

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Identification Number W2690807

Not Eligible for Spec Ed Services

Student ABUTBUL NITAY MI

Date of Birth 10-JUN-2009

Section A: Meeting Information

Table with columns: Pertinent Dates, Type of Meeting. Includes fields for meeting dates, location (Monlux), and district name (Los Angeles Unified School District).

Section B: Student Information

Form containing student details: Date of Birth (10-JUN-2009), Age (7), Grade (2), Gender (Male), Ethnic Code (White), Home Language (Hebrew), and School of Attendance (Private School Office (1536)).

If the student is 18 years old or older or is an emancipated minor, does he/she have educational decision-making rights? No Yes

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student ABUTBUL

NITAY

Date of Birth 10-JUN-2009


Meeting Date 02-JUN-2017

Section E: Present Level of Performance

Performance Area: Cognitive Functioning

Assessment/Monitoring Process Used: Psycho-educational assessment

State/District Assessment Results: n/a

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

Strengths: Current psycho-educational testing indicates cognitive ability in the Average range. Nitay's ability to make decisions about how to best complete the tasks, his use of good strategies for problem solving, control of behavior, self-monitoring and self-correction (Planning Processing) was in the high average range. Nitay also demonstrated high average performance in executive functioning, auditory reasoning and on tasks which required him to recall a series of words in sequential order. Nitay's overall auditory and visual processing fell within the average range. He also demonstrated average visual-motor coordination skills. His fine motor and gross motor skills also appear adequate for his age. Nitay speaks Hebrew and English. During informal conversations with this examiner, Nitay spoke in complete sentences without evidence of pronunciation or grammatical errors. He appeared, however, to exhibit some difficulty with his articulation skills. Nitay demonstrated pragmatics/age appropriate social communication skills; was able to establish and maintain adequate eye contact, was able to express himself using sentences of adequate length and grammar, and remained on topic. In addition, Nitay performed within the low average to average range on standardized tests of oral language and listening comprehension skills.


Area of Need: Nitay did not demonstrate a disorder in any of the basic psychological processes; including Attention, Visual Processing, Auditory Processing, Sensory-Motor Skills or Association, Conceptualization, and Expression.

Impact of Disability: There is no identified processing deficit which hinders Nitay's access, involvement, and progress in the general education curriculum at this time.

Performance Area: Social/Emotional

Assessment/Monitoring Process Used: Psycho-educational assessment

State/District Assessment Results: n/a

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

Strengths: Nitay is a friendly individual who gets along well with others. He enjoys playing sports and using the computer or tablet. His mother reported that Nitay gets along well with his siblings and does not have any problems getting along with other children. Nitay's parent reported all areas of social/emotional behaviors and adaptive skills, within the average range.

Weaknesses: According to one of his teacher's responses to behavior rating scales and reports, Nitay exhibits significant levels of difficulty in all adaptive skills and social/emotional areas assessed. Whereas his Hebrew studies teacher reported significant difficulty in the areas of somatization, inattention, and defiance/aggression. However, his parent did not report these as areas of concern. His parent reported behaviors within the average range in all assessed areas, including hyperactivity, aggression, conduct problems, anxiety, depression, somatization, attention problems, atypicality, withdrawal, executive functioning, and peer relations. His parent also reported adaptive skills within the average range in all areas, including adaptability, social skills, leadership, functional communication, and activities of daily living. Based on assessment observations, parent information, and parent rating scales, Nitay does not exhibit elevated or very elevated behaviors in the areas of attention or hyperactivity.

Impact of Disability: Nitay's social-emotional status does not appear to adversely impact his access, involvement, and progress in the general education curriculum, at this time.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student ABUTBUL

NITAY

Date of Birth 10-JUN-2009


Meeting Date 02-JUN-2017

Section E: Present Level of Performance

Performance Area: Reading

Assessment/Monitoring Process Used: Teacher data

State/District Assessment Results: Woodcock-Johnson III

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

Strengths: Nitay is making steady progress in fluency. He is able to decode most words. He is able to correctly identify upper and lower case letters as well as second grade sight words. He is able to blend to read unknown words.


Areas of Need: Nitay's reading comprehension is improving steadily.

Impact: Nitay does not present with a learning disability that effects his progress in reading instruction, and his ability to be involved and progress in the general curriculum.

Performance Area: Writing

Assessment/Monitoring Process Used: Teacher data

State/District Assessment Results: Woodcock-Johnson III

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

Strengths: Nitay is able to use inventive spelling when writing. Nitay is able to express his ideas in written form. He is able to write about experiences, stories and events.

Areas of Need: Nitay would benefit from using learned spelling patterns.

Impact: Nitay does not present with a learning disability that effects his progress in writing instruction, and his ability to be involved and progress in the general curriculum.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student

Date of Birth


Meeting Date

Section E: Present Level of Performance

Performance Area:

Assessment/Monitoring Process Used:

State/District Assessment Results:


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

Strengths: Nitay is able to add and subtract double digit numbers. He is able to solve problems requiring addition and subtraction calculations. He is able to tell time to the hour, recognizes coins and is able to add the value of coins.
Areas of Need: Nitay would benefit from continual practice with word problems.
Impact: Nitay does not present with a learning disability that affects his progress in math instruction, and his ability to be involved and progress in the general curriculum.

Performance Area:

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student ABUTBUL NITAY

Date of Birth 10-JUN-2009

Meeting Date 02-JUN-2017

Section F: Eligibility

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

[Empty text box for disability discussion]

For Initial IEP, interventions attempted prior to determining eligibility:

[Empty text box for interventions attempted]

Eligible as a student with the disability of:

Code: [] []

- Not Applicable, Blind or Partially Sighted

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

Code: [] []

- Not Applicable, Blind or Partially Sighted

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

or

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

No Longer Eligible (Effective Date): []

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

Final IEP Reason: []

Final IEP Effective Date: []

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

- Social Maladjustment
- Lack of instruction in math
- Temporary Physical Disability
- Limited English Proficiency
- Lack of instruction in reading
- Environmental, Cultural or Economic Factors

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

| | | | | | | | | |
|---------|---------|-------|--|---------------|-------------|--|--------------|-------------|
| Student | ABUTBUL | NITAY | | Date of Birth | 10-JUN-2009 | | Meeting Date | 02-JUN-2017 |
|---------|---------|-------|--|---------------|-------------|--|--------------|-------------|

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 translation services? Yes No

If yes, the parent/guardian has requested a written translation of the IEP in

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 **Date of Birth** **Meeting Date**

Section Q: Parent Participation and Consent

| Parent Participation | Parent Notification | | |
|--|---------------------|------|-------------|
| <input checked="" type="radio"/> Parent/Student (18-21) has participated in the IEP meeting. <input type="radio"/> Parent/Student (18-21) indicated before the meeting that they would not be able to attend. <input type="radio"/> 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.. <input type="radio"/> Parent/Student (18-21) did not attend and gave permission to proceed without them if they did not attend. | Method | Whom | When |
| | Student | Sara | 16-MAY-2017 |
| <i>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.)</i> | | | |

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
 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**

PARENT INPUT SURVEY

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

ALL INFORMATION IS CONFIDENTIAL

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

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

If any of the answers to items 13-16 or 18-19 was No, please discuss your concern(s) with the site administrator or call the Division of Special Education at (213) 241-6701.

| | | | |
|--|--------------------------|--------------------------|--------------------------|
| B. Regarding your child's previous IEP (if relevant): | | | |
| 20. I am satisfied that my child received the services described on the previous IEP. (If your answer to this question is "No", please write concerns below.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | |
| | | | |
| Additional Comments | | | |

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

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

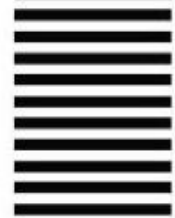


NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 33798 LOS ANGELES CA 90051

POSTAGE WILL BE PAID BY ADDRESSEE

ATTN PARENT RESOURCE NETWORK
LOS ANGELES UNIFIED SCHOOL DISTRICT
PO BOX 513307
LOS ANGELES CA 90099-4093



PARENT INPUT SURVEY
English



INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Reconvened Meeting Date

Student

Date of Birth

Meeting Date

Section R: Names and Signatures (Signatures on File)

| Team Member | Print Name | Signature |
|--|---|-----------|
| Parent/Guardian | <input type="text" value="Marav Abutul"/> | |
| Parent/Guardian | <input type="text"/> | |
| Student Age 18 - 21 years | <input type="text"/> | |
| Student Under Age 18 years | <input type="text"/> | |
| Surrogate Parent | <input type="text"/> | |
| Foster Parent | <input type="text"/> | |
| Family Foster Home Provider | <input type="text"/> | |
| Administrator | <input type="text" value="Maria I Johnson"/> | |
| Administrative Designee | <input type="text"/> | |
| Special Education Teacher | <input type="text" value="Jasmine Leone"/> | |
| General Education Teacher | <input type="text" value="Doris Krongold"/> | |
| School Psychologist | <input type="text" value="Marcella Lightfoot"/> | |
| School Nurse | <input type="text" value="Jane Igna"/> | |
| Related Service Staff <input type="text"/> | <input type="text"/> | |
| Related Service Staff <input type="text"/> | <input type="text"/> | |
| Related Service Staff <input type="text"/> | <input type="text"/> | |
| Interpreter | <input type="text" value="Yochi Oz"/> | |
| Sign Language Interpreter | <input type="text"/> | |
| Agency Representative | <input type="text"/> | |
| Agency Representative | <input type="text"/> | |
| Agency Representative | <input type="text"/> | |
| Other <input type="text" value="Principal"/> | <input type="text" value="Debbie Raskin"/> | |
| Other <input type="text"/> | <input type="text"/> | |
| Other <input type="text"/> | <input type="text"/> | |
| Other <input type="text"/> | <input type="text"/> | |

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student ABUTBUL NITAY

Date of Birth 10-JUN-2009

Meeting Date 02-JUN-2017

LEAST RESTRICTIVE ENVIRONMENT ANALYSIS
To Be Completed By the IEP Team at the IEP Team Meeting

Student's Current Placement Type:

Form with radio buttons for placement types: General Education Class/General Education Site, Special Day Program/General Education Site, Special Day Program/Special Education Center, Nonpublic School, 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.

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.

Step A: Can the supports, services, accommodations and/or modifications in the student's IEP be made available in a general education classroom/setting? Includes YES/NO options and a text box for justification.

Step B: Can the supports, services, accommodations and/or modifications in the student's IEP be made available on a general education site in a special day program? Includes YES/NO options and a text box for justification.

Student

Date of Birth

Meeting Date

ANNUAL LEAST RESTRICTIVE ENVIRONMENT ANALYSIS (Continued)
To Be Completed By the IEP Team at the IEP Team Meeting

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

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 1 - Eligibility, Placements and Supports

Student Date of Birth Meeting Date

| | | Effective With this IEP | Future Changes Related to this IEP |
|--|--|---|------------------------------------|
| | | As of Date: <input type="text" value="02-JUN-2017"/> | <input type="text"/> |
| | | Not Eligible for Spec Ed Services | |
| Eligibility: (from Page 4) | Final IEP Reason Final IEP Effective Date: | | /// |
| Curriculum | | General Education | |
| Placement | Type of School | District Resident School | |
| | Name of School | MONLUX EL | |
| Instructional Setting | Setting | General Education | |
| | Program | GE | |
| | Special Day Minutes/Wk | | |
| | Addresses Goals | | /// |
| Additional Factors | Low Incident Support | None | |
| | Assistive Technology Support | No | |
| | Transportation | None | |
| | Extended School Year/Intersession | Yes <input type="radio"/> No <input checked="" type="radio"/> | |
| | Parent Counseling and Training (PCT) | Yes <input type="radio"/> No <input checked="" type="radio"/> | |
| | ESY Transportation | | |
| Accommodation, Modifications, Supports | Instructional Accommodations | n/a | /// |
| | Instructional Modifications | | /// |
| | Other Supports, including Non-Academic and Extra-curricular Activities | | /// |
| Preparation for Three Year Review IEP (Complete at second annual review IEP Meeting) | Is formal assessment needed to re-establish eligibility? | Yes <input type="radio"/> No <input checked="" type="radio"/> | |
| | If yes, specify area(s) to be reassessed | | |
| Comments, as appropriate | | | |
| Low Incidence Equipment | | | |
| Assistive Technology Equipment | | | |
| Participation in General Education | | | |

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student

Date of Birth

Meeting Date

Effective With This IEP

**Future Changes
Related To This IEP**

Notes:

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

Part 3 - Percentage of Time Outside of General Education

| | Effective With this IEP | Future Changes Related to this IEP |
|--|-----------------------------------|---|
| % of Time per Week outside of General Education | <input type="text" value=".0"/> % | |

Part 4 - Additional Discussion (This section is optional)

The IEP team discussed learning disability and other health impairment (attention deficit). Based on the current assessment data, Nitay does not have any processing or attention deficits. He is no eligible for special education services. The IEP team agrees that the least restrictive environment and free appropriate public education is the general education classroom at his home residence school. Parent heard this offer and chose to stay in private school

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Date of Birth Meeting Date

FAPE Summary Grid

Program: GE Setting: General Education
 Eligibility: Not Eligible for Spec Ed Services Curriculum: General Education
 Transportation: None Low Incident Support: None

| Service Code | Service Desc | Start Date | Service Applies To | Interval | Frequency | Area | Total Minutes | Addresses Goal(s) |
|--------------|--------------|------------|--------------------|----------|-----------|------|---------------|-------------------|
|--------------|--------------|------------|--------------------|----------|-----------|------|---------------|-------------------|

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|

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.