

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

## Los Angeles Unified School District

Student Identification  
Number

030410M052

SSID

6699709708

Eligible (AUT)

Student

AZOULAY

CHAIM (DAV

Y

Date of Birth:

04-MAR-2010

Last

First

MI

## Section A: Meeting Information

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

Location of Meeting	Village Glen - via teleconference	District Name	Los Angeles Unified School Dis
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## Section B: Student Information

Date of Birth	04-MAR-2010	Age	11	Grade	5
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female	Limited English Proficient Student	<input type="radio"/> Yes <input checked="" type="radio"/> No	Ethnic Code	White
Location of the Psych Folder	SUPPORT UNIT NOF	Student has no Psych Folder	<input type="checkbox"/>		
Location of the Cum Folder	MONLUX EL	Student has no Cum Folder	<input type="checkbox"/>		
Home Language	Hebrew	Student Language	Hebrew	Alternate Mode of Communication	
Home Address of Student	6133 Whitsett Ave #31				
City	NORTH HOLLYV CA	ZIP Code	91606		
Home Telephone	818-471-9146fa	Daytime Telephone		Emergency Telephone	
School of Attendance	Village Glen Sch (Vall	Location Code	NP0329		
School of Residence	MONLUX EL	Location Code	5342		
Name of Parent/Guardian	Avshalom Azoulay	Telephone			
Address	same				
City		CA	ZIP Code		
Surogate Parent		Telephone			
Attends <b>CURRENT SCHOOL</b> as a result of one of the following	Nonpublic School Placement ▼				
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
<b>1</b>	Reading	<input type="radio"/>	<input checked="" type="radio"/>	Inconsistencies with attendance & participation.
<b>Category</b>	Reading			
	Objective 1 met	<input type="radio"/>	<input checked="" type="radio"/>	
	Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	
<b>2</b>	Self Help	<input type="radio"/>	<input type="radio"/>	
<b>Category</b>	Social Functioning			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	
<b>3</b>	Social Skills	<input type="radio"/>	<input checked="" type="radio"/>	Inconsistencies with attendance & participation.
<b>Category</b>	Social Functioning			
	Objective 1 met	<input type="radio"/>	<input checked="" type="radio"/>	
	Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	
<b>4</b>	Writing	<input type="radio"/>	<input checked="" type="radio"/>	Inconsistencies with attendance & participation.
<b>Category</b>	Writing			
	Objective 1 met	<input type="radio"/>	<input checked="" type="radio"/>	
	Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	
<b>5</b>	Math	<input type="radio"/>	<input checked="" type="radio"/>	Inconsistencies with attendance & participation.
<b>Category</b>	Math			
	Objective 1 met	<input type="radio"/>	<input checked="" type="radio"/>	
	Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	
<b>6</b>	Language 2	<input type="radio"/>	<input type="radio"/>	
<b>Category</b>	Language Function			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	
<b>7</b>	Language	<input type="radio"/>	<input type="radio"/>	
<b>Category</b>	Language Function			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	
<b>8</b>	Vocational Skills	<input type="radio"/>	<input checked="" type="radio"/>	Inconsistencies with attendance & participation.
<b>Category</b>	Vocational Education			
	Objective 1 met	<input type="radio"/>	<input checked="" type="radio"/>	
	Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	
<b>9</b>		<input type="radio"/>	<input type="radio"/>	
<b>Category</b>				
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	
<b>10</b>		<input type="radio"/>	<input type="radio"/>	
<b>Category</b>				
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	

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Last**CHAIM (DAV**  
First**Y**  
MIDate of Birth **04-MAR-2010**Meeting Date **26-APR-2021**

## 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):

Strength: When online and engaged, David shows that he can follow along with read alouds. He will actively listen and show interest by nodding along or expressing his like or dislike for the material read aloud. It was previously reported that David understand basic print features such as reading left to right and the top and bottom of the page. It was also reported the he is able to receptively identify common high frequency sight words.

Areas of Need: During Distance Learning, David has not been able to perform/access his reading curriculum due to technical issues and excessive absences. Based on when David does participate and information from previous teacher, David shows difficulty in concentration when dysregulated or uninterested in the reading. He struggles with vowel sounds and blending together multiple letter sounds to read simple words. He continues to struggle with expressively identifying lengthier high frequency sight words and requires visual support to identify many CVC words

Impact of Disability: Autism impairs David's ability to attend and attain skills/concepts in reading and language arts, which impacts his involvement and progress in the general education curriculum.

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

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

Strength: As previously reported, David is able to use different modalities and writing instruments (e.g., pencil, marker, paintbrush, crayon) throughout the day. When provided with visual spacers (lined paper) he is able to print the letters of the alphabet in both lower and upper case, and can trace 4 to 5-word sentences, with 80% accuracy. David was also able to independently write his name.

Areas of Need: As previously reported, David is still not familiar with the correct punctuation needed for writing proper sentences. He is not yet able to write words independently without dictation by an adult, and he requires adult support and visuals to organize information to formulate writing that conveys information about a topic.

Impact of Disability: Autism impairs David's ability to attend and attain skills/concepts in language arts and writing, which impacts his involvement and progress in the general education curriculum.

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## Section E: Present Level of Performance

Performance Area:

Math

Category:

Math

Assessment/Monitoring Process  
Used:

Teacher/Observation

State/District Assessment Results:

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

Strength: As previously reported, David is able to count from 1 to 100 with moderate to maximum prompting. He is able to add and subtract single digit equations with values up to 10. He also has a basic understanding of time of day (e.g., calendar, schedule, etc.).

Areas of Need: As previously reported David shows difficulty with solving addition and subtraction problems with values over 10. He also shows difficulty with understanding place values.

Impact of Disability: Autism impairs David's ability to attend and attain skills/concepts in math which impacts his involvement and progress in the general education curriculum.

Performance Area:

Social Skills

Category:

Social Functioning

Assessment/Monitoring Process  
Used:

Teacher/Observation

State/District Assessment Results:

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

Strengths: David is a very kind and friendly young man and when he is logged into the Distance Learning Classroom he is eager to have conversations with his fellow classmates about subjects of high interest (i.e., video games, and toys). When engaged and regulated, he shows kindness and respect towards his classmates and staff by greeting them, responding to them, and not interrupting when others are speaking/sharing.

Areas of Need: David will become irritated and sad when staff praises his twin brother or other students and not him and he will often respond with 'what about David?' or 'Are you mad at me?' David shows sadness and anger about missing out on class time while in the distance learning situation. After missing multiple days, when he returns to class, David will present as worried or nervous and may even cry at times because he is upset to have missed out on class time.

Impact of Disability: Autism impairs David's social skills, making it difficult for him to consistently interact appropriately with others, which impacts his involvement and progress in the general education curriculum.

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## Section E: Present Level of Performance

Performance Area: **Pre-Vocational**Category: **Vocational Education** ▼Assessment/Monitoring Process Used: **Teacher/Observation**

State/District Assessment Results:

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

Strength: David shows the ability to follow one-step instructions (i.e. 'have a seat', 'quiet please'). When engaged and interested David will ask clarifying questions about what needs to be done in class. As previously reported, when an activity presents as too difficult, David will seek assistance from staff and will allow explicit assistance.

Areas of Need: David has had difficulty submitting written work samples, leaving all submissions as verbal responses in the classroom. He has also shown difficulty with following multi-step instruction when working on class assignments or independent work. Often times David will become frustrated when required to participate in class and will refuse by ignoring direction.

Impact of Disability: Autism impairs David's ability to complete vocational tasks with ease which impacts his involvement and progress in the general education curriculum.

Performance Area: **Behavior**Category: **Behavior Intervention** ▼Assessment/Monitoring Process Used: **Teacher/Observation**

State/District Assessment Results:

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

Strength: When engaged and calm, David is able to stay on camera and pay attention in class. He will stay focused and ask 1-2 questions if interested and engaged in the work. As previously reported, when David is in a positive state, he will seek assistance if he requires help.

Areas of Need: When David is dysregulated, he will pout and cry when uninterested in the work presented to the class. He will often times be seen walking around the room not paying attention and playing a handheld game. David will often ignore or disregard staff and peers when called on to return to his task or participate in class. Per parent report, David has not been sleeping well, and is not on a healthy sleep schedule. He has started to destroy property at the house, has become more dysregulated, and non-compliant to parent instruction.

Impact of Disability: Autism impairs David's ability to attend to and complete tasks which impacts his involvement and progress in the general education curriculum.

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## Section E: Present Level of Performance

Performance Area:

Language

Category:

Language

Assessment/Monitoring Process  
Used:

Session Observation/Data collection

State/District Assessment Results:

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

David has not attended distance learning sessions since distance learning began in 2020. The following information was collected from his previous IEP as well as interim progress reports and data collection.

Per previous IEP, 'Language Areas of Strength - David uses verbal language, gestures, and body orientation to communicate for a variety of communicative functions (greet/farewell, request, protest, ask/answer questions, comment, etc.). Independently he produces novel utterances of 3+ words containing salient terms or verbs when the vocabulary word is known. David enjoys expressing his thoughts and ideas about his preferred topics verbally with staff. He is emerging in his ability to answer simple, concrete WH questions. Given cues, David will engage with peers in a highly structured environment.'

(Continued below)

Performance Area:

Lang Cont.

Category:

Language

Assessment/Monitoring Process  
Used:

Session Observation/Data collection

State/District Assessment Results:

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

Information taken from progress reports, previous IEP, and session notes of previous provider due to lack of participation in distance learning.

Previous IEP stated 'Language Areas of Need - David continues to need support when he is unfamiliar with the corresponding vocabulary. Although he produces an abundance of words, he has difficulty producing utterances with appropriate syntax (subject/verb agreement, correct pronoun use, verb forms, word order, etc.). When asked simple, concrete WH questions, David requires cues to discriminate what kind of WH question has been asked and then to answer appropriately. When telling about events or ideas, he has difficulty presenting information in a sequential way and will often become disorganized and repetitive. David does not currently participate in reciprocal conversations and instead will make comments or ask questions about his preferred topics of conversation without taking his communication partner into consideration. When the conversation topic is non-preferred, David will interrupt or repeat 'excuse me' till someone turns their attention to him so that he can stay on his preferred topics. David requires cues to socialize with peers and participate in turn-taking activities.'

Impact: David's eligibility of Autism, along with his receptive and expressive language difficulty impact his ability to access the General Education curriculum and make progress toward grade level standards.

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## Section E: Present Level of Performance

Performance Area:

Health Assessment

Category:

Health

Assessment/Monitoring Process  
Used:

Review of school and health records

State/District Assessment Results:

3-year evaluation

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

NPS schools are closed at this time due to the COVID-19 pandemic. Health information is gathered from a review of health records and conference with parent/guardian. Vision and hearing information are the most current documented in the health record.

Health Summary: Health Assessment/information was completed 5-6-2021 for the Triennial IEP with health information obtained from review of electronic school health records and conference with father. David (Chaim) is an 11 year, 2 month old young male student at Village Glen, NPS School, in the 5th grade with an eligibility of Autism. David does not take daily medication. David does not have any allergies noted to food, medication, or environment. He has no history of surgeries, accidents, injury, or hospitalization. There have been no restrictions with any physical activities.

Father states that David and his twin brother have regressed since the Pandemic and home schooling. Student has been out of school for over a year and a half according to father and student exhibits high risk behaviors such as breaking the Televisions and I pads. Aggression towards parents. Student receives assistance 4 hours a day from Regional Center. Student has expressive language delays.

STRENGTH: Student is physically healthy. He passed the LAUSD vision screening on 3-23-2018 and passed the LAUSD hearing screening last 3-22-2018.. David is pending a vision and hearing screen by private physician Father has no concerns with students vision or hearing at this time. He is independent in all activities of daily living. .

AREAS OF NEED: Health is not an area of need at this time..

IMPACT OF DISABILITY: Physical health does not impact his access, participation and progress in the educational program.

Accommodation/Modification: None related to health.

Health Assessment completed by Ginger Barickman R.N 5-6-2021

Performance Area:

Category:

Assessment/Monitoring Process  
Used:

State/District Assessment Results:

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

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## Section F: Eligibility

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

For Initial IEP, interventions attempted prior to determining eligibility:

Eligible as a student with the disability of:

Code:

AUT

Autism



Not Applicable,



Blind or



Partially Sighted

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

Code:



Not Applicable,



Blind or



Partially Sighted



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

or



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

No Longer Eligible (Effective  
Date):

This is a Final IEP, the student remains eligible for Special Education Services until the Effective Date below.

Final IEP Reason:

Final IEP Effective Date:

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



Social Maladjustment



Temporary Physical Disability



Lack of instruction in reading



Lack of instruction in math



Limited English Proficiency



Environmental, Cultural or Economic Factors



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## Section G: Annual Goals and Objectives

Performance Area:

Reading

Category:

Reading

Annual Goal #:

1

While reading a short passage, David will use decoding and word recognition skills with 80% accuracy 4 out 5 trials.

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:

While reading a short passage, David will use decoding and word recognition skills with 50% accuracy 2 out 4 trials.

## Incremental objective #2 related to the goal:

While reading a short passage, David will use decoding and word recognition skills with 60% accuracy 4 out 5 trials.

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"/>

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## Section G: Annual Goals and Objectives

Performance Area:

Behavioral Support

Category:

Behavior Intervention ▼

Annual Goal #:

6

Given visual support, and with 1-2 prompts from staff, David will begin his class work with a calm body (i.e., sitting at his desk, safe hands) for 10 minutes during a session with 80% accuracy over a 1-week period as measured by observation in the classroom setting.

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 visual support, and with 2-3 prompts from staff, David will begin his class work with a calm body (i.e., sitting at his desk, safe hands) for 10 minutes during a session with 60% accuracy over a 1-week period as measured by observation in the classroom setting.

## Incremental objective #2 related to the goal:

Given visual support, and with 2-3 prompts from staff, David will begin his class work with a calm body (i.e., sitting at his desk, safe hands) for 10 minutes during a session with 75% accuracy over a 1-week period as measured by observation in the classroom setting.

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:

Writing

Category:

Writing

Annual Goal #:

2

When dictated a sentence to write, David will use capitalization and correct punctuation at the end of the sentence with 80% accuracy in 4/5 trials.

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 dictated a sentence to write, David will use capitalization and correct punctuation at the end of the sentence with 50% accuracy in 2/4 trials.

## Incremental objective #2 related to the goal:

When dictated a sentence to write, David will use capitalization and correct punctuation at the end of the sentence with 70% accuracy in 4/5 trials.

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 **AZOULAY****CHAIM (DAV****Y**Date of Birth **04-MAR-2010**Meeting Date **26-APR-2021**

Last

First

MI

## Section G: Annual Goals and Objectives

Performance Area:

Math

Category:

Math

Annual Goal #:

3

When provided with visual aids, David will accurately add and subtract with sums larger than 10 with 75% accuracy in 4 out of 5 opportunities.

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

## Methods of Evaluation

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

## Incremental objective #1 related to the goal:

When provided with visual aids, David will accurately add and subtract with sums larger than 10 with 50% accuracy in 2 out of 4 opportunities.

## Incremental objective #2 related to the goal:

When provided with visual aids, David will accurately add and subtract with sums larger than 10 with 60% accuracy in 4 out of 5 opportunities.

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 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 **AZOULAY****CHAIM (DAV****Y**Date of Birth **04-MAR-2010**Meeting Date **26-APR-2021**

Last

First

MI

## Section G: Annual Goals and Objectives

Performance Area:

Social Skills

Category:

Social Functioning

Annual Goal #:

4

With staff assistance David will express his feelings in appropriate ways by using appropriate language (e.g., I am feeling frustrated, I am feeling upset) he will do so with 2-3 prompts in 4 out of 5 opportunities in 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:

With staff assistance David will express his feelings in appropriate ways by using appropriate language (e.g., I am feeling frustrated, I am feeling upset) he will do so with 3-4 prompts in 2 out of 4 opportunities in a school week.

## Incremental objective #2 related to the goal:

With staff assistance David will express his feelings in appropriate ways by using appropriate language (e.g., I am feeling frustrated, I am feeling upset) he will do so with 3-4 prompts in 4 out of 5 opportunities in 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	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 **AZOULAY****CHAIM (DAV****Y**Date of Birth **04-MAR-2010**Meeting Date **26-APR-2021**

Last

First

MI

## Section G: Annual Goals and Objectives

Performance Area:

Pre-Vocational

Category:

Vocational Education ▼

Annual Goal #:

5

With 2-3 prompts from staff for assistance, David will begin and complete a multi-step assignment with 75% accuracy in 4 out of 5 opportunities.

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

## Methods of Evaluation

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

## Incremental objective #1 related to the goal:

With 3-4 prompts from staff for assistance, David will begin and complete a multi-step assignment with 50% accuracy in 4 out of 5 opportunities.

## Incremental objective #2 related to the goal:

With 3-4 prompts from staff for assistance, David will begin and complete a multi-step assignment with 60% accuracy in 4 out of 5 opportunities.

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 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 **AZOULAY****CHAIM (DAV****Y**Date of Birth **04-MAR-2010**Meeting Date **26-APR-2021**

Last

First

MI

## Section G: Annual Goals and Objectives

Performance Area:

Language 1

Category:

Language – Expressiv

Annual Goal #:

7

In collaboration with classroom staff, David will use age appropriate syntax and morphemes (e.g. verb tense, pronoun use, word order, etc.) during structured tasks with 80% accuracy given mod (3-4) visual/verbal 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:

In collaboration with classroom staff, David will imitate correct use of age appropriate syntax and morphemes (e.g. verb tense, pronoun use, word order, etc.) during structured tasks with 60% accuracy.

## Incremental objective #2 related to the goal:

In collaboration with classroom staff, David will use age appropriate syntax and morphemes (e.g. verb tense, pronoun use, word order, etc.) during structured tasks with 70% accuracy given mod (3-4) visual/verbal cues.

Date to be achieved:



MO/YR

Date to be achieved:



MO/YR

## IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

## EXPLANATION OF MARKS

4 GOAL MET OR  
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 **AZOULAY****CHAIM (DAV****Y**Date of Birth **04-MAR-2010**Meeting Date **26-APR-2021**

Last

First

MI

## Section G: Annual Goals and Objectives

Performance Area:

Language 2

Category:

Language

Annual Goal #:

8

In collaboration with classroom staff, David will answer age-appropriate 'WH' questions (e.g. who, where, when) related to a variety of speech and language activities (e.g. book, craft, etc.) with 80% accuracy given moderate prompts (2-3 prompts), in 4/5 data collection 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:

In collaboration with classroom staff, David will answer age-appropriate 'WH' questions (e.g. who, where, when) related to a variety of speech and language activities (e.g. book, craft, etc.) with 60% accuracy given moderate prompts (2-3 prompts), in 4/5 data collection opportunities.

## Incremental objective #2 related to the goal:

In collaboration with classroom staff, David will answer age-appropriate 'WH' questions (e.g. who, where, when) related to a variety of speech and language activities (e.g. book, craft, etc.) with 70% accuracy given moderate prompts (2-3 prompts), in 4/5 data collection opportunities.

Date to be achieved:



MO/YR

Date to be achieved:



MO/YR

## IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

## EXPLANATION OF MARKS

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

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

1 NO PROGRESS

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



## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student **AZOULAY**  
Last**CHAIM (DAV**  
First**Y**  
MIDate of Birth **04-MAR-2010**Meeting Date **26-APR-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.

<b>Student will participate in Regular State and District Assessments.</b> <i>(Designated Supports and/or Accommodations identified below are applicable)</i>	<b>CAASPP Subject</b> ELA and Math
Designated Supports: <ul style="list-style-type: none"> <li>- Noise Buffers</li> <li>- Test in a separate/smaller setting</li> </ul>	
Accommodations: <ul style="list-style-type: none"> <li>- Multiplication table for single digits 1-9 (paper-based; not allowed for Grade 3; non-embedded accommodation)</li> </ul>	
<b>Student will participate in Regular State and District Assessments.</b> <i>(Designated Supports and/or Accommodations identified below are applicable)</i>	<b>CAST Subject</b> Science
Designated Supports: <ul style="list-style-type: none"> <li>- Multiplication Table (non-embedded support)</li> <li>- Noise Buffers (non-embedded support)</li> <li>- Simplified Test Directions (non-embedded support)</li> <li>- Calculator (four-function for grade 5, scientific for Grade 8 and high school) (non-embedded support)</li> <li>- Test in a separate/smaller setting (non-embedded support)</li> </ul>	
<b>PFT</b> - (Variations or Accommodations identified below are applicable)	
Variations: <ul style="list-style-type: none"> <li>- Test students in a small group setting</li> <li>- Extra time on a test within a testing day</li> <li>- Test administration directions that are simplified or clarified (does not apply to test questions)</li> </ul>	

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student **AZOULAY**  
Last**CHAIM (DAV**  
First**Y**  
MIDate of Birth **04-MAR-2010**Meeting Date **26-APR-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: 

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

AZOULAY

CHAIM (DAV

Y

Date of Birth

04-MAR-2010

Meeting Date

26-APR-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	Whom	When
Email	Emily Sacher	12-APR-2021
Phone	Emily Sacher	19-APR-2021
Phone	Emily Sacher	20-APR-2021

*I (PARENT) acknowledge that the IEP meeting was rescheduled to this date at my request. (Parent initials here ONLY if the PARENT requested that the IEP meeting be rescheduled.)*

## Parent/Student (18-21) Agreement to Components of the Proposed IEP

A Parent/Student (18-21) may agree to all or some of the components of a proposed IEP. The District will implement those portions of the IEP to which the parent/student (18-21) agrees so as to not delay providing instruction and services.

- ☐ Parent/Student (18-21) **AGREES** to all components of the IEP.
- ☐ Parent/Student (18-21) **AGREES** to all components of the proposed IEP **WITH THE SPECIFIC EXCEPTION(S)** stated below:
- ☐ Assessment Specify
- ☐ Eligibility Specify
- ☐ Instructional Setting Specify
- ☐ Services Specify

- ☐ The Parent/Student (18-21) **DOES NOT AGREE** with any of the components of the proposed IEP.

A Parent/Student (18-21) is not required to initiate any form of dispute resolution as to components of the proposed IEP to which the parent does not agree. If a parent/student (18-21) does wish to initiate a form of dispute resolution as to the components of the proposed IEP, the parent can find information on dispute resolution processes in the District's publication, *A Parent's Guide to Special Education Services (Including Procedural Rights and Safeguards)*.

## Parent Concerns and Comments

Signature(s)

Date

- ☒ Parent ☐ Guardian ☐ Student age 18-21 years age 18-21 years ☐ Surrogate Parent ☐ Emancipated Minor ☐ Foster Parent

Did the school district facilitate parent involvement as a means of improving services and results for your child? ☐ Yes ☐ No ☒ No Response

☒ I certify that I have received a copy of the Parent Input Survey regarding the IEP process. I understand that my completion of the form is voluntary and can be done at anytime after the IEP meeting

Signature(s)

Date

26-APR-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>B. Regarding your child's previous IEP (if relevant):</b>			
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.

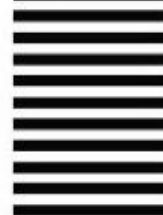
Please fold along dotted lines with the address showing. Seal and mail. Postage is pre-paid.  
Again, Thank you!



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**BUSINESS REPLY MAIL**  
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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   
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="Avshalom Azoulay- via teleconferen"/>	<input type="text"/>
Parent/Guardian	<input type="text"/>	<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="Joy Klushner"/>	<input type="text" value="Joy Kushner"/>
Special Education Teacher	<input type="text" value="Michelle Henniges Lang"/>	<input type="text" value="Michelle Henniges Lang"/>
General Education Teacher	<input type="text"/>	<input type="text"/>
School Psychologist	<input type="text"/>	<input type="text"/>
School Nurse	<input type="text"/>	<input type="text"/>
Related Service Staff <input type="text" value="DIS LAS"/>	<input type="text" value="Laura Mann"/>	<input type="text" value="Laura Mann"/>
Related Service Staff <input type="text"/>	<input type="text"/>	<input type="text"/>
Related Service Staff <input type="text"/>	<input type="text"/>	<input type="text"/>
Interpreter	<input type="text" value="Noya Alperson via teleconference"/>	<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" value="Behavior Specialist"/>	<input type="text" value="Noya Alperson"/>	<input type="text" value="Noya Alperson"/>
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 **AZOULAY**  
Last**CHAIM (DAV**  
First**Y**  
MIDate of **04-MAR-2010**  
BirthMeeting **26-APR-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 checked="" 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.

<b>Step A.</b>	Can the supports, services, accommodations and/or modifications in the student's IEP be made available in a general education classroom/setting?	
	<input type="radio"/> Yes <input checked="" type="radio"/> No	If the answer is YES, then a general education classroom/setting is the appropriate placement. If the answer is NO, go to the question below.
	<input type="radio"/> Yes <input checked="" type="radio"/> No	If not currently available, can the required supports, services, accommodations and/or modifications be made available in a general education classroom/setting? If YES, all required supports, services, accommodations and/or modifications must be provided within a reasonable timeline. If the answer is NO, please articulate why in the box below. Then go to Step B.
	IEP team determines that student continues to require support from special education provided in a small group setting to allow him to access the general education curriculum.	

<b>Step B.</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 checked="" 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 checked="" 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.
	IEP team determines that student continues to require special education supports and services in a small, structured environment to meet needs due to disability and allow him to maximize progress toward grade level standards.	

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

**Los Angeles Unified School District**

**Student** AZOULAY

**Last**

CHAIM (DAV

**First**

Y

**MI**

**Date of  
Birth**

04-MAR-2010

**Meeting  
Date**

26-APR-2021

**ANNUAL LEAST RESTRICTIVE ENVIRONMENT ANALYSIS (Continued)**

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

<b>Step C.</b>	Can the supports, services, accommodations and/or modifications in the student's IEP be made available in a special school setting?	
	<input checked="" 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>		

<b>Step D.</b>	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>		

<b>Step E.</b>	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 **AZOULAY**  
Last

**CHAIM (DAV**  
First

**Y**  
MI

**Date of**  
**Birth**

04-MAR-2010

**Meeting**  
**Date**

26-APR-2021

## ANNUAL LEAST RESTRICTIVE ENVIRONMENT ANALYSIS (Continued)

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

<b>Step F.</b>	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 checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" 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 **AZOULAY****CHAIM (DA****Y**Date of Birth **04-MAR-2010**Meeting Date **26-APR-2021**

Last

First

MI

		Effective With this IEP	Future Changes Related to this IEP
	As of Date:		
Eligibility: (from Page 4)		<b>Eligible (AUT)</b>	
	Final IEP Reason Final IEP Effective Date:		
Curriculum		General Education	
Placement	Type of School	Nonpublic School	
	Name of School	VILLAGE GLEN SCH (VALLEY) (NPS)	
Instructional Setting	Setting	Special Education	
	Program	NPS	
	Special Day Minutes/Wk	1500	
	Addresses Goals	1(Reading),2(Writing),3(Math),4(Social Skills),5(Pre-Vocational),6(Behavioral Support),7(Language),8(Language)	
Additional Factors	Low Incident Support	None	
	Assistive Technology Support	No	
	Transportation	NPS Only - NPS Transportation	
	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	small group instruction, offer choices, assignments broken down into smaller parts, reading material at independent and instruction level, re-teaching, graphic organizers, show examples, preferential seating, extended time on assignments, access to keyboard, calculator access, use of visuals and manipulatives, pre-teaching, breaking math problems into simpler parts, and visual demonstrations, repeated demonstrations, tasks explained in small and sequential manner, instruction in social skills, reinforce appropriate behavior, reduce/minimize distractions, modeling positive social interactions.	
	Instructional Modifications		
	Other Supports, including Non-Academic and Extra-curricular Activities	Behavior Intervention Plan Social skills instruction Social skills based clubs (on campus and Distance Learning)	
Preparation for Three Year Review IEP (At the second Annual Review IEP Meeting, the team must discuss and document the decision to conduct or	Do the Parent and the District (local educational agency) agree that a reassessment is unnecessary?	<input type="radio"/> Yes <input type="radio"/> No	

not conduct a three-year comprehensive reassessment.)	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	The above mentioned NPS (100% of the school-day) is the least restrictive environment to meet student's needs at this time due to behavioral needs and limited academic progress. Every effort will be made to re-integrate the student into the general education environment when feasible and appropriate. Areas of consideration for least restrictive environment, i.e. return to regular education setting include but are not limited to: behavior; attendance; and academic progress.		

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

## IEP FAPE Part 2 - Summary of Services

Student **AZOULAY**  
Last

**CHAIM (DA'**  
**First**

Y

MI

**Date of Birth** 04-MAR-2010

**Meeting  
Date**

26-APR-2021

		Effective With This IEP	Future Changes Related To This IEP
<b>Service 1</b>	Start Date:	Effective on Signature Date	
<b>10</b>	End Date:		
<b>Language/Speech</b>	Service applies to:	ESY	
	Frequency:	1-5	
This service addresses the following <b>goals</b> :	Interval:	Weekly	
7(Language 1)	Minutes/Interval:	60	
8(Language 2)	Minutes/Interval (Pullout from Gen Ed):	0	
	Service Delivery Model:	Direct Service (Collaborative)*	
	Area:	School-Based	
	Responsible Personnel:	Nonpublic School Provider (for nonpublic school students only)	
*			
<b>Service 2</b>	Start Date:	Effective on Signature Date	
<b>10</b>	End Date:		
<b>Language/Speech</b>	Service applies to:	Regular	
	Frequency:	1-5	
This service addresses the following <b>goals</b> :	Interval:	Weekly	
7(Language 1)	Minutes/Interval:	60	
8(Language 2)	Minutes/Interval (Pullout from Gen Ed):	0	
	Service Delivery Model:	Direct Service (Collaborative)*	
	Area:	School-Based	

Data and progress includes reporting based upon documentation prior to the March 16, 2020 COVID-19 school facility closures. This data may not be reflective of student's present level as of the date of today's IEP and does not imply regression.

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student **AZOULAY****CHAIM (DAV****Y**Date of Birth **04-MAR-2010**Meeting Date **26-APR-2021**

Last

First

MI

**FAPE Summary Grid**

<b>Program:</b>	NPS	<b>Setting:</b>	Special Education
<b>Eligibility:</b>	Eligible (AUT)	<b>Curriculum:</b>	General Education
<b>Transportation:</b>	NPS Only - NPS Transportation	<b>Low Incident Support:</b>	None
<b>Date District Received Parent Signature:</b>			

Service Code	Service Desc	Start Date	Service Applies To	Interval	Frequency	Area	Total Minutes	Addresses Goal(s)	No Consent
10	Language/Speech	Effective on Signature Date	ESY	Weekly	1-5	School-Based	60	Language 1, Language 2	--
10	Language/Speech	Effective on Signature Date	Regular	Weekly	1-5	School-Based	60	Language 1, Language 2	--

**Alternative Remote/Distance Learning Services During Emergency Conditions**

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

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

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

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

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

**For IEP Team Information**



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

# INDIVIDUALIZED EDUCATION PROGRAM

## Behavior Intervention Plan

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

Los Angeles Unified School District

(Behavior Intervention Plan, pg. 1 of 3)

Student **LAZOUAY** **CHAIM (DAVID)** **Y** **MI** **Date of Birth** **04-MAR-2010** **Meeting Date** **26-APR-2021**

- 1** The behavior impeding learning is: Describe what it looks like:  
 ☒ David will not begin work, when asked to work will become
- 2** It impedes learning because: lack of work production ☒ disrupts other students ☒ requires instruction to stop ☒  
 instructional time is lost ☒ negative interaction with peers ☐  
 other ☐
- 3** The need for a Behavior Intervention Plan: ☐ early stage intervention ☐ moderate ☒ serious ☐ extreme
- 4** Frequency or intensity or duration of behavior: Frequency (x)  Period  Intensity  Duration (min)   
☐ Reported by  and/or ☒ observed by

### PREVENTION

### PART 1

### ENVIRONMENTAL FACTORS AND NECESSARY CHANGES

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

## REMOVE STUDENT'S NEED TO USE THE PROBLEM BEHAVIOR

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





# INDIVIDUALIZED EDUCATION PROGRAM

## Behavior Intervention Plan

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

Los Angeles Unified School District

(Behavior Intervention Plan, pg. 2 of 3)

Student **AZOULAY** **CHAIM (DAVID)** **Y**  
Last First MI

Date of Birth **04-MAR-2010** Meeting Date **26-APR-2021**

### ALTERNATIVE

### PART II

### FUNCTIONAL FACTORS AND NEW BEHAVIORS TO TEACH AND SUPPORT

**8**

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

To Get:

☐

Sensory input

☐

Attention (peer)

☐

Attention (staff)

To Avoid:

☐

Tangible (desired item)

☒

Tangible (desired activity)

☐

Attention (staff)

☐

Sensory input

☐

Attention (peer)

☐

Task (too long)

☒

Task (too difficult)

☐

Task (too easy)

Describe:

David will become agitated when asked to work, rather

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

Observation 9  
Analysis

Given visual support, and with 1-2 prompts from staff, David will begin his class work with a calm body (i.e., sitting at his desk, safe hands) for 10 minutes during a session

**10**

What teaching Strategies/Necessary Curriculum/Materials are needed?

☒

Better communication skills

☐

Anger management

☒

Communication system

☐

Self-management systems

☒

Following schedules & routines

☒

Learning new social skills

☐

Learning how to negotiate

☐

Learning structured choice

☐

Learning new scripts

☐

Learning notebook organization

☐

Learning to use conflict resolution

☐

Learning to request breaks

☐

Other

Who will establish?

Teacher/Staff

Who will monitor?

Teacher/Staff

Frequency:

Daily

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

Intervention 11

Physical:

☐

High-fives

☒

Smiles

☐

Handshake

☐

Pat on the back

☒

Recognition of student's ...

☐

Peer recognition

Verbal:

☒

Use specific praises

☐

Free time

☐

Listen to music

Contingent Access:

☐

Time on the computer

☒

Describe:

☒

Other emails

☐

Positive phone calls or notes to home

☐

Certificate sent home

☐

Seating Location

Tangibles

☐

Tokens

☐

Points

Tokens and Points:

☐

Exempt assignment

☐

Extra test points

Privileges:

Other ideas:

Selection of reinforcer based on: Classwork started during class time

☒

reinforcer for using replacement behavior

☐

reinforcer for general increase in positive behaviors

By whom?

Teacher/Staff

Frequency

Daily

### EFFECTIVE REACTION

### PART III

### REACTIVE STRATEGIES

**12**

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

When David is instructed to begin class work he will be asked if he feels ready and prepared to begin. Once he expresses readiness he will begin his work. He will continue working with a calm body (i.e. sitting at desk, safe hands). If David becomes agitated he will be asked to practice his coping strategies (i.e. taking deep breaths, positive self-talk, asking for a break). Once David is ready to resume his work, he will

Personnel?

Teacher/Staff

# INDIVIDUALIZED EDUCATION PROGRAM

## Behavior Intervention Plan

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

Los Angeles Unified School District

(Behavior Intervention Plan, pg. 3 of 3)

Student **AZOULAY** **CHAIM (DA** **Y**  
Last First MI

Date of Birth **04-MAR-2010**

Meeting Date **26-APR-2021**

### OUTCOMES

### PART IV

### BEHAVIORAL GOALS

**13**

Behavioral Goal: Goal #: **6**

Given visual support, and with 1-2 prompts from staff, David will begin his class work with a calm body (i.e., sitting at his desk, safe hands) for 10 minutes during a session with 80% accuracy over a 1-week period as measured by observation in the classroom setting.

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

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

### Observation and Analysis Conclusion

Are curriculum accommodations or modifications also necessary? Where described?

☐ Yes ☒ No

Are environmental supports/changes necessary?

☒ Yes ☐ No

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

☐ Yes ☒ No

Are both teaching of new replacement behavior AND reinforcement needed?

☒ Yes ☐ No

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

☐ Yes ☒ No

Person responsible for contact between agencies.

### COMMUNICATION

### PART V

### COMMUNICATION PROVISIONS

**14**

Manner and content of communication:

☐ Phone calls

☒ Email

☐ Written notes

☐ Daily reports

☐ Daily charting

☐ Behavioral logs

☐ Weekly reports

☐ Other

Between?

Teacher/Parent

Frequency?

Weekly