

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

## Los Angeles Unified School District

Student Identification  
Number

200114X099

SSID

9951881062

Eligible (SLI)

Student

BERKLEY

ELIAHU

MI

Date of Birth:

09-OCT-2016

Last

First

## 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
	Los Angeles Unified School Dis

## Section B: Student Information

Date of Birth	09-OCT-2016	Age	4	Grade	-1
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female	Limited English Proficient Student	<input type="radio"/> Yes <input type="radio"/> No	Ethnic Code	White
Location of the Psych Folder	SUPPORT UNIT NOF	Student has no Psych Folder	<input type="checkbox"/>		
Location of the Cum Folder		Student has no Cum Folder	<input checked="" type="checkbox"/>		
Home Language	American Sign Language	Student Language	American Sign Language	Alternate Mode of Communication	
Home Address of Student	12401 FILMORE ST SPC 109				
City	SYLMAR	CA	ZIP Code	91342	
Home Telephone	(818) 724-7680	Daytime Telephone		Emergency Telephone	
School of Attendance	Telfair Ave El	Location Code	7068		
School of Residence	Fenton Avenue (Chart	Location Code	3747		
Name of Parent/Guardian		Telephone			
Address					
City		CA	ZIP Code		
Surogate Parent		Telephone			
Attends <b>CURRENT SCHOOL</b> as a result of one of the following	Preschool Program				
Is the student living in a Family Foster Home (FFH)?	<input type="radio"/> No <input type="radio"/> Yes	FFH#			
Is FFH Provider related to student?	<input type="radio"/> No <input type="radio"/> Yes	Relationship			
Licensed Children's Institution	<input type="radio"/> No <input type="radio"/> Yes	LCI Name			
		LCI#			
Out of the home placement made by	<input type="radio"/> Regional Center	<input type="radio"/> 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 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>	Social Emotional	<input type="radio"/>	<input type="radio"/>	Newly developed goal, needs more time.
<b>Category</b>	Social Emotional Development ▼			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	Newly developed goal, needs more time.
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	Newly developed goal, needs more time.
<b>2</b>	Communication	<input type="radio"/>	<input checked="" type="radio"/>	Newly developed goal, needs more time.
<b>Category</b>	Communication ▼			
	Objective 1 met	<input type="radio"/>	<input checked="" type="radio"/>	Newly developed goal, needs more time.
	Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	Newly developed goal, needs more time.
<b>3</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>4</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>5</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>6</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>7</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>8</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>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**ELIAHU**  
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Date of Birth **09-OCT-2016**Meeting Date **04-JUN-2021**

## Section E: Present Level of Performance

Performance Area:

HEALTH UPDATE

Category:

Health

Assessment/Monitoring Process  
Used:

PARENT INTERVIEW / REVIEW OF SCHOOL HEALTH RECORDS

State/District Assessment Results:

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

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

HEALTH SUMMARY: Health Assessment was completed on 02/02/2021 with information provided by Mother (LALONI), and a review of school health records.

STRENGTHS: Good general health and development. Per mother, student passed vision and hearing screening conducted during wellness check last (SEPTEMBER 2020) performed at their healthcare provider. Mother also stated that student is responsive to regular conversations and responding to questions appropriately with no hearing and vision issues. No history of other serious illness, injury, accident, surgery, or hospitalization in past 3 years; no daily medications or known health problems.

AREA OF NEED: Physical health is not an area of need.

IMPACT OF DISABILITY: Physical health does not impact the student's participation, performance, and access in the educational program.

ACCOMMODATIONS/RECOMMENDATIONS: None

Irene Marie I. Legaspi, RN-BSN  
Credentialed School Nurse  
02/02/2021

Performance Area:

Communication (1/3)

Category:

Communication

Assessment/Monitoring Process  
Used:

Teacher Report, Observations, Parent/Foster Report, Past Educational Records.

State/District Assessment Results:

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

Background: Eliahu B. is a 4 year-6-month old preschool student at Telfair Elementary School. He has an eligibility of Speech-Language Impairment (SLI) and is enrolled a special education preschool program, Preschool for All Learners (PAL), for the 2020-2021 school year. The PAL program is an integrated model composed of a multidisciplinary on-site team which includes a school Speech-Language Pathologist that supports with communication goals. LAS support has been provided virtually during remote learning. Eliahu has inconsistent attendance record to his PAL program. An assessment as part of his transition out of preschool was unable to be conducted due to no signed assessment plan being returned. Information for this IEP was gathered from Teacher CTAR/interview, observations during remote learning, Parent Interview (2/25/21 via zoom), Foster Caregiver Report (2/24/21 via zoom) and educational records (past IEP-Articulation PLP).

Strengths: Based on observations and data collected prior and during remote learning, Eliahu is able to participate in all activities with minimal to no adult modeling or redirecting. He participates and completes all tasks presented by either imitating target sounds, engages in dancing, names target pictured words, traces letters in the air, sings along and answers simple questions during all speech activities. He demonstrates good speech intelligibility (clarity) in spontaneous speech. His teacher reported she estimated she understands about 90% of his speech which is indicative of good and expected speech skills for a child his age. He communicates using spontaneous phrases and complete sentences to make statements, answer questions, share his ideas and state wants and needs. Eliahu can verbally direct adults while delivering a clear message, for example: he was very specific to how he wanted to design his house during a building activity, he directed the SLP on how to build his house while using sentences: 'Blue. I want the blue (continued on next Communication PLP)

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## Section E: Present Level of Performance

Performance Area:

Communication (2/3 cont'd)

Category:

Communication

Assessment/Monitoring Process  
Used:

State/District Assessment Results:

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

walls. Yay blue!' 'It's a rectangle' (to name the shape), 'Red and blue. Blue roof. I love it!' 'I need a door. Two doors. Front door and back door. Black and green. The other side.' (to request 2 doors and which colors) 'Two windows. That side, next to the green door.' 'I want you to move the stairs. I want two stairs. In front of the green door and in front of the black door.' 'Tomato. I want the apple tree. The apple tree is going to be longer' (to request which tree he wanted). Eliahu is used as a peer model for other students because of his verbal skills. He demonstrates goal achievement as he met both communication goals while only needing moderate to minimal prompting. His Foster Caregiver reported that Eliahu speaks using complete sentences such as 'I wanna go to the park today,' 'I don't wanna take a nap, I only want one nap,' she further stated that articulation is not area of concern.

Needs: Based on data and observations prior and during remote learning, at times he needs prompts to lengthen his sentences when he answers in short phrases. His teacher reported that he needs prompts to answer questions because sometimes his answers are off topic; however, when asked the questions again, he will answer correctly. Teacher reported that it is questioned whether or not this can be due to the distractions from looking at the screen while he is being asked the question. Parent reported she would like for him to expand his verbal skills, she would like for him to speak well and clearly. Mother stated that as a Parent who is deaf, she is not a good judge of his verbal language/speech skills. When Eliahu was living with her it was noted that he could follow directions of 1-3steps, but at times did not follow directions which could be due to refusal behaviors. Foster Caregiver stated she understood about 60-70% of what he said, without prompts he is not answering questions correctly, English is his second language and his comprehension is off or uses incorrect vocabulary. (continued on next PLP)

Performance Area:

Communication (cont'd 3/3)

Category:

Communication

Assessment/Monitoring Process  
Used:

State/District Assessment Results:

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

Educational Impact: Eliahu's challenges with his ability to answer questions appropriately may affect his ability to successfully answer academic questions which impacts his involvement and progress in the general education curriculum.

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## Section E: Present Level of Performance

Performance Area:

Social Emotional

Category:

Social Emotional Development

Assessment/Monitoring Process  
Used:

DRDP, Informal Assessment, Observation

State/District Assessment Results:

DRDP

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

Strengths: Eliahu greets his peers during Zoom and answers 'good morning' when his name comes on the screen. Often times he greets his peers with their names. Although he is muted, I can see him mouthing their name and waving. During Zoom he was observed playing with other children at the daycare. He laughed with them, pointed at something and shared a toy. He has expressed that he likes waffles and when asked who he likes sharing waffles with he answered 'I eat them all by myself.' During Question of the Day, 'Which building do you like best?' He said, 'I like the one with mommy and daddy. The white big one. I want the one with mommy and daddy.' Eliahu was expressing to everyone that he misses his parents. During a thanksgiving activity he was asked what he was thankful for and he answered with 'mommy, daddy' and his siblings names which I wasn't able to hear clearly. One morning when greeting Eliahu, he responded with 'Good morning, I like to see you again!' He used very kind words. During a small group Zoom he noticed a baby on the screen and asked 'what's your boy's name?' as he smiled at him. After taking a break from zoom, (4/5/21-4/19/21) Eliahu came back ready to learn again (4/21/21). He was participating in nursery rhymes, hands on activities and read aloud.

Needs: Before school closures, Eliahu will get upset when things didn't go his way and struggled with expressing how he was feeling in moments of anger. Eliahu will work on identifying and labeling own feelings and their causes, (e.g., Child says 'I'm mad at those boys because they won't play with me.').

Impact of disability: Due to Eliahu's eligibility of Speech and Language Impairment, his social emotional development may be impacted, therefore, he is unable to access the core curriculum in a general education class setting.

Data and progress reporting are based upon Welligent documentation prior to the March 16, 2020 COVID-19 school closures and after March 16, 2020 during informal observations during remote learning. This data may not be reflective of Eliahu's present level as of the date of today's IEP.

Performance Area:

Language Development

Category:

Language

Assessment/Monitoring Process  
Used:

DRDP, Informal Assessment, Observation

State/District Assessment Results:

DRDP

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

Strengths: Eliahu speaks very clearly and in complete sentences. 'My favorite color is blue and red. Blue and red make purple.' 'I want the blue square' 'Let me have two windows, I want two of them.' He shows understanding of a wide variety of phrases or sentences and is able to answer the question of the day every day. When new information is presented he is able to answer questions. During an activity he was able to name a measuring tape, a hammer, and a screw. He carries out multi-step requests that involve a familiar activity or situation. When playing a Zoom hunt he is able to hunt for items of a certain colors and shapes. We hunted for items that made him happy, a favorite toy, and something his favorite color. He uses phrases and sentences with a variety of word forms, sometimes with errors. During Question of the Day, 'How many windows are in your home?' He got up, looked around, discussed with the adult in the room (ex: 'Hmm in the bathroom there's a mirror.') and was eager to share! He responded with, 'We have five windows.' He looked at his fingers and began to count, '1-2-3-.' He engages in conversations with a shared focus. During speech he participated in a letter hunt and when asked to find something that begins with the letter 'B' he answered 'B-B is for baby' and said, 'I found a book'. After spring break, he was out for a few weeks and came back asking questions and commenting throughout the zoom session. 'I have my name, I'm going to sign in'. 'That's my soccer ball behind me.' 'What is this book about?'

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## Section E: Present Level of Performance

Performance Area:

Cognitive Development

Category:

Cognitive Development ▼

Assessment/Monitoring Process  
Used:

DRDP, Observation, Informal Assessment

State/District Assessment Results:

DRDP

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

Strengths: Eliahu is aware of cause and effect. Back in the classroom he often enjoyed playing in our transportation area where he would push cars of a ramp and wait for it at the bottom. He engages in sustained explorations. When exploring over 5 slides of building structures he answered questions about their features and which building he liked the most. Eliahu records information in simple ways (e.g., drawings, models, words dictated to an adult) about observations or investigations. When learning about buildings we drew our favorite building and he added shapes, colors and was able to tell his peers and teachers what he drew. The week of 5/21/21 when Eliahu joined us on zoom again, he participated on hands on activities like painting a beach ball, recreating a basketball and even making a sombrero for a 5 de Mayo activity.

Needs: There are no needs in the area of cognitive development.

Impact of Disability: No impact.

Performance Area:

Physical Development

Category:

Physical Development ▼

Assessment/Monitoring Process  
Used:

DRDP, Observation, Informal Assessment

State/District Assessment Results:

DRDP

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

Strengths:

Gross Motor: Back in March 2020 when last observed in person, Eliahu ran with long strides showing arm and leg opposition. He was manipulating the apparatus well and riding a tricycle. Eliahu was also observed jumping, throwing a ball, catching a ball with two hands and kicking a ball.

Fine motor: In March 2020, Eliahu was observed manipulating playdough, interlocking legos and picking up small objects from the table. He holds his writing tool using a pincer grasp. He is able to trace his name as well as draw recognizable shapes.

Needs: There are no needs in the area of physical development.

Impact of Disability: No Impact.

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## Section E: Present Level of Performance

Performance Area:

Literacy Development

Category:

Literacy Development

Assessment/Monitoring Process  
Used:

DRDP, Observation, Informal Assessment

State/District Assessment Results:

DRDP

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

Strengths: Eliahu recognizes more than half the letters in the alphabet. He can spell his name with minimal errors as well as copy his name. He looks at books page by page, or participates, from beginning to end, in listening to stories, singing songs, or playing rhyming games. Eliahu makes comments or asks questions about text presented in books or the environment. For example, when reading a book about buildings, he was asked what shape he saw, he answered, 'This is a cylinder, it looks like a can.' Eliahu demonstrates understanding that print and symbols carry meaning. During our show and tell activity, he brought his favorite book and pointed to the title as he said 'ABC Book'.

Needs: There are no needs in the area of Literacy Development.

Impact of Disability: No impact.

Performance Area:

Mathematical Development

Category:

Mathematical Development

Assessment/Monitoring Process  
Used:

DRDP, Observation, Informal Assessment

State/District Assessment Results:

DRDP

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

Strengths: Eliahu knows how to rote count up to fifteen with minimal errors. He can also count one to one correspondence with very minimal support. Eliahu knows how to continue an AB pattern independently. He recognizes shapes such as circle, triangle, square, rectangle, star, oval, cylinder, and heart. Eliahu identifies small quantities without counting, up to three. He shows understanding of some measurable properties (e.g., size, length, weight, capacity) or uses words (e.g., 'big,' 'heavy') to describe some measurable properties. He described a building using the words 'big and tall'. During a speech activity he described a basket presented in the presentation as 'huge'. He can sort objects accurately into two or more groups based on one attribute. For example, during a pet color activity he was able to sort the animals by color and by size.

Needs: There are no needs in the area of Mathematical Development.

Impact of Disability: No impact.

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Last

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Date of Birth Meeting Date 

## Section E: Present Level of Performance

Performance Area:

Category:

Assessment/Monitoring Process  
Used:

State/District Assessment Results:

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

Needs: Questions need to be asked for a second time for him to answer on topic. When asked, 'Where is the little pig going to go next?' He replied with, 'Running out of the sticks, stick house.' When he was asked the question again, he answered, 'Went to his brothers house.' When reading a book about buildings, he was asked 'What do you think these people are doing?' he answered 'mommy and daddy.' He described what he saw, however, he did not answer the question. When he was asked again, he answered, 'They're building a house.'

Impact of Disability: Due to Eliahu's eligibility of SLI, his language development may be impacted, therefore, he is unable to access the core curriculum in a general education class setting.

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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Student   
Last  
First  
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:

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

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## Section G: Annual Goals and Objectives

Performance Area:

Receptive Language

Category:

Language – Receptive ▼

Annual Goal #:

1

Eliahu will respond appropriately and accurately to questions regarding a given story or during language based activities in 7/10 opportunities, given moderate to minimal prompts, cues and models, as measured by teacher report and therapist data.

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:

Eliahu will respond appropriately and accurately to questions regarding a given story or during language based activities in 6/10 opportunities, given moderate to maximum prompts, cues and models, as measured by teacher report and therapist data.

## Incremental objective #2 related to the goal:

Eliahu will respond appropriately and accurately to questions regarding a given story or during language based activities in 6/10 opportunities, given moderate to moderate prompts, cues and models, as measured by teacher report and therapist data.

Date to be achieved:

December ▼

2021 ▼

MO/YR

Date to be achieved:

April ▼

2022 ▼

MO/YR

## IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

## EXPLANATION OF MARKS

4 GOAL MET OR EXCEEDED

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

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

1 NO PROGRESS

1st Reporting Period Date: 01-JUN-2021	2nd Reporting Period Date:	3rd Reporting Period Date:	4th Reporting Period (Secondary Only) Date:	Goal Achievement
Progress Mark: 1	Progress Mark:	Progress Mark:	Progress Mark:	Objective 1 Met: <input type="radio"/> Yes <input checked="" type="radio"/> No
Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input checked="" 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 checked="" type="radio"/> No
If "No" please comment: <input checked="" 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	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	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	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	If "No" please explain: New goal, needs more time.

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## Section G: Annual Goals and Objectives

Performance Area:

Social Emotional

Category:

Social Emotional

Annual Goal #:

2

Eliahu will identify and label own feelings and their causes, (e.g., Child says 'I'm mad at those boys because they won't play with me.') on 4 occasions during a school week.

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

## Methods of Evaluation

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

## Incremental objective #1 related to the goal:

With verbal prompts Eliahu will identify and label own feelings and their causes, (e.g., Child says 'I'm mad at those boys because they won't play with me.') on 2 occasions during a school week.

## Incremental objective #2 related to the goal:

With fading verbal prompts Eliahu will identify and label own feelings and their causes, (e.g., Child says 'I'm mad at those boys because they won't play with me.') on 3 occasions during a school week.

Date to be achieved:

Septembe

2021

MO/YR

Date to be achieved:

January

2022

MO/YR

## IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

## EXPLANATION OF MARKS

4 GOAL MET OR EXCEEDED

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

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

1 NO PROGRESS

1st Reporting Period Date: 09-JUN-2021	2nd Reporting Period Date:	3rd Reporting Period Date:	4th Reporting Period (Secondary Only) Date:	Goal Achievement
Progress Mark: 1	Progress Mark:	Progress Mark:	Progress Mark:	Objective 1 Met: <input type="radio"/> Yes <input checked="" type="radio"/> No
Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input checked="" 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 checked="" type="radio"/> No
If "No" please comment: <input checked="" 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	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	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	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	If "No" please explain: New goal, needs more time.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student

BERKLEY

Last

ELIAHU

First

MI

Date of Birth

09-OCT-2016

Meeting Date

04-JUN-2021

Section K: Participation in State and District-wide Assessments

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

DRDP-A - (Adaptations identified below are applicable)

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student

BERKLEY

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04-JUN-2021

## Section N: Procedural Safeguards and Follow-up Actions

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

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

Select Preferred Language:

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

Select Preferred Language:

Hebrew



Specify the Individual Pages to be translated:

Special Requests:

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

THIS SPACE DELIBERATELY LEFT BLANK.

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student **BERKLEY** **ELIAHU**  
Last First MI

Date of Birth 09-OCT-2016

Meeting Date 04-JUN-2021

## Section Q: Parent Participation and Consent

## Parent Participation

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

## Parent Notification

Method	Whom	When
Phone	HEIDI	30-APR-2021
Phone	HEIDI	04-MAY-2021
Phone	HEIDI-PHONE/EMAIL	07-MAY-2021
Phone	HEIDI-PHONE/EMAIL	14-MAY-2021
Phone	HEIDI-PHONE/EMAIL	21-MAY-2021
Email	HEIDI-EMAIL	27-MAY-2021

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

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

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

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

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

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

## Parent Concerns and Comments

Signature(s)

Date

- ☒ 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

12-MAY-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.

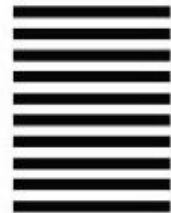
Please fold along dotted lines with the address showing. Seal and mail. Postage is pre-paid.  
Again, Thank you!



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

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

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



**PARENT INPUT SURVEY**  
**English**





## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Reconvened  
Meeting DateStudent   
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="Tori Berkley"/>	<input type="text" value="Tori Berkley"/>
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" value="Nury Arrivillaga"/>	<input type="text" value="Nury Arrivillaga"/>
Administrative Designee	<input type="text"/>	<input type="text"/>
Special Education Teacher	<input type="text" value="Cristal Monterroso"/>	<input type="text" value="Cristal Monterroso"/>
General Education Teacher	<input type="text" value="Beatriz Zamacona"/>	<input type="text" value="Beatriz Zamacona"/>
School Psychologist	<input type="text"/>	<input type="text"/>
School Nurse	<input type="text"/>	<input type="text"/>
Related Service Staff <input type="text" value="LAS"/>	<input type="text" value="Hazel Perdomo"/>	<input type="text" value="Hazel Perdomo"/>
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"/>	<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="SLP Intern"/>	<input type="text" value="Aline Tchorbajian"/>	<input type="text" value="Aline Tch"/>
Other <input type="text" value="DCFS"/>	<input type="text" value="Lee Anne Zirbal"/>	<input type="text" value="Lee Anne Zirbal"/>
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

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="Tori Berkley"/>	<input type="text" value="Tori Berkley"/>
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" value="Claudia Sandoval-via zoom"/>	<input type="text"/>
Family Foster Home Provider	<input type="text"/>	<input type="text"/>
Administrator	<input type="text" value="Nury Arrivillaga"/>	<input type="text" value="Nury Arrivillaga"/>
Administrative Designee	<input type="text"/>	<input type="text"/>
Special Education Teacher	<input type="text" value="Cristal Quiroz"/>	<input type="text"/>
General Education Teacher	<input type="text" value="Beatriz Zamacona"/>	<input type="text" value="Beatriz Zamacona"/>
School Psychologist	<input type="text"/>	<input type="text"/>
School Nurse	<input type="text"/>	<input type="text"/>
Related Service Staff <input type="text" value="LAS"/>	<input type="text" value="Hazel Perdomo-via zoom"/>	<input type="text"/>
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"/>	<input type="text"/>
Sign Language Interpreter	<input type="text" value="Greggory Simpson-via zoom"/>	<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="university intern"/>	<input type="text" value="Aline Tchorbajian"/>	<input type="text" value="Aline Tchorbajian"/>
Other <input type="text" value="Advocate"/>	<input type="text" value="Joanna Hinojosa-Martinez"/>	<input type="text" value="Joanna Hinojosa-Martinez"/>
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 **BERKLEY**  
Last**ELIAHU**  
First

MI

Date of  
Birth

09-OCT-2016

Meeting  
Date

04-JUN-2021

## LEAST RESTRICTIVE ENVIRONMENT ANALYSIS

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

Student's Current Placement Type:

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

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

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

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

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

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

**Los Angeles Unified School District**

**Student**   
**Last**

**First**

**MI**

**Date of**  
**Birth**

**Meeting**  
**Date**

**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 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 **BERKLEY**  
Last

**ELIAHU**  
First

**MI**

Date of  
Birth

09-OCT-2016

Meeting  
Date

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

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 1 - Eligibility, Placements and Supports

Student Date of Birth Meeting Date 

Last

First

MI

		Effective With this IEP	Future Changes Related to this IEP
	As of Date:	<input type="text"/>	<input type="text" value="09-AUG-2021"/>
Eligibility: (from Page 4)		<b>Eligible (SLI)</b>	
	Final IEP Reason Final IEP Effective Date:		
Curriculum		<input type="text" value="General Education"/>	<input type="text" value="General Education"/>
Placement	Type of School	<input type="text" value="District Non-Resident School"/>	<input type="text" value="District Resident School"/>
	Name of School	<input type="text" value="TELFAR AVE EL"/> <input type="text"/>	<input type="text" value="HARMONY EL"/> <input type="text"/>
Instructional Setting	Setting	<input type="text" value="Special Education"/>	<input type="text" value="General Education"/>
	Program	<input type="text" value="PAL"/>	<input type="text" value="GE"/>
	Special Day Minutes/Wk	<input type="text" value="1360"/>	<input type="text"/>
	Addresses Goals	<input type="text" value="1(Receptive Language ),2(Social Emotional)"/>	<input type="text" value="1(Receptive Language ),2(Social Emotional)"/>
Additional Factors	Low Incident Support	<input type="text" value="None"/>	<input type="text" value="None"/>
	Assistive Technology Support	<input type="text" value="No"/>	<input type="text" value="No"/>
	Transportation	<input type="text" value="Home to School"/>	<input type="text" value="None"/>
	Extended School Year/Intersession	<input type="radio"/> Yes <input checked="" type="radio"/> No	
	Parent Counseling and Training (PCT)	<input checked="" type="radio"/> Yes <input type="radio"/> No	
	ESY Transportation	<input type="text"/>	
Accommodation, Modifications, Supports	Instructional Accommodations	<input type="text" value="Verbal prompts, modeling"/>	<input type="text" value="Verbal prompts, modeling"/>
	Instructional Modifications	<input type="text"/>	<input type="text"/>
	Other Supports, including Non-Academic and Extra-curricular Activities	<input type="text"/>	<input type="text"/>
Preparation for Three Year Review IEP (At the second Annual Review IEP Meeting, the team must discuss and document the decision to conduct or not conduct a three-year comprehensive reassessment.)	Do the Parent and the District (local educational agency) agree that a reassessment is unnecessary?	<input type="radio"/> Yes <input type="radio"/> No	
	If the Parent does not agree, specify the area(s) to be reassessed.	<input type="text"/>	<input type="text"/>
Comments, as appropriate			
Low Incidence Equipment	<input type="text"/>		
Assistive Technology Equipment	<input type="text"/>		

<b>Participation in General Education</b>	For the School year 2021-2022, student will participate in general education setting for all classes and instructional activities

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student Date of Birth 

Meeting

Last

First

MI

Date

		Effective With This IEP	Future Changes Related To This IEP
<b>Service 1</b>	Start Date:	Effective with Future Changes	02-AUG-2021
<b>10</b>	End Date:		
<b>Language/Speech</b>	Service applies to:		Regular
	Frequency:		1-5
This service addresses the following goals:	Interval:		Monthly
<input type="text" value="1(Receptive Language )"/>	Minutes/Interval:		60
	Minutes/Interval (Pullout from Gen Ed):		60
	Service Delivery Model:		Direct Service (Collaborative)**
	Area:	School-Based	
	Responsible Personnel:		Licensed/Credentialed Provider
			General Education Teacher
			Resource Specialist Teacher
**			

**Notes:**

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

## Part 3 - Percentage of Time Outside of General Education

	Effective With this IEP	Future Changes Related to this IEP
% of Time per Week outside of General Education	<input type="text" value="85"/>	

## Part 4 - Additional Discussion (This section is optional)

--



5/12)Ms. Tori Berkley, parent, participated in IEP with an interpreter from Purple Video Relay Services #7593

Ms. Zamacona, participated as general education teacher

Mr. Monterroso, SpEd teacher, shared attainment of previous goals and current performance.

Ms. Perdomo, SLP, shared how has been doing, goals and services. SLP needs an assessment to see if he is ready to be exited from services.

Ms. Aline Tchorbajian, SLP university intern, participated in IEP

Ms. Claudia Sandoval. foster mother participated

Ms. Lee Anne Zirbel, DCFS Social worker participated with her own interpreter.

(6/4) Reconvene with Ms. Zamacona, Ms. Monterroso, Ms. Perdomo, Ms. Tchorbajian (with parent permission), Ms. Tori Berkley, and Dr. Arrivillaga from the 5/12 meeting.

New to today's meeting, Ms. Hinojosa-Martinez, parent advocate, and Mr. Simpson, LAUSD ASL interpreter.

Ms. Monterroso finished sharing the results of the CTAR evaluation.

Mom wanted to know when th next IEP would be. Dr. A responded in 1 year but may request one earlier than that.

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student **BERKLEY****ELIAHU**Date of Birth **09-OCT-2016**Meeting Date **04-JUN-2021**

Last

First

MI

## FAPE Summary Grid

<b>Program:</b>	PAL	<b>Setting:</b>	Special Education
<b>Eligibility:</b>	Eligible (SLI)	<b>Curriculum:</b>	General Education
<b>Transportation:</b>	Home to School	<b>Low Incident Support:</b>	None
<b>Date District Received</b>			
<b>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 with Future Changes 02-Aug-2021	Regular	Monthly	1-5	School-Based	60	Receptive 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"/>
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  
SPEECH LANGUAGE IMPAIRMENT (SLI) ELIGIBILITY CERTIFICATION**

**Los Angeles Unified School District**

**ATTACHMENT A**

**Student** ELIAHU BEF

**Date of Birth** 09-OCT-2016

**Meeting Date** 04-JUN-2021

This page is to be completed for initial IEPs, 3-year evaluations, or when a comprehensive speech-language evaluation has been conducted to determine whether SLI eligibility is appropriate.

**Complete Step 1a or 1b**

**Step 1a. General Education Interventions - Check items as completed**

- ☐ Intervention strategies implemented, including English Language Instruction or RtI2 prevention support (including but not limited to school staff development regarding language standards in the curriculum and referral for Special Education, consultation between the classroom teacher and school speech therapist for appropriate classroom accommodations, consultation with the SSPT that includes an EL expert if student is identified as an English Learner).
- ☐ Intervention support monitored over several weeks, and modified interventions as necessary based on student response.
- ☐ Interventions were not successful, student referred for special education assessment.
- ☐ Screening by a speech therapist or a student success team meeting (including a speech therapist) with the focus being speech and language concerns OR an appropriate screening for non-LAUSD enrolled preschoolers.

**Step 1b. Interventions Not Applicable**

- ☐ Interventions not applicable for non-LAUSD enrolled preschoolers or when determined unnecessary by the speech therapist.

**Step 2. Review of Pre-referral Information - Check items as applicable**

- ☒ The speech or language delay does not appear to be due to unfamiliarity with English.
- ☒ The delay does not appear to be due to a lack of instruction in English, dialectical factors or limited language experience.
- ☒ The delay does not appear to be due to environmental factors.
- ☒ The delay does not appear to be due to economic factors.
- ☒ The delay does not appear to be due to social or cultural factors.

**Step 3. Assessment - Check either A or B, and complete the remaining items**

- ☐ **A.** Student has received an assessment by a school psychologist that gives an indication of where the student's general ability lies. (if a language impairment is suspected) **OR**
- ☐ **B.** A psychological assessment is not required if the suspected area of disability is voice, fluency or articulation.
  - ☐ Student has received a health assessment that rules out whether an inability to communicate effectively is a result of a health or sensory condition.
  - ☐ A credentialed or licensed speech therapist has conducted a comprehensive evaluation, including assessment in the student's primary language, that consists of multiple measures of assessment, including but not limited to standardized test instruments (or alternate forms of assessment if necessary), formal speech/language sample, parent interview or checklist, teacher interview or checklist, and observation in various communication settings.

**Complete Step 4**

**Step 4. Determination of Eligibility of Speech Language Impairment (as the only identified special education eligibility)**

- ☐ **A.** Student meets one or more of the following criteria (check each disorder that applies):
  - ☐ A language disorder, which has been identified in an assessment that includes use of two or more standardized tests in one or more of the following areas of language development: morphology, syntax, semantics, or pragmatics where the resulting scores are at least 1.5 S.D. below the mean or below the 7th percentile for the student's chronological age or developmental level and a 50-utterance representative spontaneous language sample where the student displays inappropriate or inadequate usage of receptive and/or expressive language. Note: When standardized tests are considered to be invalid for the specific student, the expected language performance level shall be determined by alternative means as specified on the assessment plan [5 CCR 3030 (c)(4)].
  - ☐ An articulation disorder (e.g., Pronunciation), which draws adverse attention, significantly interferes with communication and has been identified in an assessment that includes a conversational speech sample which reveals significant interference with communication and identifies single or multiple speech sound errors that are below the student's chronological age or developmental level.
  - ☐ A fluency disorder (e.g., Stuttering), which has been identified in an assessment that demonstrates that the flow of verbal expression adversely affects communication between the student and the listener in multiple communication settings and the dysfluency has persisted over time.
  - ☐ A voice disorder (e.g., Chronic Hoarseness, Pitch Variations), which has been identified in an assessment by a speech therapist after the etiology has been cleared by a Medical Doctor, in writing.
- ☐ **B.** The impairment has a significant adverse affect on the student's academic performance.
- ☐ **C.** The presenting Speech Language Impairment is not due to: social maladjustment, health factors, poor school attendance, environmental, economic, or social disadvantage, lack of instruction or the unfamiliarity with the English language.

**Complete Step 5**

**Step 5. Consideration for additional special education service(s): Complete A or B.**

- ☐ **A.** In the event a student with eligibility of Speech Language Impairment is being considered for special education academic services and/or support, an updated District psychoeducational evaluation has been completed to determine that SLI is the overarching eligibility.
- ☐ **B.** Student is not being considered for additional special education academic services and/or support.

**If the student is eligible, the IEP Team must consider service delivery models based on the student's identified needs and appropriate placement in the least restrictive environment. Additionally, the IEP team should also include teacher and parent participation in the implementation of goals and supports and accommodations to ensure achievement of goals and objectives in a time-efficient manner and carry-over to multiple communication contexts.**