

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Identification
Number

200199X706

SSID

8763572070

Eligible (DE)

Student

PORTILLO

MICHAEL

N

Last

First

MI

Date of Birth:

08-JUN-2018

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	District Name
Early Ed Assessment Center at I	Los Angeles Unified School Dis

Section B: Student Information

Date of Birth	08-JUN-2018	Age	2	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	9741 CREBS AVE				
City	NORTHRIDGE CA	ZIP Code	91324		
Home Telephone	(818) 624-4054	Daytime Telephone		Emergency Telephone	
School of Attendance	Sp Ed Inf/Pre (1017)	Location Code	1017		
School of Residence	Topeka Dr Cas	Location Code	7201		
Name of Parent/Guardian	Maral Vartinian	Telephone			
Address	same				
City		CA	ZIP Code		
Surogate Parent		Telephone			
Attends CURRENT SCHOOL as a result of one of the following	Preschool Program				
Is the student living in a Family Foster Home (FFH)?	<input checked="" type="radio"/> No <input type="radio"/> Yes	FFH#			
Is FFH Provider related to student?	<input type="radio"/> No <input type="radio"/> Yes	Relationship			
Licensed Children's Institution	<input checked="" type="radio"/> No <input type="radio"/> Yes	LCI Name			
		LCI#			
Out of the home placement made by	<input type="radio"/> Regional Center	<input type="radio"/> Department of Mental Health	<input type="radio"/> Department of Children's Services		
	<input type="radio"/> Superior Court	<input type="radio"/> Other			
Child's family living within LAUSD's boundaries?	<input type="radio"/> No <input checked="" type="radio"/> Yes				
If the student is 18 years old or older or is an emancipated minor, does he/she have educational decision-making rights?	<input type="radio"/> No <input type="radio"/> Yes				

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Section C: Language Acquisition

Language Classification:

Start Date:

Withdrawal by Parent Request:

☐ Yes ☐ No

Reclassification Date:

ELPAC Performance Level and Performance Descriptor:

Test Date:

Alternate ELPAC Performance Level and Performance Descriptor:

Test Date:

Section D: Goal Achievement from Current IEP

		Achieved		
Goal for: (example - Reading)		Yes	No	If No, explain the reason the goal/objective was not achieved
1		<input type="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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Student **PORTILLO**
Last**MICHAEL**
First**N**
MIDate of Birth **08-JUN-2018**Meeting Date **02-JUN-2021**

Section E: Present Level of Performance

Performance Area:

Cognitive Functioning

Category:

Cognitive Development ▼

Assessment/Monitoring Process
Used:

Modified Assessment, Review of Records, and Interviews

State/District Assessment Results:

N/A

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

During the period of COVID-19 as school facilities re-open with safety restrictions, information was gathered on May 18, 2021 through conversation with parent, review of RC or outside agency reports, and/or DP-3 in order to support the development of a present level of performance in Cognitive Functioning. The following strengths and potential areas of concern were identified:

Overall, Michael's current functioning in cognition/general ability is estimated to be in the average range based on parent interview and the Developmental Profile 3.

Strengths: Cognitively, based on parent reports on the DP3, Michael can imitate a physical gesture made by an adult, he can search in the right place for something that has been moved out of sight, he can use a pencil/crayon to make definite marks in any surface, point to body parts, respond correctly when asked to identify an object pictured in a book, take one more of something when asked, engages in pretend play, and points to colors.

Areas of need: None at this time.

Performance Area:

Academic Readiness/School Performance

Category:

Adaptive Behaviors ▼

Assessment/Monitoring Process
Used:

Modified Assessment, Review of Records, and Interviews

State/District Assessment Results:

N/A

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

During the period of COVID-19 as school facilities re-open with safety restrictions, information was gathered on May 18, 2021 through list means conversation with parent, review of RC or outside agency reports, and/or DP-3 in order to support the development of a present level of performance in Academic Performance/School Readiness. The following strengths and potential areas of concern were identified:

Overall, Michael's current functioning in school readiness is not developing as expected given the Michael's chronological age and school experience to date, based on information gathered via observation and interview on the Developmental Profile Third Edition (DP3).

Strengths: Michael's profile as examined using all forms of alternative assessment suggests strengths in general fund of information (body parts, clothing items and colors), pre-reading (attending to pictures in a book, labeling items in a book), pre-mathematics (shapes, rote counting, concept of more - w/prompting), and pre-writing (making marks on a surface/circle).

Needs: Michael's profile as examined using all forms of alternative assessment suggests weaknesses in general fund of information (personal information), pre-mathematics (distinguishing size/using size words), and pre-writing (making lines).

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Section E: Present Level of Performance

Performance Area:

Motor Functioning

Category:

Physical Development

Assessment/Monitoring Process
Used:

Modified Assessment, Review of Records, and Interviews

State/District Assessment Results:

N/A

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

During the period of COVID-19 as school facilities re-open with safety restrictions, information was gathered on May 18, 2021 through conversation with parent, review of RC or outside agency reports, and/or DP-3bin order to support the development of a present level of performance in Motor Functioning. The following strengths and potential areas of concern were identified:

Overall, Michael's motor skills are found to be in the average range, based on parent reports on the Developmental Profile 3.

Strengths: Based on the rater's responses on the Developmental Profile 3, gross motor skills including the movement and coordination of the arms, legs, and other large body parts and movement are not an area of concern (e.g. running, walking, and jumping). Furthermore, fine motor skills including the movement and coordination of small body parts such as the wrists, hands, and fingers are not an area of concern (e.g. writing, drawing, and cutting).

Areas of Need: None at this time.

Performance Area:

Social-Emotional Functioning

Category:

Social Emotional Development

Assessment/Monitoring Process
Used:

Modified Assessment, Review of Records, and Interviews

State/District Assessment Results:

N/A

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

During the period of COVID-19 as school facilities re-open with safety restrictions, information was gathered on May 18, 2021 through conversation with parent, review of RC or outside agency reports, and/or DP-3bin order to support the development of a present level of performance in Social-Emotional Functioning. The following strengths and potential areas of concern were identified:

Based on informal interviews, Michael exhibits the following strengths: Per parent, Michael enjoys playing with puzzles, blocks, music, and swimming. He is able to attend to a preferred activity for up to an hour, engages with pretend play and with prompts can transition from one activity to another. Based on the DP3, as rated by parent, Michael shows interest in exploring new places, expresses fondness for an adult who is seen less than weekly, and shows interest in things or games other children like.

Areas of Need: Based on the DP3, as rated by parent, Michael has difficulty engaging in non-preferred activities, following directions, engages in mostly parallel play, and play can be perseverative (i.e. puzzles). In addition, parent reported concerns with Michael's behaviors. He will bite or kick when upset several times a day, does not always respond to his name, and has poor eye contact. Michael has a diagnosis of Autism.

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Section E: Present Level of Performance

Performance Area:

Adaptive Functioning

Category:

Adaptive Behaviors

Assessment/Monitoring Process
Used:

Modified Assessment, Review of Records, and Interviews

State/District Assessment Results:

N/A

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

During the period of COVID-19 as school facilities re-open with safety restrictions, information was gathered on May 18, 2021 through conversation with parent, review of RC or outside agency reports, and/or DP-3bin order to support the development of a present level of performance in Adaptive Functioning. The following strengths and potential areas of concern were identified:

Overall, Michael's adaptive behavior is found to be in the below average range, based on parent ratings on the DP3.

Strengths: Per parent ratings on the DP3, Michael can help with dressing, take off his shoes or socks without help, use a spoon/fork to feed, knows where things go around the house, and can take off a loosely fitted t-shirt.

Areas of Need: Michael does not yet drink from an open cup without help and is not yet aware of dangers.

Performance Area:

Category:

Assessment/Monitoring Process
Used:

State/District Assessment Results:

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

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Section E: Present Level of Performance

Performance Area: Category: ▼Assessment/Monitoring Process Used: State/District Assessment Results:

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

LAUSD school facilities are closed at this time due to the COVID-19 pandemic. As a result, a physical health assessment was not performed as a part of this Initial IEP. At this time, health information was gathered from a phone conference with mother. When the school facility reopens and normal operations resume as the District transitions from distance learning, a Health Assessment will be conducted and an Amendment IEP Team Meeting will be held regarding accommodations, support, and health services for this student while on campus during school hours.

Health Summary: Mother reports a complicated pregnancy. Michael was born at 37 weeks gestation and weighed 5.8 lbs. stayed in NICU for 11 days due to feeding issues and low blood sugar; he was discharged home in stable health. Developmental milestones as reported by parent: he sat at 8 months, walked at 12 months, first words at 18 months. He is not toilet trained. Allergies: None known. Medication: None. On regular diet and able to chew and swallow food with no difficulty; sometimes overstuffs his mouth with food, mom cuts his food in small pieces. Parent reports immunizations are up to date.

Strengths: Per mother, Michael is in stable health and he is not taking any medication on a daily basis. He is alert, active and ambulatory. He eats a regular diet, is able to feed himself with fingers/utensils and can drink from a sippy cup. Parent reports no concerns regarding his vision or hearing at this time.

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

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

Accommodations/Modifications: None at this time.

Fariba Akhiary, RN 5/19/2021

6/2/21 At the IEP meeting, parent reported child may gag when overstuffing his mouth with food. JC

Performance Area: Category: ▼Assessment/Monitoring Process Used: State/District Assessment Results:

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

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Section E: Present Level of Performance

Performance Area:

Communication

Category:

Communication ▼

Assessment/Monitoring Process
Used:

Parent report, DP-3

State/District Assessment Results:

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

During the period of COVID-19 as school facilities re-open with safety restrictions, information was gathered on May 18th, 2021 through conversation with parents and the DP-3 in order to support the development of a present level of performance in the areas of speech and language. The following strengths and potential areas of concern were identified:

Areas of Strength: Based on information provided in a parent interview and the DP-3, Michael responds to his name when called inconsistently. If he is engaged in an activity he may ignore his parents when his name is called. Michael can identify many common nouns (e.g. colors, shapes, body parts, clothing items) and actions. Per parent report, he understands the preposition 'in' (e.g. put it in the box), inhibitory words (e.g. no, stop, wait), and the concept of more.

In the area of expressive language, Michael communicates using 1 word utterances frequently and is beginning to combine 2-3 word utterances together to express his wants and needs, request, and share ideas (e.g. 'kick the ball, throw the ball, open the door, I want bottle'). Per parent report, Michael has roughly 100+ words in his vocabulary. He is able to label a variety of common nouns (e.g. shapes, colors, body parts, clothing, toys, animals), sing along with songs, and name a family member (e.g. grandpa). He uses verbs (e.g. eat, kick, throw) and the present progressive -ing (e.g. 'sleeping' 'woofing') to express his wants and needs or to describe what someone is doing in a picture. Michael is able to imitate 3-4 word language models, use plurals (e.g. cats, dogs) and will answer 'What is this and emerging skills in answering Where is ____?' questions given a language model

In the area of social/pragmatic language, Michael is able to request by using signs or gestures for 'I want' or use a word (e.g. water, eat) to request. He gets his parents attention by bringing an item over to show them. Michael enjoys water, piano, blocks and swimming. He is happy to be around other children and tolerates children in his space however, he is not yet able to participate in reciprocal play.

Performance Area:

Communication Cont..

Category:

Communication ▼

Assessment/Monitoring Process
Used:

State/District Assessment Results:

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

Areas of Strength Cont.... He participates in pretend play and when playing with blocks and cars Michael will make environmental sounds and use language (e.g. 'oh no', 'let's do it again'). He engages in a social game like Peek-a-boo, sustains attention on a preferred activity (e.g. alphabets puzzle) for an hour, and shows excitement for a preferred family or friend when they come over. There are no concerns regarding articulation/phonology at this time.

Areas of Need: In the area of receptive language Michael is not yet able to follow give me + object commands, 1 step (e.g. go get your shoes, get the cup) or 2 step directions and demonstrate understanding of prepositions (e.g. on the table, under the table), and pronouns (e.g. mine, yours).

In the area of expressive language Michael presents with limited vocabulary and utterance length in comparison to his same age peers. Michael needs support in using 3+ word utterances frequently to effectively communicate his wants and needs, share ideas, describe and participate in reciprocal interactions with peers and adults. Michael is not yet able to answer yes/no questions, use pronouns (e.g. mine, yours) and prepositions (e.g. in, on, under), or frequently use verbs and adjectives in his utterances. He also presents with difficulty in asking/answering a variety of age appropriate questions at this time.

In the area of social/pragmatic language, per parent report, Michael presents with fleeting eye contact, self-directed behaviors (e.g. able to do things but on his own terms), and perseverative play (e.g. alphabet puzzles). He is not yet able to independently use greetings/farewells, call his parents 'mom' and 'dad' to grab their attention, or engage in interactive and reciprocal play with peers.

Michael needs support in expanding his vocabulary and utterance length to effectively communicate his wants and needs, describe, initiate and engage in verbal and nonverbal reciprocal interactions with peers and adults, and to ask/answer a variety of age appropriate questions. Receptive, expressive and pragmatic language may be an area of concern at this time.

Anila Ismail Jibril
M.S. CCC-SLP

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Student

PORTILLO

MICHAEL

N

Date of Birth

08-JUN-2018

Meeting Date

02-JUN-2021

Last

First

MI

Section F: Eligibility

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

Health, general ability, academics, speech and language, social emotional, self-help, motor

For Initial IEP, interventions attempted prior to determining eligibility:

NLACRC- Received Regional Center Services.

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:



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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Last

First

MI

Section G: Annual Goals and Objectives

Performance Area:

Social Emotional Dev

Category:

Social Emotional Dev

Annual Goal #:

1

Michael will play alongside another child, with at least 3 varied verbal interactions, for at least 5 minutes, on 4 occasions during a school week.

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:

Michael will play alongside another child, with at least 2 varied verbal interactions, with adult support, for at least 3 minutes, on 4 occasions during a school week.

Incremental objective #2 related to the goal:

Michael will play alongside another child, with at least 3 varied verbal interactions, with adult support, for at least 5 minutes, on 4 occasions during a school week.

Date to be achieved:

October

2021

MO/YR

Date to be achieved:

February

2022

MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

4 GOAL MET OR EXCEEDED

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

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

1 NO PROGRESS

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

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Section G: Annual Goals and Objectives

Performance Area:

Cognitive Dev

Category:

Cognitive Development

Annual Goal #:

2

Michael will stay involved in a teacher-selected activity, on at least 3 occasions during a school day, for 3 consecutive days.

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:

Michael will stay involved in a teacher-selected activity, with maximal adult support, on at least 3 occasions during a school day, for 3 consecutive days.

Incremental objective #2 related to the goal:

Michael will stay involved in a teacher-selected activity, with moderate adult support, on at least 3 occasions during a school day, for 3 consecutive days.

Date to be achieved:

October

2021

MO/YR

Date to be achieved:

February

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:

Communication

Category:

Communication

Annual Goal #:

3

Michael will follow novel 1 step directions in 4/5 opportunities during the school day given minimal (1-2) prompts/cues.

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:

Michael will follow novel 1 step directions in 2/5 opportunities during the school day given maximum (4+) models/prompts/cues.

Incremental objective #2 related to the goal:

Michael will follow novel 1 step directions in 3/5 opportunities during the school day given moderate (3-4) models/prompts/cues.

Date to be achieved:

October

2021

MO/YR

Date to be achieved:

February

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 PORTILLO

MICHAEL

N

Date of Birth 08-JUN-2018

Meeting Date 02-JUN-2021

Last

First

MI

Section G: Annual Goals and Objectives

Performance Area:

Communication

Category:

Communication

Annual Goal #:

4

Michael will use 3+ word utterances to request, express his wants and needs, ask/answer questions, and describe in 8/10 opportunities during the school day given minimal (1-2) prompts/cues.

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:

Michael will use 3+ word utterances to request, express his wants and needs, ask/answer questions, and describe in 6/10 opportunities during the school day given maximum (4+) models/prompts/cues.

Incremental objective #2 related to the goal:

Michael will use 3+ word utterances to request, express his wants and needs, ask/answer questions, and describe in 7/10 opportunities during the school day given moderate (3-4) models/prompts/cues.

Date to be achieved:

October

2021

MO/YR

Date to be achieved:

February

2022

MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

4 GOAL MET OR EXCEEDED

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

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

1 NO PROGRESS

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student PORTILLO

MICHAEL

N

Date of Birth 08-JUN-2018

Meeting Date 02-JUN-2021

Last

First

MI

Section G: Annual Goals and Objectives

Performance Area:

Social Emotional Dev

Category:

Social Emotional Dev

Annual Goal #:

5

On a daily basis, Michael will practice classroom safety rules (e.g. stay in the designated area and not elope from the classroom, use classroom tools appropriately, keep hands to self and refrain from biting others, respond to name to stop) with minimal teacher prompts, at least 80% of the time in 4 of 5 days per week.

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:

On a daily basis, Michael will practice classroom safety rules (e.g. stay in the designated area and not elope from the classroom, use classroom tools appropriately, keep hands to self and refrain from biting others, respond to name to stop) with maximum teacher prompts and guidance, at least 60% of the time in 3 of 5 days per week.

Incremental objective #2 related to the goal:

On a daily basis, Michael will practice classroom safety rules (e.g. stay in the designated area and not elope from the classroom, use classroom tools appropriately, keep hands to self and refrain from biting others, respond to name to stop) with moderate teacher prompts and guidance, at least 70% of the time in 3 of 5 days per week.

Date to be achieved:

October

2021

MO/YR

Date to be achieved:

February

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

PORTILLO

MICHAEL

N

Date of Birth

08-JUN-2018

Meeting Date

02-JUN-2021

Last

First

MI

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)

Adaptations:

- Visual support

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student

PORTILLO

Last

MICHAEL

First

N

MI

Date of Birth

08-JUN-2018

Meeting Date

02-JUN-2021

Section N: Procedural Safeguards and Follow-up Actions

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

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

Select Preferred Language:

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

Select Preferred Language:

Hebrew



Specify the Individual Pages to be translated:

Special Requests:

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

THIS SPACE DELIBERATELY LEFT BLANK.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student

PORTILLO

MICHAEL

N

Date of Birth

08-JUN-2018

Meeting Date

02-JUN-2021

Last

First

MI

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

Other

Whom

J. Cho

When

18-MAY-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

03-JUN-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

2-JUN-2021

PARENT INPUT SURVEY

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

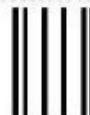
ALL INFORMATION IS CONFIDENTIAL

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

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

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

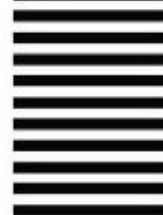
Please fold along dotted lines with the address showing. Seal and mail. Postage is pre-paid.
Again, Thank you!



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

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

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



PARENT INPUT SURVEY
English

POST

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Reconvened
Meeting DateStudent **PORTILLO**
Last**MICHAEL**
FirstN
MI

Date of Birth 08-JUN-2018

Meeting Date 02-JUN-2021

Section R: Names and Signatures (Signatures on File)

Team Member	Print Name	Signature
Parent/Guardian	Maral Vartinian- via Zoom	
Parent/Guardian		
Student Age 18 - 21 years		
Student Under Age 18 years		
Surrogate Parent		
Foster Parent		
Family Foster Home Provider		
Administrator		
Administrative Designee	Rebecca Bismejian - School Psychol	Rebecca Aroch Bismejian
Special Education Teacher	Joanne Cho- TSF	Joanne Cho
General Education Teacher	Valerie Brekke	Valerie Brekke
School Psychologist		
School Nurse		
Related Service Staff LAS	Anila Ismail Jibril	Anila Jibril
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 **PORCILLO**
Last**MICHAEL**
First**N**
MIDate of **08-JUN-2018**
BirthMeeting **02-JUN-2021**
Date

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.

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.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student PORTILLO
Last

MICHAEL
First

N
MI

Date of Birth

08-JUN-2018

Meeting Date

02-JUN-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)

Los Angeles Unified School District

Student **PORTILLO**
Last

MICHAEL
First

N
MI

Date of
Birth

08-JUN-2018

Meeting
Date

02-JUN-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):	
	<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 type="checkbox"/>	Diminished access to the full range of the curriculum Missed general education instruction taught by highly qualified staff Rate at which student may earn credits for graduation Lack of opportunity for social interaction Lack of opportunities for age-appropriate peer role models Amount of socialization opportunities with typical peers Limited access to peers in student's home community Lack of exposure to appropriate behavioral models from peers Other: <input type="text"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 1 - Eligibility, Placements and Supports

Student **PORTILLO**
Last**MICHAEL**
First**N**
MIDate of Birth **08-JUN-2018**Meeting Date **02-JUN-2021**

		Effective With this IEP	Future Changes Related to this IEP
	As of Date:	04-JUN-2021	
Eligibility: (from Page 4)		Eligible (DE)	
	Final IEP Reason Final IEP Effective Date:		
Curriculum		General Education	
Placement	Type of School	District Resident School	
	Name of School	TOPEKA DR CAS	
Instructional Setting	Setting	Special Education	
	Program	PAL	
	Special Day Minutes/Wk	1350	
	Addresses Goals	1(Social Emotional Dev),2(Cognitive Dev),3(Communication),4(Communication)	
Additional Factors	Low Incident Support	None	
	Assistive Technology Support	No	
	Transportation	None	
	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	Check for understanding before and during tasks; provide signals, scripts, and models for improved communication; facilitate peer interactions; break tasks into small steps; prompt to stay on task; provide visuals with instruction; provide opportunities for hands-on learning	
	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	

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student **PORTILLO**
Last**MICHAEL**
First**N**
MIDate of Birth **08-JUN-2018**Meeting
Date **02-JUN-2021**

		Effective With This IEP	Future Changes Related To This IEP
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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	85	

Part 4 - Additional Discussion (This section is optional)

As Michael is transitioning from Part C to Part B services during the period of COVID-19 as school facilities re-open with safety restrictions, the assessments listed in the signed assessment plan, received 05/14/2021 were not completed in their entirety. A temporary eligibility, Deferred Eligibility (DE), will be used and will require follow up assessment to be completed as soon as possible once schools re-open and resume normal operations. Michael will receive educational services either in-person if parent elects or virtually as described in the Distance Learning Plan (DLP) recommended by the IEP team until all school facilities resume normal operations.

A range of program options was discussed. Based on Michael's current needs, the IEP team recommends Preschool for All Learner's class (PAL). The Preschool for All Learners is an educationally-based specialized program that operates 4 hours and 30 minutes, 5 days a week. The preschool curriculum is delivered through evidence-based practices.

Michael's goals, included in the IEP, will be supported in an integrated model by a multidisciplinary onsite team comprised of an early childhood special-education teacher, district special-education assistants, and a speech-language pathologist. The Speech Language Pathologist will provide 2 hours of support in the classroom each week.

Once Michael is enrolled and physically attending the PAL Program, a behavior support plan may need to be devised to address biting concerns that are presently occurring solely in the home with specific family members.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student **PORTILLO****MICHAEL****N**Date of Birth **08-JUN-2018**Meeting Date **02-JUN-2021**

Last

First

MI

FAPE Summary Grid

Program:	PAL	Setting:	Special Education
Eligibility:	Eligible (DE)	Curriculum:	General Education
Transportation:	None	Low Incident Support:	None
Date District Received Parent Signature:	04-Jun-2021		

Service Code	Service Desc	Start Date	Service Applies To	Interval	Frequency	Area	Total Minutes	Addresses Goal(s)	No Consent

Alternative Remote/Distance Learning Services During Emergency Conditions

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

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

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

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