Administrative Designee	<input type="text" value="Hasmig Barsam"/>	<input type="text" value="Hasmig Barsam"/>
Special Education Teacher	<input type="text" value="Inez Lopetegui"/>	<input type="text" value="Inez Lopetegui"/>
General Education Teacher	<input type="text" value="Ricardo Carlos"/>	<input type="text" value="Ricardo Carlos"/>
School Psychologist	<input type="text"/>	<input type="text"/>
School Nurse	<input type="text"/>	<input type="text"/>
Related Service Staff <input type="text" value="LAS"/>	<input type="text" value="Carlene Fort"/>	<input type="text" value="Carlene Fort"/>
Related Service Staff <input type="text" value="OT"/>	<input type="text" value="Talía Cohen"/>	<input type="text" value="Talía Cohen"/>
Related Service Staff <input type="text"/>	<input type="text"/>	<input type="text"/>
Interpreter	<input type="text" value="Meir Elart via Zoom"/>	<input type="text"/>
Sign Language Interpreter	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student **MOUSTAKI**
Last**MOSES**
First

MI

Date of
Birth

05-JUL-2017

Meeting
Date

27-AUG-2021

LEAST RESTRICTIVE ENVIRONMENT ANALYSIS

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

Student's Current Placement Type:

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

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

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

Step A.	Can the supports, services, accommodations and/or modifications in the student's IEP be made available in a general education classroom/setting?	
	<input type="radio"/> Yes <input type="radio"/> No	If the answer is YES, then a general education classroom/setting is the appropriate placement. If the answer is NO, go to the question below.
	<input type="radio"/> Yes <input type="radio"/> No	If not currently available, can the required supports, services, accommodations and/or modifications be made available in a general education classroom/setting? If YES, all required supports, services, accommodations and/or modifications must be provided within a reasonable timeline. If the answer is NO, please articulate why in the box below. Then go to Step B.
<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 MOUSTAKI

MOSES

Last

First

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Date of
Birth

05-JUL-2017

Meeting
Date

27-AUG-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.

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.

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.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

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Meeting

Date

27-AUG-2021

ANNUAL LEAST RESTRICTIVE ENVIRONMENT ANALYSIS (Continued)

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

Step F.

The student's needs as reflected in the contents of this IEP, and the placement being considered by the IEP team, outweigh any potential harmful effects at this time, including (check all that apply):

☐

Diminished access to the full range of the curriculum

☐

Missed general education instruction taught by highly qualified staff

☐

Rate at which student may earn credits for graduation

☐

Lack of opportunity for social interaction

☐

Lack of opportunities for age-appropriate peer role models

☐

Amount of socialization opportunities with typical peers

☐

Limited access to peers in student's home community

☐

Lack of exposure to appropriate behavioral models from peers

☐

Other:

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 1 - Eligibility, Placements and Supports

Student **MOUSTAKI**
Last**MOSES**
First

MI

Date of Birth **05-JUL-2017**Meeting Date **27-AUG-2021**

		Effective With this IEP	Future Changes Related to this IEP
	As of Date:	10-SEP-2021	
Eligibility: (from Page 4)		Eligible (DE)	
	Final IEP Reason Final IEP Effective Date:		
Curriculum		General Education	
Placement	Type of School	District Non-Resident School	
	Name of School	MELVIN AVE EL	
Instructional Setting	Setting	Special Education	
	Program	PAL	
	Special Day Minutes/Wk	1350	
	Addresses Goals	1(Communication),2(sensory processing),3(Cognitive Develop),4(Social Emotional Dev)	
Additional Factors	Low Incident Support	None	
	Assistive Technology Support	No	
	Transportation	Home to School	
	Extended School Year/Intersession	<input checked="" type="radio"/> Yes <input type="radio"/> No	
	Parent Counseling and Training (PCT)	<input checked="" type="radio"/> Yes <input type="radio"/> No	
	ESY Transportation	Home to School	
Accommodation, Modifications, Supports	Instructional Accommodations	Instructional Accommodation will include daily structured language activities facilitated by an adult to engage in question, answer and conversations. Additional support may include modeling of language, small group instruction, repetition/rephrasing, vocabulary development, short verbal direction, visual/verbal cues, preview and review of new information to assist in comprehension, and additional time to respond.	
	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	

MI

24/27

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).

25/27

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student MOUSTAKI

MOSES

Date of Birth 05-JUL-2017

Meeting Date 27-AUG-2021

Last

First

MI

FAPE Summary Grid

Program:		PAL			Setting:		Special Education			
Eligibility:		Eligible (DE)			Curriculum:		General Education			
Transportation:		Home to School			Low Incident Support:		None			
Date District Received Parent Signature:		10-Sep-2021								
Service Code	Service Desc	Start Date	Service Applies To	Interval	Frequency	Area	Total Minutes	Addresses Goal(s)	No Consent	
16	Occupational Therapy	Effective on Signature Date	Regular	Yearly	10-20	~	450	sensory processing	--	
18	Occupational Therapy - Clinic	Effective on Signature Date	Regular	Weekly	1	~	60	sensory processing	--	

Alternative Remote/Distance Learning Services During Emergency Conditions

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

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

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

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

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

For IEP Team Information

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