

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

## Los Angeles Unified School District

Student Identification  
Number

200200X179

SSID

6142086472

Eligible (DE)

Student

GRINBAUM

EDDAN

MI

Date of Birth:

08-JUL-2017

Last

First

## Section A: Meeting Information

Pertinent Dates	Type of Meeting
Date of Initial IEP Team Meeting	<input checked="" type="radio"/> Initial
Date of Present Meeting	<input type="radio"/> Amendment of IEP dated
Annual Review to be conducted by	<input type="radio"/> Annual Review
Next Three Year Review will be conducted by	<input type="radio"/> Three Year Review
Three Year Review or Evaluation was conducted on	<input type="radio"/> Early Start Transition
Transition to Kindergarten to be conducted by	<input type="radio"/> Expulsion Analysis
	<input type="radio"/> Individual Transition Plan
Location of Meeting	District Name
Preschool Asmt Ctr @ Lokrantz	Los Angeles Unified School Dis

## Section B: Student Information

Date of Birth	08-JUL-2017	Age	3	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		Student Language		Alternate Mode of Communication	
Home Address of Student	6167 LE SAGE AVE				
City	WOODLAND HILL CA	ZIP Code	91367		
Home Telephone	(818) 448-1355	Daytime Telephone		Emergency Telephone	
School of Attendance	Sp Ed Inf/Pre (1017)	Location Code	1017		
School of Residence	Lockhurst Dr Cel	Location Code	4887		
Name of Parent/Guardian	Raz Grinbaum	Telephone			
Address	6167 LE SAGE AVE				
City	WOODLAND HILL CA	ZIP Code	91367		
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 checked="" type="radio"/> No <input type="radio"/> Yes	FFH#			
Is FFH Provider related to student?	<input type="radio"/> No <input type="radio"/> Yes	Relationship			
Licensed Children's Institution	<input checked="" type="radio"/> No <input type="radio"/> Yes	LCI Name			
		LCI#			
Out of the home placement made by	<input type="radio"/> Regional Center	<input type="radio"/> Department of Mental Health	<input type="radio"/> Department of Children's Services		
	<input type="radio"/> Superior Court	<input type="radio"/> Other			
Child's family living within LAUSD's boundaries?	<input type="radio"/> No <input checked="" type="radio"/> Yes				
If the student is 18 years old or older or is an emancipated minor, does he/she have educational decision-making rights?	<input type="radio"/> No <input type="radio"/> Yes				

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## Section C: Language Acquisition

Language Classification:

Start Date:

Withdrawal by Parent Request:

☐ Yes ☐ No

Reclassification Date:

ELPAC Performance Level and Performance Descriptor:

Test Date:

Alternate ELPAC Performance Level and Performance Descriptor:

Test Date:

## Section D: Goal Achievement from Current IEP

		Achieved		
Goal for: (example - Reading)		Yes	No	If No, explain the reason the goal/objective was not achieved
1		<input type="radio"/>	<input type="radio"/>	
Category				
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	
2		<input type="radio"/>	<input type="radio"/>	
Category				
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	
3		<input type="radio"/>	<input type="radio"/>	
Category				
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	
4		<input type="radio"/>	<input type="radio"/>	
Category				
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	
5		<input type="radio"/>	<input type="radio"/>	
Category				
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	
6		<input type="radio"/>	<input type="radio"/>	
Category				
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	
7		<input type="radio"/>	<input type="radio"/>	
Category				
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	
8		<input type="radio"/>	<input type="radio"/>	
Category				
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	
9		<input type="radio"/>	<input type="radio"/>	
Category				
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	
10		<input type="radio"/>	<input type="radio"/>	
Category				
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	

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Meeting Date 01-JUN-2021

## Section E: Present Level of Performance

Performance Area:

Adaptive behavior

Category:

Physical Development

Assessment/Monitoring Process  
Used:

Parent Interview, DP-3, and records review

State/District Assessment Results:

n/a

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

During the period of COVID-19 as school facilities re-open with safety restrictions, information was gathered on 05/18/21 through conversation with parent, review of reports, and DP-3 in order to support the development of a present level of performance in gross motor area. The following strengths and potential areas of concern were identified:

Strengths: Eddan is an active boy who enjoys movement on his own terms. He can walk and run on different surfaces independently. He is able to step over small objects and avoid large obstacles in his pathway. He runs with fair speed and control. He can jump in place and a few inches forward. He prefers to jump on a trampoline. He can throw a small object using one hand, randomly. He is independent on a playground and enjoys all Gymboree activities. He can access stairs with a rail support using step-to or alternating feet pattern. He can give a 'high five' with gestural prompts.

Weaknesses: Eddan has significant difficulties with following instructions, imitating movements, and performing a task upon request. He shows no interest in ball activities and /or reciprocal play. These behaviors appear to inhibit him from learning new skills and performing to his full potential. Currently, it is felt that adaptive behavior constitutes the area of most significant delay. A complete assessment will be conducted once in-person school programs resume.

~ Victoria Bondar, APE Specialist, NBCT

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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First  
MIDate of Birth Meeting Date 

## Section E: Present Level of Performance

Performance Area:

Category:

Assessment/Monitoring Process  
Used:

State/District Assessment Results:

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

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

A Developmental-Behavioral Pediatric consultation report was done through Kaiser Permanente on April 6, 2021 at the Children's Center for Attentional Problems, Kaiser Woodland Hills. Based on a team evaluation done by Dr. Deborah Gallo PhD, Patricia Cook-Chambi OTR/L, Caroline Pak SLP, and Developmental-Behavioral Pediatrician Dr. Kristina Galura MD, Eddan was diagnosed with Autism Spectrum Disorder.

Strengths: The Cognitive scale on the DP3 is intended to assess cognitive and academic potential by indirect measurement of developmental skills that are necessary for educational success. Skills include perception, concept development, number relations, reasoning, memory, classification, time concepts, and related general abilities. Based on results from the Developmental Profile 3 administered with parent as respondent, Eddan is able to imitate a physical gesture, look for hidden objects, and use writing utensils in definite attempts to make marks on surfaces.

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):

Areas of Concern: Based on results from the DP3 with the parent as respondent, Eddan demonstrates a significant relative weakness in the area of cognitive skills. Eddan scored within the well below average range with a standard score of <50 and an age equivalent of 1-0 years old. Eddan has yet to be able to look toward an object/person when asked where the object/person is, or point to at least one body part, or correctly identify an object in a book, or give or take 'one more' of something, or understand that an inanimate object may represent a living thing. Eddan is not able to use language for a variety of pragmatic language functions. He makes inconsistent and brief eye contact. He does not respond to his name when called. Parent noted that Eddan is non-verbal in the sense that he does not use language to communicate with others. On his own terms, he will say and repeat scripts from television shows or movies. Also, he will label objects and pictures spontaneously on his own terms. He demonstrates some echolalia and jargon. Eddan is not able to follow one step directions or respond to questions. He has a short attention span as he readily distracts and is self-directed. Although he has inconsistently demonstrated limited joint attention with his mother, he is not typically able to demonstrate joint attention.

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## Section E: Present Level of Performance

Performance Area:

Pre-Academic/School Readiness

Category:

General Ability

Assessment/Monitoring Process  
Used:

State/District Assessment Results:

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

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

**Strengths:** The Developmental Profile 3 was utilized to examine academic performance, with an emphasis on school preparedness. Based on results from the DP3 as well as parent interview, Eddan is able to identify and name shapes, and attend to pictures in books. He is also able to label pictures seen in books on his own terms and will spell out the words in books. He can rote count to twenty and is able to recognize and name the numbers. He is able to recognize and label all of the letters of the alphabet. He is able to hold a crayon and scribble on his own terms.

**Areas of Concern:** Based on results from the DP3 with the parent as respondent and interview, Eddan demonstrates a relative weakness in the area of school readiness skills. Eddan has yet to be able to identify or name body parts, or identify or name colors. Mother noted that he used to be able to do label body parts and colors but is no longer able to do so. Eddan does not respond to his name when called. He has yet to be able to state his name, or gender or age. Eddan has yet to be able to understand the concepts of 'more' or 'big/little'. Eddan has yet to be able to use language in a functional manner to communicate his needs and wants. Eddan has a short attention span as he distracts readily and is self-directed. Attention challenges may impact Eddan's ability to follow directions and attend to, participate, and complete adult directed tasks, involving the acquisition and development of school readiness tasks.

Performance Area:

Social-Emotional

Category:

Social Emotional Development

Assessment/Monitoring Process  
Used:

State/District Assessment Results:

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

During the period of COVID-19 as school facilities re-open with safety restrictions, information was gathered on May 18, 2021, through conversation with parent, review of Regional Center or outside agency reports, and Developmental Profile 3 (DP-3), in order to support the development of a present level of performance in the social-emotional area. The following strengths and potential areas of concern were identified.

A Developmental-Behavioral Pediatric consultation report was done through Kaiser Permanente on April 6, 2021 at the Children's Center for Attentional Problems, Kaiser Woodland Hills. Based on a team evaluation done by Dr. Deborah Gallo PhD, Patricia Cook-Chambi OTR/L, Caroline Pak SLP, and Developmental-Behavioral Pediatrician Dr. Kristina Galura MD, Eddan was diagnosed with Autism Spectrum Disorder.

**Strengths:** The social emotional scale on the DP3 provides a comparative measure of social/emotional development tapping into interpersonal relationship abilities, social and emotional understanding and functional performance in the school setting. Based on results from the Developmental Profile 3, Eddan frequently shows interest in exploring new places, waves 'bye' at the right times, knows what 'my' means, and responds more readily to the instructions and commands of a familiar adult. Parent reported that Eddan relates well with the immediate family. He enjoys climbing, jumping, and going to Gymnastics. He likes looking at books and likes to spell the words from books on his own terms. Eddan is able to demonstrate basic and functional play skills.

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## Section E: Present Level of Performance

Performance Area:

Social-Emotional (continued)

Category:

Social Emotional Development

Assessment/Monitoring Process  
Used:

State/District Assessment Results:

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

Areas of Concern: Based on the Developmental-Behavioral Pediatric consultation report, the following behaviors regarding Eddan were reported: 'When plays he has to have his forehead pressed on things with play, with bubbles unusual inspection, echolalia, doesn't respond to name even with mom's physical prompt, doesn't point or gesture, poor eye contact, uses mom's hand as a tool, scratching embossed numbers on playdoh bottle, examiner presses letters and animal sounds on toy which are his preferred activities but he didn't engage, non-directed vocalizations... face scrunching and arm flapping, jargoning, didn't follow commands, doesn't use words to request functionally, went up to mom's hoodie (Abercrombie) and said ABC, connected with mom for comfort, mom reports hand over hand to use hand as tool, picking nose mom pulled his hand out and he giggled and would do it again, at the end pulling mom's arm toward door while saying 'done', no eye contact or response to examiner even with tickle, unusual inspection of book... lots of repetitive sounds, transitioning between toys hard, did not respond to name with examiner, drops coins on table and watches them, tommy tippy cup is the only thing he will drink out of, poor eye contact, unusual visual inspection of blocks. Likes music but not mom playing guitar. Scribbled with crayon, picked up small pellets and put in contact, flipped pages of the book, liked looking at pictures of animals, put spoon with the bowl, stacked some blocks.'

Performance Area:

Social-Emotional (continued)

Category:

Social Emotional Development

Assessment/Monitoring Process  
Used:

State/District Assessment Results:

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

Eddan's score on the Autism Diagnostic Observation Schedule, 2 (ADOS-2) Module 1, fell at the 'cut-off range for Autism. He was reported to present with deficits in nonverbal communicative behaviors used for social interaction, deficits in developing, maintaining, and understanding relationships, stereotyped or repetitive motor movements, insistence of sameness, inflexible adherence to routines or ritualized patterns of verbal or non-verbal behavior, highly restricted, fixated interests that are abnormal in intensity and focus, and hyper or hypo-reactivity to sensory input or unusual interests in sensory aspects of the environment. Results from the evaluation concluded that he met the diagnostic criteria for Autism Spectrum Disorder, with a severity level of 3.

Based on results from the DP3 with the parent as respondent, Eddan demonstrates a significant relative weakness in the area of social-emotional skills. Eddan scored within the well below average range with a standard score of <50 and an age equivalent of 1-4 years old. Eddan has yet to be able to express fondness for an adult seen less than weekly, or find an object from spoken instructions, or name a familiar friend. He has yet to show by asking or with gestures toileting needs, or express desire for playtime with peers, or verbally express how others feel, or clearly prefer to play with similar aged children as opposed to playing alone. Parent reported that Eddan presents with challenges in attention and is self-directed. Although he can attend to a preferred activity for up to fifteen minutes, he does not attend to non-preferred activities and will scream and can become physically aggressive. Eddan has yet to be able to demonstrate pretend play skills. He likes to spin objects and toys repetitively. He demonstrates inconsistent and brief eye contact. He demonstrates inconsistent and limited joint attention. Eddan has yet to be able to use language in a functional manner to communicate with others. Mother reported that Eddan has recently started to bang his head on different surfaces and objects when excited.

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## Section E: Present Level of Performance

Performance Area:

Social-Emotional (continued)

Category:

Social Emotional Development

Assessment/Monitoring Process  
Used:

State/District Assessment Results:

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

Eddan demonstrates echolalia and jargon. He is not able to follow directions or respond to questions. He does not respond to his name when called. Eddan will repeat scripts from television or movies on his own terms. Eddan is able to label objects and pictures on his own terms but does not use these words in an effort to communicate with others. Mother noted that Eddan expresses his wants and needs by grabbing her and taking her to it. Eddan is not able to initiate social games or share enjoyment with others. He repeats certain words/ short phrases over and over again. Eddan will run/walk back and forth repetitively from one area to another while making sounds to himself. Eddan becomes fixated on certain objects/ toys for a period of time. He also needs to have these objects/toys with him at all times. For instance, right now he is into collecting boxes and has to take a few with him everywhere he goes. Eddan resists being touched or held, is sensitive to certain sounds, and flaps his hands when excited or overwhelmed.

Performance Area:

Adaptive/Self-Help

Category:

Activities of Daily Living

Assessment/Monitoring Process  
Used:

State/District Assessment Results:

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

During the period of COVID-19 as school facilities re-open with safety restrictions, information was gathered on May 18, 2021, through conversation with parent, review of Regional Center or outside agency reports, and Developmental Profile 3 (DP-3), in order to support the development of a present level of performance in the adaptive/self-help area. The following strengths and potential areas of concern were identified.

**Strengths:** The DP3 adaptive behavior scale measures competence, skills and maturity for coping with the environment. This provides indication of the child's level of independent functioning that would be anticipated in the academic setting. Based on results from the DP3 with parent as respondent, Eddan is able to look for and retrieve a hidden toy, help with dressing, remove shoes or socks without help, and use a spoon without help and very little spilling, and use a fork for eating solid foods. He is able to undo at least two fasteners, and independently and correctly put three things away.

**Areas of Concern:** Based on results from the DP3 with the parent as respondent, Eddan demonstrates a significant relative weakness in the area of adaptive skills. He scored in the well below average range with a standard score of 57 and an age equivalent of 1-8 years old. Amir has yet to be able to drink from a child sized cup with little spilling, or undo at least two fasteners, or independently put three things away, or take off a pullover t-shirt without help. Mother noted that although Eddan is able to use a fork for eating solid foods, he generally gives up using the utensil after a couple of bites and will then use his hands. He is not able to put on his own shoes, or urinate in the toilet without adult assistance. Eddan is not aware of and does not avoid common dangers in the home or community.

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## Section E: Present Level of Performance

Performance Area:

Motor

Category:

Motor Abilities

Assessment/Monitoring Process  
Used:

State/District Assessment Results:

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

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

Strengths: The physical scale on the DP3 measures ability that requires use of large and small muscle coordination, strength, stamina, flexibility, and sequential motor skills. Based on results from the DP3 with the parent as respondent, Eddan scored in the low average range with a standard score of 83 an age equivalent of 2-8 years old. Eddan is able to stack eight blocks, build a bridge using three blocks, and copy an up and down line on his own terms. He is able to walk up and down stair alternating feet and is able to carry a kitchen chair from one room to another. Gross motor skills including the movement and coordination of the arms, legs, and other large body parts and movement are not an area of concern (e.g. running, walking, and jumping). Fine motor skills including the movement and coordination of small body parts such as the wrists, hands, and fingers are not an area of concern (e.g. writing, drawing, and cutting).

Areas of Concern: No areas of concern were reported at this time.

Performance Area:

Category:

Assessment/Monitoring Process  
Used:

State/District Assessment Results:

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



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## Section E: Present Level of Performance

Performance Area:

Fine Motor

Category:

Fine Motor

Assessment/Monitoring Process  
Used:

Parent interview, review of records, DP-3, PEDI-CAT, Sensory Profile 2

State/District Assessment Results:

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

During the period of COVID-19 as school facilities re-open with safety restrictions, information was gathered on 5/18/2021 through conversation with parent, review of RC or outside agency reports, the PEDI-CAT, Sensory Profile 2, and the DP-3 in order to support the development of a present level of performance in fine motor and sensory processing areas. Based on responses from the DP-3, Eddan received a standard score of 83 in the area of Physical, which is in the Below Average range (average range 85-115). This scale includes items measuring gross and fine motor skills, coordination, strength, stamina, and flexibility. According to the PEDI-CAT administered on 05/26/2021 with parent reporting, Eddan received a scaled score of 44 with a T-score of 22 in the Daily Activities subtest. The mean for the PEDI-CAT is 50, with a standard deviation of 10. Typically, T-scores between 30 and 70 (i.e. mean  $\pm$  2 standard deviations) are considered within the expected range for age. Therefore Eddan's score of 22 is below the average range for daily activities skills. On the Sensory Profile- 2 form filled out by mother on 5/26/2021, the results were: Seeking/Seeker More than Others, Avoiding/Avoider More than Others, Sensitivity/Sensor Much More than Others, Registration/Bystander Much More than Others. In Sensory Processing, Auditory Much More than Others, Visual Just Like the Majority of Others, Touch Much More than Others, Movement Much More than Others, Body Position Just like the Majority of Others, Oral Sensory More than Others and Behavioral Responses associated with sensory processing More than Others. The following strengths and potential areas of concern were identified:

Strengths: Eddan appears to have functional strength, balance, and endurance to participate in motor activities. He can run, climb furniture and playground equipment on his own. He enjoys movement activities like climbing, jumping on the trampoline, riding on swings, and going to his Gymnastics class. He has some functional visual skills to identify some

Performance Area:

Fine Motor (cont'd)

Category:

Fine Motor

Assessment/Monitoring Process  
Used:

State/District Assessment Results:

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

pictures of familiar objects in books or flashcards, recognizes shapes, and numbers and most letters of the alphabet. In fine motor skills, Eddan is able to turn pages of a book one at a time and put Lego pieces together. He used to stack blocks but is not interested in them now. He can hold a crayon with either a palmar or a brush grasp to make lines or circular scribbles when he is focused and not distracted. Eddan's mother reports he will explore new places, step over or around obstacles in his path, and he used to copy hand motions to songs like 'Head, Shoulders, Knees, and Toes.' Eddan is not bothered by loud household appliance noises like the blender, vacuum, or smoke detector but mom reports he does not like when his mom plays the keyboard or if certain songs/music are played. Eddan enjoys vestibular activities like riding down slides or on swings but does not spin himself in circles or rock his body while standing or sitting. He can use utensils to feed himself but is messy.

Potential areas of concern: Eddan is demonstrating some delays in his fine motor; however, his self-directed behavior and limited attention span are impacting his performance in some of these skills. He may have more skills than what is being reported although he has not been exposed to some tasks like cutting with scissors. He also demonstrates some challenges in his sensory processing.. Based on responses from the Sensory Profile 2, Eddan has challenges particularly with his tactile, auditory, and movement processing, as he is hesitant and avoidant of touching certain tactile textures, e.g. playdough or sand, dislikes grooming activities, is easily distracted where there is a lot of noise around, and takes excessive risks when moving or climbing without regard to his own safety. General supervision should be given particularly when out on the yard for safety.

-Judy Taur, MS, OTR/L

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## Section E: Present Level of Performance

Performance Area:

Health

Category:

Health

Assessment/Monitoring Process  
Used:

Parent Interview

State/District Assessment Results:

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

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

Health Summary: Mother had a high risk twin pregnancy. Eddan (twin B) was born at 38 weeks gestation and weighed 6 lbs. He was born healthy, passed his newborn hearing test and was discharged home with his mother in good health. Developmental milestones as reported by parent: he sat at 6 months, walked at 10 months, first words at 18 months. He is not toilet trained. Allergies: None known. Medication: None. He eats a regular diet, is a picky eater and is able to chew and swallow food with no difficulty. Parent reports immunizations are up to date. Mother reports that Eddan has history of frequent ear infections and on 5/2020 bilateral ear tubes were placed; mom plans to schedule a hearing test with primary healthcare provider. Mother reports no concern regarding Eddan's vision at this time.

Strengths: Per mother, Eddan is in stable health and he is not taking any medication on a daily basis. He is alert, active and ambulatory. He eats a regular diet, is able to feed himself with fingers/utensils and can drink from a baby bottle.

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

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

Accommodations/Modifications: None at this time.

Fariba Akhiary, RN 5/28/2021

Performance Area:

Category:

Assessment/Monitoring Process  
Used:

State/District Assessment Results:

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

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## Section E: Present Level of Performance

Performance Area:

Language Function

Category:

Language Function

Assessment/Monitoring Process  
Used:

Parent interview, review of records and DP-3

State/District Assessment Results:

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

During the period of COVID-19 school facility closures, information was gathered on May 18, 2021 through conversation with parent, review of outside agency reports, and DP-3 in order to support the development of a present level of performance in the area of language function. The following strengths and potential areas of concern were identified:

Eddan is exposed to both Hebrew and English. Eddan is a simultaneous dual language learner. He initially preferred Hebrew, but currently the parents are trying to improve his English because of therapy.

Areas of strength: In the area of expressive language, Eddan demonstrates a strength in labeling some pictures. Eddan uses the word 'no' to express his protest. He can wave bye at times, although his hand is facing himself. He can label letters and numbers. Eddan frequently echoes words that he has heard on the t-v. He will repeat favored words many times for about a week before moving on to other words. He recently repeated a learned phrase in an appropriate context. He said, 'I'm scared.' He also inconsistently repeats words modeled by his mother when he wants something. Eddan communicates his wants and needs by pulling his mother, vocalizing and pointing.

Areas of potential concern: In the area of receptive language, Eddan does not follow 1 step directions. He does not respond to yes and no questions. He does not turn when his name is called. In the area of expressive language, Eddan has approximately 10 words, but does not use the words for communication. In the area of language pragmatics, Eddan does not consistently establish joint attention and use appropriate eye contact. He does not initiate interactions. Eddan does not play with other children or allow others to touch his toys. Receptive and expressive language, as well as language pragmatic skills are areas of potential concern.

Performance Area:

Category:

Assessment/Monitoring Process  
Used:

State/District Assessment Results:

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

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## Section F: Eligibility

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

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

For Initial IEP, interventions attempted prior to determining eligibility:

Eligible as a student with the disability of:

Code:

DE

Deferred Eligibility (Preschool Only)



Not Applicable,



Blind or



Partially Sighted

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

Code:



Not Applicable,



Blind or



Partially Sighted

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

or

☐ No Longer Eligible for Special Education Services (Review IEP).No Longer Eligible (Effective  
Date):☐ This is a Final IEP, the student remains eligible for Special Education Services until the Effective Date below.

Final IEP Reason:

Final IEP Effective Date:

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



Social Maladjustment



Temporary Physical Disability



Lack of instruction in reading



Lack of instruction in math



Limited English Proficiency



Environmental, Cultural or Economic Factors

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## Section G: Annual Goals and Objectives

Performance Area:

Behavioral Support

Category:

Social Emotional Dev

Annual Goal #:

1

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

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

## Methods of Evaluation

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

## Incremental objective #1 related to the goal:

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

## Incremental objective #2 related to the goal:

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

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:

Cognitive Dev

Category:

Cognitive Development ▼

Annual Goal #:

2

Eddan will use real objects in pretend play 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:

Eddan will play purposefully with familiar play objects (e.g. uses wooden hammer to pound wooden pegs) on 4 occasions during a school day.

## Incremental objective #2 related to the goal:

Eddan will imitate the actions of an adult/peer using real objects (e.g. rocks doll imitating another child) on 4 occasions during a school week.

Date to be achieved:

October ▼

2021 ▼

MO/YR

Date to be achieved:

February ▼

2022 ▼

MO/YR

## IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

## EXPLANATION OF MARKS

4 GOAL MET OR EXCEEDED

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

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

1 NO PROGRESS

1st Reporting Period	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:

Social Emotional

Category:

Social Emotional Dev

Annual Goal #:

3

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

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

## Methods of Evaluation

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

## Incremental objective #1 related to the goal:

Eddan will play alongside another child, with adult support, for at least 5 minutes, on 4 occasions during a school week.

## Incremental objective #2 related to the goal:

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

Date to be achieved:

October

2021

MO/YR

Date to be achieved:

February

2022

MO/YR

## IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

## EXPLANATION OF MARKS

4 GOAL MET OR EXCEEDED

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

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

1 NO PROGRESS

1st Reporting Period	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:

Social Emotional

Category:

Social Emotional Dev

Annual Goal #:

4

Eddan will use self-help skills during classroom routines (e.g., feeding, dressing self, toileting, hand washing, putting away backpack) with reminders, on 4 out of 5 occasions during a school day.

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:

Eddan will cooperate with adult attending to personal needs during classroom routines, on 4 out of 5 occasions during a school day.

## Incremental objective #2 related to the goal:

Eddan will use self-help skills during classroom routines, with prompts and support, on 4 out of 5 occasions during a school day.

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:

Language Development

Category:

Language Development ▼

Annual Goal #:

5

Eddan will follow one-step directions when combined with gestures or visual cues, on 3 opportunities, during a school day.

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:

Eddan will respond to simple verbal directions when combined with minimal physical assistance, on 3 opportunities, during a school day.

## Incremental objective #2 related to the goal:

Eddan will follow one-step directions with adult model, on 3 opportunities, during a school day.

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:

Fine Motor

Category:

Fine Motor

Annual Goal #:

6

Eddan will be able to make 3 snips using a regular or spring loaded scissors, 3/4 opportunities, with 50% assistance and 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:

Eddan will be able to string 3 beads, on a lace, pipe cleaner or stick, 3/4 opportunities, with 50% assistance and cues.

## Incremental objective #2 related to the goal:

Eddan will be able to string 5-7 beads, on a lace, pipe cleaner or stick, 3/4 opportunities, with 25% assistance and cues.

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

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## Section G: Annual Goals and Objectives

Performance Area:

Sensory Processing

Category:

Sensory Processing

Annual Goal #:

7

Following sensorimotor activities, Eddan will be able to participate in a fine motor or visual motor activity for 5 minutes without a break, 3/4 opportunities, with 50% assistance and prompts.

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:

Following sensorimotor activities, Eddan will be able to participate in a fine motor or visual motor activity for 1-2 minutes without a break, 3/4 opportunities, with 50% assistance and prompts.

## Incremental objective #2 related to the goal:

Following sensorimotor activities, Eddan will be able to participate in a fine motor or visual motor activity for 3-4 minutes without a break, 3/4 opportunities, with 50% assistance and prompts.

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	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 GRINBAUM

EDDAN

Last

First

MI

Date of Birth 08-JUL-2017

Meeting Date 01-JUN-2021

## Section G: Annual Goals and Objectives

Performance Area:

Communication

Category:

Communication

Annual Goal #:

8

Eddan will use multi-modal means of communication (including but not limited to: gestures, pictures, signs, word approximations and/or words) to communicate wants and needs in 3 out of 4 opportunities with minimal (1-2), prompts, cues, and/or models.

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:

Eddan will use multi-modal means of communication (including but not limited to: gestures, pictures, signs, word approximations and/or words) to communicate wants and needs in 2 out of 4 opportunities with maximum (5-6), prompts, cues, and/or models.

## Incremental objective #2 related to the goal:

Eddan will use multi-modal means of communication (including but not limited to: gestures, pictures, signs, word approximations and/or words) to communicate wants and needs in 3 out of 4 opportunities with moderate (3-4), prompts, cues, and/or models.

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 GRINBAUM

EDDAN

Last

First

MI

Date of Birth 08-JUL-2017

Meeting Date 01-JUN-2021

## Section G: Annual Goals and Objectives

Performance Area:

Social Emotional

Category:

Social Emotional Dev

Annual Goal #:

9

Eddan will demonstrate increased social awareness by responding to his name when called and/or responding to greetings in 4 out of 5 opportunities.

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

## Methods of Evaluation

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

## Incremental objective #1 related to the goal:

With moderate to maximum prompts, Eddan will demonstrate increased social awareness by responding to his name when called and/or responding to greetings in 2 out of 5 opportunities.

## Incremental objective #2 related to the goal:

With minimal to moderate prompts, Eddan will demonstrate increased social awareness by responding to his name when called and/or responding to greetings in 3 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 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

GRINBAUM

Last

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MI

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01-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)

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

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

Is the parent/guardian requesting informal translation? ☐ Yes ☒ 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

GRINBAUM

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01-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

Other

## Whom

ckwan

## When

18-MAY-2021

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

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

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

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

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

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

## Parent Concerns and Comments

Signature(s)

Date

- ☒ 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

1-JUN-2021



## PARENT INPUT SURVEY

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

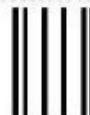
**ALL INFORMATION IS CONFIDENTIAL**

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

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

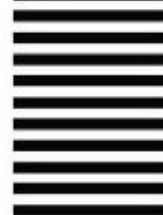
Please fold along dotted lines with the address showing. Seal and mail. Postage is pre-paid.  
Again, Thank you!



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**

POST

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District







Reconvened  
Meeting DateStudent GRINBAUM  
LastEDDAN  
First

MI

Date of Birth 08-JUL-2017

Meeting Date 01-JUN-2021

## Section R: Names and Signatures (Signatures on File)

Team Member	Print Name	Signature
Parent/Guardian	Raz Grinbaum (via Zoom)	
Parent/Guardian		
Student Age 18 - 21 years		
Student Under Age 18 years		
Surrogate Parent		
Foster Parent		
Family Foster Home Provider		
Administrator		
Administrative Designee	Marilyn Bermudez-Alonso	
Special Education Teacher	Cindy Kwan	
General Education Teacher	Diana Bocanegra	
School Psychologist		
School Nurse		
Related Service Staff LAS	Barbara Staley	
Related Service Staff OT	Judy Taur	
Related Service Staff APE	Victoria Bondar	
Interpreter		
Sign Language Interpreter		
Agency Representative		
Agency Representative		
Agency Representative		
Other Special Education Advocate	Michelle Biggs (via Zoom)	
Other		
Other		
Other		

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student **GRINBAUM**  
Last**EDDAN**  
First**MI**  
MIDate of **08-JUL-2017**  
BirthMeeting **01-JUN-2021**  
Date

## LEAST RESTRICTIVE ENVIRONMENT ANALYSIS

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

Student's Current Placement Type:

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

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

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

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

<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.

**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 **GRINBAUM**  
Last

**EDDAN**  
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**MI**

Date of  
Birth

08-JUL-2017

Meeting  
Date

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

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 1 - Eligibility, Placements and Supports

Student GRINBAUM  
LastEDDAN  
First

MI

Date of Birth 08-JUL-2017

Meeting Date 01-JUN-2021

		Effective With this IEP	Future Changes Related to this IEP
	As of Date:		
Eligibility: (from Page 4)		<b>Eligible (DE)</b>	
	Final IEP Reason Final IEP Effective Date:		
Curriculum		General Education	
Placement	Type of School	District Non-Resident School	
	Name of School	CANOGA PARK EL	
Instructional Setting	Setting	Special Education	
	Program	PSC	
	Special Day Minutes/Wk	1575	
	Addresses Goals	1(Behavioral Support),2(Cognitive Dev),3(Social Emotional),4(Social Emotional),5(Language Development),6(Fine Motor),7(Sensory Processing),8(Communication),9(Social Emotional)	
Additional Factors	Low Incident Support	None	
	Assistive Technology Support	No	
	Transportation	Home to School	
	Extended School Year/Intersession	<input checked="" type="radio"/> Yes <input type="radio"/> No	
	Parent Counseling and Training (PCT)	<input checked="" type="radio"/> Yes <input type="radio"/> No	
	ESY Transportation	Home to School	
Accommodation, Modifications, Supports	Instructional Accommodations	peer and adult models, small group instruction, visual and verbal cues, schedules, break down tasks, hand-over-hand with fading, adult-facilitated peer interactions, supervision for safety, sensory strategies as needed, positive reinforcement, signal transitions, breaks as needed, preferential seating	
	Instructional Modifications		
	Other Supports, including Non-Academic and Extra-curricular Activities		
Preparation for Three Year Review IEP (At the second Annual Review IEP Meeting, the team must discuss and document the decision to conduct or not conduct a three-year comprehensive reassessment.)	Do the Parent and the District (local educational agency) agree that a reassessment is unnecessary?	<input type="radio"/> Yes <input type="radio"/> No	
	If the Parent does not agree, specify the area(s) to be reassessed.		
Comments, as appropriate			
Low Incidence			

<b>Equipment</b>	
<b>Assistive Technology Equipment</b>	
<b>Participation in General Education</b>	



## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

## IEP FAPE Part 2 - Summary of Services

Student GRINBAUM

EDDAN

## MI

Date of Birth 08-JUL-2017

**Meeting  
Date**

01-JUN-2021

**Last**

## First

		Effective With This IEP	Future Changes Related To This IEP
Service 1	Start Date:	Effective on Signature Date	
16	End Date:		
Occupational Therapy	Service applies to:	Regular	
	Frequency:	1-5	
This service addresses the following <b>goals:</b>	Interval:	Weekly	
6(Fine Motor)	Minutes/Interval:	30	
7(Sensory Processing)	Minutes/Interval (Pullout from Gen Ed):	0	
	Service Delivery Model:	Direct Service (Collaborative)*	
	Responsible Personnel:	Licensed/Credentialed Provider	
	*		
Service 2	Start Date:	Effective on Signature Date	
18	End Date:		
Occupational Therapy - Clinic	Service applies to:	ESY	
	Frequency:	1	
This service addresses the following <b>goals:</b>	Interval:	Weekly	
6(Fine Motor)	Minutes/Interval:	60	
7(Sensory Processing)	Minutes/Interval (Pullout from Gen Ed):	0	
	Service Delivery Model:	Direct Service (By a Single Provider)*	
	Responsible Personnel:	Licensed/Credentialed Provider	

	*		
<b>Service 3</b>	Start Date:	Effective on Signature Date	
<b>16</b>	End Date:		
<b>Occupational Therapy</b>	Service applies to:	ESY	
	Frequency:	1-5	
This service addresses the following <b>goals</b> :	Interval:	Yearly	
6(Fine Motor)	Minutes/Interval:	120	
7(Sensory Processing)	Minutes/Interval (Pullout from Gen Ed):	0	
	Service Delivery Model:	Direct Service (Collaborative)*	
	Responsible Personnel:	Licensed/Credentialed Provider	
		*	
<b>Service 4</b>	Start Date:	Effective on Signature Date	
<b>18</b>	End Date:		
<b>Occupational Therapy - Clinic</b>	Service applies to:	Regular	
	Frequency:	1	
This service addresses the following <b>goals</b> :	Interval:	Weekly	
6(Fine Motor)	Minutes/Interval:	60	
7(Sensory Processing)	Minutes/Interval (Pullout from Gen Ed):	0	
	Service Delivery Model:	Direct Service (By a Single Provider)*	
	Responsible Personnel:	Licensed/Credentialed Provider	



**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student GRINBAUM

EDDAN

Date of Birth 08-JUL-2017

Meeting Date 01-JUN-2021

Last

First

MI

**FAPE Summary Grid**

<b>Program:</b>		PSC			<b>Setting:</b>		Special Education		
<b>Eligibility:</b>		Eligible (DE)			<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
16	Occupational Therapy	Effective on Signature Date	ESY	Yearly	1-5	~	120	Fine Motor, Sensory Processing	--
16	Occupational Therapy	Effective on Signature Date	Regular	Weekly	1-5	~	30	Fine Motor, Sensory Processing	--
18	Occupational Therapy - Clinic	Effective on Signature Date	ESY	Weekly	1	~	60	Fine Motor, Sensory Processing	--
18	Occupational Therapy - Clinic	Effective on Signature Date	Regular	Weekly	1	~	60	Fine Motor, Sensory Processing	--

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

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

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

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

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

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

**For IEP Team Information**

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

# 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 **GRINBAUM** **EDDAN** **MI** Date of Birth **08-JUL-2017** Meeting Date **01-JUN-2021**

- 1 The behavior impeding learning is: Describe what it looks like:  
 1 upset with routine changes ☒ refusal, screams, pushing, throwing
- 2 It impedes learning because: lack of work production ☒ disrupts other students ☐ requires instruction to stop ☒  
 instructional time is lost ☐ negative interaction with peers ☒  
 other ☐
- 3 The need for a Behavior Intervention Plan: ☒ early stage intervention ☐ moderate ☐ serious ☐ extreme
- 4 Frequency or intensity or duration of behavior: Frequency (x) Period Intensity Duration (min)  
 10 daily ☒ low ☒ 8  
☒ Reported by Parent and/or ☐ observed by

### PREVENTION

### PART 1

### ENVIRONMENTAL FACTORS AND NECESSARY CHANGES

- 5 What are the predictors for the behavior? (Situations in which the behavior is likely to occur: people, time, place, subject, etc).
- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> Disruption in routines            | <input checked="" type="checkbox"/> Work level higher than student's ability               | <input checked="" type="checkbox"/> Verbal directives | <input checked="" type="checkbox"/> Lack of predictability |
| <input type="checkbox"/> Time of day                                  | <input checked="" type="checkbox"/> Internal physical/emotional state                      | <input type="checkbox"/> Peer conflict                | <input checked="" type="checkbox"/> Over stimulation       |
| <input checked="" 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 checked="" type="checkbox"/> Events from previous environments | <input type="checkbox"/> Under stimulation   |   |  |
- ☐ Other Describe:

### Observation Analysis

- 6 What supports the student using the problem behavior? (What is missing in the environment/curriculum or what is in the environment/curriculum that needs changing?)
- |                             |   |  |   |
|-----------------------------|---|--|---|
| Present in the environment: | <input type="checkbox"/> Classroom seating arrangement        | <input checked="" type="checkbox"/> Noise levels                   | <input checked="" 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) | <input type="checkbox"/> Conflict resolution skills                   |
|                             | <input checked="" type="checkbox"/> Transition skills         | <input checked="" type="checkbox"/> Task structuring               | <input type="checkbox"/> Effective communication with parent          |
|                             | <input checked="" type="checkbox"/> Re-teaching               | <input type="checkbox"/> Consequences not clear to student         | <input checked="" type="checkbox"/> Communications system             |
|                             | <input checked="" type="checkbox"/> Social skills instruction |  |   |
|                             | <input checked="" type="checkbox"/> Choices                   |  |   |
- ☐ Other (Missing/Present):

## 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 type="checkbox"/> Give more time on tasks             | <input checked="" type="checkbox"/> Allow completion in parts        | <input checked="" type="checkbox"/> Teach a closure system |
| Space Changes:    | <input checked="" 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 checked="" type="checkbox"/> Different work areas             | <input type="checkbox"/> Study carrels                     |
| Interaction:      | <input checked="" type="checkbox"/> Personal space           | <input checked="" type="checkbox"/> Hands-on learning                | <input checked="" type="checkbox"/> Tasks organized        |
|                   | <input checked="" type="checkbox"/> Accommodated work        | <input type="checkbox"/> Notebook organizer                          | <input type="checkbox"/> Enlarged print size books         |
|                   | <input checked="" type="checkbox"/> High interest materials  | <input checked="" type="checkbox"/> Cue the student                  | <input checked="" type="checkbox"/> Model                  |
|                   | <input type="checkbox"/> Use specific supportive words       | <input checked="" type="checkbox"/> Praise successes                 | <input checked="" type="checkbox"/> Peer Models            |
|                   | <input checked="" type="checkbox"/> Verbally praise student  | <input checked="" type="checkbox"/> Use calm, de-escalating language |  |
|                   | <input type="checkbox"/> Use specific support communications |  |  |
- ☐ Other

Who will establish? **Classroom Teacher** Who will monitor? **Classroom Teacher** Frequency **monthly or as needed**



# 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 **GRINBAUM** **EDDAN** **MI** Date of Birth **08-JUL-2017** Meeting Date **01-JUN-2021**

### ALTERNATIVE

### PART II

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

8

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

To Get:

☐

Sensory input

☐

Attention (peer)

☐

Attention (staff)

To Avoid:

☒

Tangible (desired item)

☐

Tangible (desired activity)

☐

Attention (staff)

☐

Sensory input

☐

Attention (peer)

☐

Task (too long)

☒

Task (too difficult)

☐

Task (too easy)

☐

Describe:

### Observation Analysis

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?)

To get a desired item, Eddan will use words, gestures, and/or pictures to make choices appropriate to the instructional time of day.

When a task may be too difficult, Eddan will use words, gestures, and/or pictures to request help or a break as needed,

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?

Classroom Teacher

Who will monitor?

Classroom Teacher

Frequency:

monthly or as needed

### Intervention

11

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

Physical:

☐

High-fives

☐

Smiles

☐

Handshake

☐

Pat on the back

☐

Recognition of student's ...

☐

Peer recognition

Verbal:

☒

Use specific praises

☐

Free time

☐

Listen to music

Contingent Access:

☐

Time on the computer

☐

Describe: counting, playgr

☐

Other

☒

Preferred activity

☐

Certificate sent home

☒

Seating Location

☒

Positive phone calls or notes to home

☐

Points

Tangibles

☐

Tokens

☐

Extra test points

Tokens and Points:

☐

Exempt assignment

Privileges:

Other ideas:

Selection of reinforcer based on: student preference

☒

reinforcer for using replacement behavior

☒

reinforcer for general increase in positive behaviors

By whom?

classroom 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)

1. Prompt student to request a break OR provide student with structured choices; 2. Follow through on directive - continue to offer breaks/structured choices; 3. Provide praise once student either makes a choice or requests a break

Personnel?

classroom 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 **GRINBAUM**  
Last**EDDAN**  
First**MI**Date of  
Birth**08-JUL-2017**Meeting  
Date**01-JUN-2021****OUTCOMES****PART IV****BEHAVIORAL GOALS****13**

Behavioral Goal: Goal #: 1

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

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?

FAPE 1 Accommodations

☒ 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 Parent Conferences

Between?

Parent and Teacher

Frequency?

as needed