

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Identification
Number

030410M053

SSID

6032358213

Eligible (AUT)

Student
Last

AZOULAY

First

IZCHAK

MI

I

Date of Birth:

04-MAR-2010

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	District Name
Village Glen - via teleconference	Los Angeles Unified School Dis

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	COLDWATER CYN E	Student has no Cum Folder	<input type="checkbox"/>		
Home Language	Hebrew	Student Language	Hebrew	Alternate Mode of Communication	
Home Address of Student	6548 BELLAIRE AVENUE				
City	NORTH HOLLYV CA	ZIP Code	91606		
Home Telephone	(818) 471-9146	Daytime Telephone		Emergency Telephone	
School of Attendance	Village Glen Sch (Vall)	Location Code	NP0329		
School of Residence	Coldwater Cyn El	Location Code	3151		
Name of Parent/Guardian	Avshalom Azoulay	Telephone			
Address	same				
City		CA	ZIP Code		
Surogate Parent		Telephone			
Attends CURRENT SCHOOL 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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Date of Birth 04-MAR-2010

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Section C: Language Acquisition

Language Classification:

Initially Identified Fluent English Profic

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	Reading	<input type="radio"/>	<input checked="" type="radio"/>	Inconsistencies with attendance & participation.
Category	Reading			
	Objective 1 met	<input type="radio"/>	<input checked="" type="radio"/>	
	Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	
2	Social Skills	<input type="radio"/>	<input checked="" type="radio"/>	Inconsistencies with attendance & participation.
Category	Social Functioning			
	Objective 1 met	<input type="radio"/>	<input checked="" type="radio"/>	
	Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	
3	Language 2	<input type="radio"/>	<input type="radio"/>	
Category	Language – Pragmatics			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	
4	Writing	<input type="radio"/>	<input checked="" type="radio"/>	Inconsistencies with attendance & participation.
Category	Writing			
	Objective 1 met	<input type="radio"/>	<input checked="" type="radio"/>	
	Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	
5	Math	<input type="radio"/>	<input checked="" type="radio"/>	Inconsistencies with attendance & participation.
Category	Math			
	Objective 1 met	<input type="radio"/>	<input checked="" type="radio"/>	
	Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	
6	Vocational Skills	<input type="radio"/>	<input checked="" type="radio"/>	Inconsistencies with attendance & participation.
Category	Vocational Education			
	Objective 1 met	<input type="radio"/>	<input checked="" type="radio"/>	
	Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	
7	Self Help	<input type="radio"/>	<input type="radio"/>	
Category	Self Advocacy (DHH)			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	
8	Language	<input type="radio"/>	<input type="radio"/>	
Category	Language Function			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	
9		<input type="radio"/>	<input type="radio"/>	
Category				
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	
10		<input type="radio"/>	<input type="radio"/>	
Category				
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	

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Date of Birth 04-MAR-2010

Meeting Date 26-APR-2021

Last

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Section E: Present Level of Performance

Performance Area:

Reading

Category:

Reading

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: When online and engaged, Izchak does enjoy listening to our read alouds in class or listening to other students read in the class as well. With maximum prompting and extra time to respond, Izchak will respond to whether he likes or dislikes what is being read. It was reported that Izchak is able to correctly flip through pages of a book and point to correct images when asked. Izchak is able to expressively and receptively identify the letters of the alphabet.

Areas of Need: During Distance Learning, Izchak has not been able to perform/access his reading curriculum due to technical issues and excessive absences. Based on when Izchak does participate and information from previous teacher, Izchak has difficulty with answering WH questions about a text read aloud to him.

Impact of Disability: Autism impairs Izchak'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:

Writing

Category:

Writing

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: As previously reported, Izchak is able to use different modalities and writing instruments (e.g., pencil, marker, paintbrush, crayon) throughout the day. It was also reported that he is able to write the letters of his name and independently print the letters of the alphabet with 80% accuracy.

Areas of Need: As previously reported, Izchak has difficulty writing CVC words, sight words and high frequency words independently (i.e., without a model). It was also reported that Izchak has difficulty using upper case and lower case letters correctly when writing.

Impact of Disability: Autism impairs Izchak's ability to attend and attain skills/concepts in language arts 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, Izchak has basic number sense when it comes to addition and subtraction. With supports, he is able to solve single digit addition and subtraction with values up to 10. He has a basic understanding of time of day (e.g., calendar, schedule, etc.).

Areas of Need: As previously reported, Izchak has difficulty with solving addition and subtraction with sums higher than 10. He has trouble with identifying and applying properties of operations and understanding place value.

Impact of Disability: Autism impairs Izchak's ability in math. He has difficulty attending to and retaining early math concepts, which impacts his involvement and progress in the general education curriculum.

Performance Area:

Social Skills

Category:

Social Functioning

Assessment/Monitoring Process
Used:

Teacher/Observations

State/District Assessment Results:

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

Strengths: When in attendance and engaged, Izchak is a very social young man, he is always greeting staff and student, and he is polite and kind toward others. Izchak is able to have a short conversation with preferred peers, and shares common interests with his classmates. When speaking with a staff member, Izchak is able to relay information about what is going on at home and recall information from the previous day. He is also able to share what he is planning on doing in the future.

Areas of Need: Izchak will repeat words/phrases and cause classmates to become frustrated. At this time, he is not able to have a conversation of more than 2 exchanges with peers. Izchak will become very frustrated with his brother in class or with classmates if he is feeling lost or behind. Izchak shows insecurity with himself and will often ask multiple times 'Is Izchak doing ok?' or 'Is Izchak a good boy?'

Impact of Disability: Autism impairs Izchak's ability in social behavior functioning, 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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Student **AZOULAY**
Last**IZCHAK**
First**I**
MIDate of Birth **04-MAR-2010**Meeting Date **26-APR-2021**

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):

Strengths: When engaged and calm, Izchak is able to follow along and not interrupt class with off topic comments. Izchak is able to transition from one subject to another without difficulty. In addition, he reacts positively toward positive reinforcement and praise. When engaged and interested, he is eager to respond to academic questions that he is confident about. Izchak expresses a desire to attend and participate in class regularly.

Areas of Need: Izchak does not attend class regularly which results in unpreparedness for class. He struggles to begin and complete his classwork and homework.

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

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):

Strengths: When interested and regulated, Izchak is able to ask for help from staff and/or classmates. When class is engaged in open discussion or Q and A about work or readings, Izchak is able to listen and show interest through head nodding, one/two-word responses, and at times with 1 clarifying question. When engaged, he is not disruptive and participates with classroom discussions.

Areas of Need: When uninterested and dysregulated, Izchak will show aggression with his voice and hands toward his brother and class through the camera and microphone. If he is not interested in what is happening, he will often walk away from computer and ignore the staff and class.

Impact of Disability: Autism impairs Izchak's ability to attend and retain academic, social and language skills without positive behavior supports which impacts his involvement and progress in the general education curriculum.

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Meeting Date 26-APR-2021

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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):

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 Strength - Izchak 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. Generally, Izchak enjoys using verbal language to share his thoughts and ideas with familiar staff. Izchak is emerging in his ability to understand and answer simple, concrete WH questions. Given cues, Izchak will engage with peers in a highly structured environment when he is motivated.'

Performance Area:

Language 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):

Previous IEP stated 'At times, Izchak requires cues to communicate verbally instead of using nonverbal means (gestures, facial expressions), especially when expressing emotions. Although Izchak has improved in his ability to generate novel utterances containing verbs or salient terms, he continues need support when he is unfamiliar with the vocabulary. Additionally, Izchak has difficulty producing utterances with appropriate syntax (subject/verb agreement, correct pronoun use, verb forms, word order, etc.). When asked simple, concrete WH questions, he requires cues to discriminate what kind of WH question has been asked and then to answer appropriately. Izchak has difficulty participating in reciprocal conversations. He will monopolize the conversation by making comments and asking questions about his topic of interest in a repetitive manner and is unable to alter his communication style based on his audience and topic of conversation. For example, he will make comments or answer questions without taking into consideration what information the listener already knows/doesn't know and therefore provides too little information. Izchak requires cues to socialize with peers and participate in turn-taking activities.

Impact of disability - Izchak's eligibility of autism along with difficulties in the areas of language and pragmatics impact his ability to access the curriculum, interact with peers, and participate in classroom activities.

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Student
Last
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MIDate of Birth Meeting Date

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: ☒ 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

When read a text aloud, Izchak will answer WH (who, what, where, when, why, and how) to show understanding of the reading as measured by work sample or informal assessment with 75% accuracy in 6 out of 10 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 read a text aloud, Izchak will answer WH (who, what, where, when, why, and how) to show understanding of the reading as measured by work sample or informal assessment with 50% accuracy in 4 out of 6 opportunities.

Incremental objective #2 related to the goal:

When read a text aloud, Izchak will answer WH (who, what, where, when, why, and how) to show understanding of the reading as measured by work sample or informal assessment with 60% accuracy in 6 out of 10 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 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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MI

Section G: Annual Goals and Objectives

Performance Area:

Behavioral Support

Category:

Behavior Intervention ▼

Annual Goal #:

6

When dealing with a non-preferred task/situation, Izchak will practice using his coping strategies (e.g. taking a break, talking with staff, taking deep breaths, practice positive self-talk) without engaging in aggressive behavior in 4 out of 5 opportunities as measured by staff observation over the 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:

When dealing with a non-preferred task/situation, Izchak will practice using his coping strategies (e.g. taking a break, talking with staff, taking deep breaths, practice positive self-talk) without engaging in aggressive behavior in 2 out of 4 opportunities as measured by staff observation over two school weeks.

Incremental objective #2 related to the goal:

When dealing with a non-preferred task/situation, Izchak will practice using his coping strategies (e.g. taking a break, talking with staff, taking deep breaths, practice positive self-talk) without engaging in aggressive behavior in 4 out of 5 opportunities as measured by staff observation over the 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: <div style="border: 1px solid black; height: 100px; width: 100%;"></div>

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Section G: Annual Goals and Objectives

Performance Area:

Writing

Category:

Writing

Annual Goal #:

2

With visual supports and 1-2 prompts, Izchak will write CVC words, sight words, and high frequency words correctly with 80% accuracy in 8 out of 10 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 visual supports and 3-4 prompts, Izchak will write CVC words, sight words, and high frequency words correctly with 80% accuracy in 4 out of 6 opportunities

Incremental objective #2 related to the goal:

With visual supports and 2-3 prompts, Izchak will write CVC words, sight words, and high frequency words correctly with 80% accuracy in 6 out of 8 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 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:

Math

Category:

Math

Annual Goal #:

3

When provided with visual aids, Izchak 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, Izchak 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, Izchak 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	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****IZCHAK****I**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 2-3 prompts for assistance, Izchak will have a back-and-forth conversation with preferred peer staying on topic for 3 or more exchanges as measured by staff observation.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

With 4-5 prompts for assistance, Izchak will have a back-and-forth conversation with preferred peer staying on topic for 2 or more exchanges as measured by staff observation.

Incremental objective #2 related to the goal:

With 3-4 prompts for assistance, Izchak will have a back-and-forth conversation with preferred peer staying on topic for 3 or more exchanges as measured by staff observation.

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****IZCHAK****I**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 Izchak will begin his classwork and show progress throughout the day in 4 out of 5 opportunities as measured by staff

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 Izchak will begin his classwork and show progress throughout the day in 2 out of 4 opportunities as measured by staff

Incremental objective #2 related to the goal:

With 3-4 prompts from staff for assistance Izchak will begin his classwork and show progress throughout the day in 4 out of 5 opportunities as measured by staff

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

Last

First

MI

Section G: Annual Goals and Objectives

Performance Area:

Language

Category:

Language

Annual Goal #:

7

In collaboration with classroom staff, to demonstrate improved language skills, Izchak 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:

Incremental objective #2 related to the goal:

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

Last

First

MI

Section G: Annual Goals and Objectives

Performance Area:

Language

Category:

Language

Annual Goal #:

8

In collaboration with classroom staff, Izchak 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:

Incremental objective #2 related to the goal:

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 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

Last

IZCHAK

First

I

MI

Date 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.

Student will participate in Regular State and District Assessments.

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

CAASPP Subject

ELA and Math

Designated Supports:

- Noise Buffers
- Test in a separate/smaller setting

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student AZOULAY

Last

IZCHAK

First

I

MI

Date 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****IZCHAK****I**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. 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 **AZOULAY**
Last**IZCHAK**
First**I**
MIDate of Birth **04-MAR-2010**Meeting Date **26-APR-2021**

Section R: Names and Signatures (Signatures on File)

Team Member	Print Name	Signature
Parent/Guardian	Avshalom Azoulay via teleconferenc	
Parent/Guardian		
Student Age 18 - 21 years		
Student Under Age 18 years		
Surrogate Parent		
Foster Parent		
Family Foster Home Provider		
Administrator		
Administrative Designee	Joy Kushner	Joy Kushner
Special Education Teacher	Michelle Henniges Lang	
General Education Teacher		
School Psychologist		
School Nurse		
Related Service Staff DIS LAS	Laura Mann	Laura Mann
Related Service Staff		
Related Service Staff		
Interpreter	Noya Alperson	
Sign Language Interpreter		
Agency Representative		
Agency Representative		
Agency Representative		
Other VG Behavior Specialist	Noya Alperson	
Other		
Other		
Other		

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student **AZOULAY**
Last**IZCHAK**
First**I**
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.

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 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.		

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 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

IZCHAK

First

I

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

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

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

Step E.	Can the supports, services, accommodations and/or modifications in the student's IEP be made available in a residential care facility?	
	<input type="radio"/> Yes <input type="radio"/> No	If not currently available, articulate in the IEP what supports, accommodations and/or modifications are required for the student in this setting.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student **AZOULAY**

Last

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ANNUAL LEAST RESTRICTIVE ENVIRONMENT ANALYSIS (Continued)

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

Step F.	The student's needs as reflected in the contents of this IEP, and the placement being considered by the IEP team, outweigh any potential harmful effects at this time, including (check all that apply):	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input 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

IZCHAK

I

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)		Eligible (AUT)	
	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

IZCHAK
First

I

MI

Date of Birth 04-MAR-2010

**Meeting
Date**

26-APR-2021

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

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).

	Effective With this IEP	Future Changes Related to this IEP
% of Time per Week outside of General Education	96	

IEP meeting held via teleconference due to school closure due to COVID-19. All participants participated via teleconference. At this time, student is accessing his education via distance learning. Parent verbally excused the participation of a General Education teacher prior to the meeting.

LAUSD school facilities are closed at this time due to the COVID-19 national pandemic. Student will receive educational services as described in the Distance Learning Plan (DLP) recommended by the IEP team.

Village Glen NPS will provide the following: Basic education and DIS LAS.

The IEP team discussed the possibility of student transitioning to a District-operated program. At this time, the student requires a small, structured, therapeutic learning environment with immediate response to: challenges with attending to tasks and staff directions. Therefore, student demonstrates the continued need for a highly restrictive educational setting that can be provided by a nonpublic school (NPS). The NPS staff supports student in developing skills that would be beneficial when student is ready to transition to a District-operated program, such as: increased ability to independently attend to tasks and directions, in preparation for a transition to the lesser restrictive educational environment in the future. Additionally, the NPS staff will continue to lessen the degree of structure and support, fade prompts, and reduce the need for accommodations, as appropriate.

Every effort will be made to reintegrate student into the general education environment when appropriate. Student will be considered for a lesser restrictive educational setting when he is able to demonstrate noteworthy and consistent progress in the areas of: attendance, academics and behavior. The IEP team recommends the student continue to participate in a NPS which provides a small and highly structured therapeutic setting with social, emotional, and behavioral supports.

IEP team discussed the need for continued, consistent support in the areas of mathematics, writing and reading. Student has demonstrated regression with limited recoupment in regards to his ability to make consistent progress toward math, writing and reading goals and overall progress. The IEP team discussed and determined that ESY is necessary to build and maintain critical skills and avoid skill loss with limited recoupment as demonstrated over instructional breaks.

The minimum required weekly instructional minutes per student's grade level is 1500 min/week and is noted accordingly in FAPE part 1. Village Glen NPS offers 1570 instructional minutes weekly in the school setting. FAPE Part 3, Percentage of Time per week outside of General Education, indicates 96% of Time OUTSIDE OF GENERAL EDUCATION; however, in the NPS setting student participates 100% of the time outside of general education.

The required assessments, which are part of the Triennial IEP process could not be completed due to the required COVID-19 school facility closures. Assessment will be completed once school facilities reopen and normal school operations resume. The data and progress reported is based on documentation prior to the March 16, 2020 COVID-19 school facility closures and other available information available to the IEP team.

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

IZCHAK

I

Date of Birth 04-MAR-2010

Meeting Date 26-APR-2021

Last

First

MI

FAPE Summary Grid

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

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

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 **AZOULAY** **IZCHAK** **I** **MI** **Last** **First** **MI** **Date of Birth** **04-MAR-2010** **Meeting Date** **26-APR-2021**

- 1 The behavior impeding learning is: Describe what it looks like:
 1 outburst/rage/explosive reactions ☒ Izchak will become aggressive and agitated dealing with non
- 2 It impedes learning because: lack of work production ☒ disrupts other students ☐ requires instruction to stop ☒
 2 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)
 4 7 daily ☒ high ☒ 15
☒ Reported by Teacher/Staff and/or ☒ observed by Teacher/Staff

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 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: Lack of assistance in home with computer.
- 6 What supports the student using the problem behavior? (What is missing in the environment/curriculum or what is in the environment/curriculum that needs changing?)
- Observation Analysis
- | | | | |
|-----------------------------|---|--|---|
| Present in the environment: | <input 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 type="checkbox"/> Conflict resolution skills |
| | <input type="checkbox"/> Transition skills | <input type="checkbox"/> Schedule | <input checked="" type="checkbox"/> Effective communication with parent |
| | <input type="checkbox"/> Re-teaching | <input type="checkbox"/> Task structuring | <input checked="" type="checkbox"/> Communications system |
| | <input checked="" type="checkbox"/> Social skills instruction | <input type="checkbox"/> Consequences not clear to student | |
| | <input type="checkbox"/> Choices | | |
- ☒ Other (Missing/Present): He is missing the guidance/connection with teacher/sta

REMOVE STUDENT'S NEED TO USE THE PROBLEM BEHAVIOR

- Intervention 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 type="checkbox"/> High interest materials | <input checked="" type="checkbox"/> Cue the student | <input checked="" type="checkbox"/> Model |
| | <input checked="" 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 type="checkbox"/> Use calm, de-escalating language | |
| | <input type="checkbox"/> Use specific support communications | | |
- ☐ Other
- Who will establish? Teacher/Staff Who will monitor? Teacher/Staff Frequency Daily

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** **IZCHAK** **I** **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)

☐

Sensory input

☐

Attention (peer)

☐

Attention (staff)

☒

Task (too difficult)

☐

Task (too easy)

☐

Task (too long)

Describe:

Izchak will not participate in class work, and won't part

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

Izchak will practice using his coping strategies (e.g. taking a break, talking with staff, taking deep breaths, practice positive self-talk) without engaging in aggressive behavior.

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

☒

Preferred activity

☐

Describe:

☒

Other emails home

☐

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: promoting proper reactions to work

☒

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 Izchak is presented with a non-preferred task he will listen to instruction, and ask questions needed in order to begin task. If he becomes agitated or frustrated, he will be reminded of his coping strategies (e.g. taking a break, talking with staff, taking deep breaths, practice positive self-talk). Once behavior has ended, a discussion about how to navigate his feelings next time he is upset will be had so that he can understand

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** **IZCHAK** **I**
Last First MI

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

Meeting Date **26-APR-2021**

OUTCOMES

PART IV

BEHAVIORAL GOALS

13

Behavioral Goal: Goal #: **6**

When dealing with a non-preferred task/situation, Izchak will practice using his coping strategies (e.g. taking a break, talking with staff, taking deep breaths, practice positive self-talk) without engaging in aggressive behavior in 4 out of 5 opportunities as measured by staff observation over the school week.

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