

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Identification Number 081505M001

Eligible (OHI)

Student ALTMARK OSHER ABRAHAM (TRIPL A
Last First MI

Date of Birth 15-AUG-2005

Section A: Meeting Information

Table with columns: Pertinent Dates, Type of Meeting. Rows include: Date of Initial IEP Team Meeting, Date of Present Meeting, Annual Review to be conducted by, Next Three Year Review will be conducted by, Three Year Review or Evaluation was conducted on, Transition to Kindergarten to be conducted by, Location of Meeting, District Name.

Section B: Student Information

Form with fields: Date of Birth, Age, Grade, Gender, Limited English Proficient Student, Ethnic Code, Location of the Psych Folder, Location of the Cum Folder, Home Language, Student Language, Alternate Mode of Communication, Home Address of Student, City, CA, ZIP Code, Home Telephone, Daytime Telephone, Emergency Telephone, School of Attendance, Location Code, School of Residence, Location Code, Name of Parent/Guardian, Telephone, Address, City, CA, ZIP Code, Surrogate Parent, Telephone, Attends CURRENT SCHOOL as a result of one of the following, Is the student living in a Family Foster Home (FFH)?, Is FFH Provider related to student?, Relationship, Licensed Children's Institution, LCI Name, LCI#, Out of home placement made by, Child's family living within LAUSD's boundaries?, If the student is 18 years old or older or is an emancipated minor, does he/she have educational decision-making rights?

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Date of Birth Meeting Date

Section C: Language Acquisition

Language Classification: Start Date: Reclassification Date:

Parent Waiver: Yes No

Elementary English Language Development Level: Start Date:

Secondary English Language Development Level: Start Date:

Communication Observation Matrix Level: Start Date:

Section D: Goal Achievement from Current IEP

Goal for: (example - Reading)	Achieved		If No, explain the reason the goal/objective was not achieved
	Yes	No	
1. Writing	<input type="radio"/>	<input type="radio"/>	Private school placement/unable to measure goal
Objective 1 met	<input type="radio"/>	<input type="radio"/>	progress
Objective 2 met	<input type="radio"/>	<input type="radio"/>	
2. Math	<input type="radio"/>	<input type="radio"/>	
Objective 1 met	<input type="radio"/>	<input type="radio"/>	
Objective 2 met	<input type="radio"/>	<input type="radio"/>	
3. English Language Dev	<input type="radio"/>	<input type="radio"/>	
Objective 1 met	<input type="radio"/>	<input type="radio"/>	
Objective 2 met	<input type="radio"/>	<input type="radio"/>	
4. Reading	<input type="radio"/>	<input type="radio"/>	
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"/>	
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"/>	
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"/>	
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"/>	
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"/>	
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"/>	
Objective 1 met	<input type="radio"/>	<input type="radio"/>	
Objective 2 met	<input type="radio"/>	<input type="radio"/>	


INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Date of Birth Meeting Date


Section E: Present Level of Performance

Performance Area:	<input type="text" value="Health Assesement"/>
Assessment/Monitoring Process Used:	<input type="text" value="LAUSD Health Assessment"/>
State/District Assessment Results:	<input type="text" value="na"/>

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

Information obtained from his mother. She reports no significant health problems. Takes no routine medication on a daily basis. Parent area of concern is academic. No history of serious illness, injury or hospitalization in the last 3 years. He passed hearing test on 2015 per mother. VISION: R20/40 L20/40 OU20/40 without correction. Mother notified regarding vision.

Performance Area:	<input type="text" value="General Ability/Cognition"/>
Assessment/Monitoring Process Used:	<input type="text" value="Alternative Assessment-Interview, Observation, Record Review, Problem Solving"/>
State/District Assessment Results:	<input type="text" value="N/A"/>

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

STRENGTHS: Based on alternative procedures for measuring intellectual ability, including performance on tasks attempted, interpretation of processing strengths and areas of need, observations, interviews and a review of data, Osher's estimated cognitive ability is within the Average range, which is consistent with previous findings. Osher presents with age appropriate functional and tactical planning, spatial judgment, abstract and analytical abilities and a general understanding of logical conclusions. Osher demonstrates equal skills in visual processing and auditory processing skills. He is able to demonstrate appropriate critical thinking abilities including analyzing basic data and generating reasoning for novel situations. When expectations are clearly understood by Osher, he is able to work well under time constraints and shows the skills of utilizing planning and organizational strategies. Visual-motor integration and overall fine motor skills are adequate and commensurate to his estimated learning potential. Overall, when in a one-on-one setting with minimal distractions, Osher is able to focus and demonstrate average cognition.

AREA OF NEED(S): Osher's limited focus, distractability and energy level are problematic in a large group setting. He is not able to sustain concentration or refrain from distractions within his learning environment. Under direct monitoring, Osher is able to demonstrate average skills, however, without redirection and monitoring does not stay on task and therefore has a difficult time ignoring distractions and sustaining mental effort.

IMPACT OF DISABILITY: Characteristics associated with OHI, specifically his behaviors associated with inattention and hyperactivity impede his ability to demonstrate his true learning potential which negatively influences his ability to access the general education 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: Osher does not have a LAUSD language classification as he is not currently enrolled in a public school however, per review of records, while in LAUSD Osher was designated as an ELD 3 student indicating 'Intermediate?' skills. According to parent, the primary language spoken within the household is Hebrew though parent reports Osher and his sisters have stronger language skills in English. She reports she often has to repeat information in English in order for Osher to understand. Additionally, though he is exposed to Hebrew and typically understands what is being said he will respond back in English. Mrs. Altmark reports her children prefer to use English. Osher has been receiving instruction in an English instructional setting since his initial enrollment in kindergarten. Per psychologist observation, Osher presents with age appropriate basic interpersonal communication skills as weaknesses in cognitive and academic language proficiency skills in English were not evident. Osher does use age appropriate vocabulary when engaging in conversations, including appropriate tone, fluency and sentence structure.


AREA OF NEED(S): Per teacher comments and review of records, Osher does demonstrate some difficulty adequately expressing his ideas verbally and in written form. Osher's math teacher rates his functional communication score as at-risk. During math class, Osher demonstrates difficulty communicating clearly as he sometimes has a hard time responding appropriately when asked a question or gathering information when needed. Osher is able to communicate, but is not always clear when presenting his ideas or thoughts. He does not always describe his feelings accurately or explain information in a way that others can understand. Significant concerns are not reported in overall language functioning from parent or English/History teacher.

IMPACT OF DISABILITY: Despite these weaknesses, Osher's language skills appear adequate for access to his current educational setting.

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:At this time, evaluation of writing samples indicate that Osher's writing is legible and he is able to complete fine motor tasks (writing, typing, cutting, etc.) without difficulty. Results of the VMI-6 indicate Average sensory motor skills. Parent and teachers do not report concerns.Osher is able to run, jump, throw and walk based on informal observations, teacher reports and review of records. He is able to navigate the educational environment without difficulty. Osher is currently on the school basketball team and per student interview is on the elite team due to advanced skills. Records reflect that Osher has received passing grades in physical education. Parent and teachers do not report concerns.

AREA OF NEED(S): No concerns at this time.

IMPACT OF DISABILITY: Osher's motor skills do not interfere with his ability to access the general education curriculum.


INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Date of Birth Meeting Date

Section E: Present Level of Performance

Performance Area:	<input type="text" value="Social-Emotional/Behavior"/>
Assessment/Monitoring Process Used:	<input type="text" value="Surveys, Rating Scales, Interviews, Observations, Record Review"/>
State/District Assessment Results:	<input type="text" value="N/A"/>


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

STRENGTHS: Osher demonstrates a cooperative and easy going personality. During testing, he presented himself as a social and friendly boy. He was willing to answer all questions and remained respectful and motivated throughout his testing session. Osher reports he enjoys school for the most part, especially play and leisure time, cafeteria food and spending time with his friends. He reports he enjoys all school subjects. Aspects of school he does not like include certain teachers. At home, Osher likes to play basketball, video games, listen to music, go to the mall with friends and watch the Disney show, Andi Mac. As a career, Osher hopes to become a NBA player or singer. If given three wishes he would ask; to become the greatest NBA player of all time, graduate from UCLA and to have his future kids go the NBA. Parent describes her son as having strong social skills. His strengths include being happy, kind, friendly and respectful. School staff describe Osher as creative, helpful and positive. He is a skilled basketball player with a friendly and humorous personality.

AREA OF NEED(S): Per interview and rating scales, school staff and parent indicate significant concerns with behaviors associated with inattention and hyperactivity. Parent describes difficulties as being 'easily distracted and struggling with reading comprehension, math and writing lengthy paragraphs.' Certain school staff report additional concerns including aggression, anxiety, depression, attention problems, learning problems, atypicality, adaptability, study skills and functional communication. Teacher indicate, Osher requires constant monitoring and review as he has 'a lot of trouble focusing, staying on task and refraining from talking.'

IMPACT OF DISABILITY: Osher's inattentive and hyperactive behaviors significantly interfere with is ability to demonstrate satisfactory executive functioning skills as well as exhibit appropriate classroom behavior, which influnes his work production and social interactions.

Performance Area:	<input type="text"/>
Assessment/Monitoring Process Used:	<input type="text"/>
State/District Assessment Results:	<input type="text"/>

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 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): 


Osher was assessed using the WJ IV in the area of Broad reading skills. Broad reading is a comprehensive measure of Osher's reading achievement, including oral site-word reading skill, silent reading comprehension speed, and the ability to comprehend passages while reading silently. Osher's scores fell in the limited range.

Strengths: According to Osher's English teacher he is able to read grade level (short passages) with fluency and expression. He is able to rely on textual clues including photographs to assist with understanding. He continues to improve his literal comprehension skills.

Needs: English teacher reports Osher benefits from discussion of reading material for better understanding. Osher has difficulty following the plot and details of text. He needs more practice determining the main idea of a text, then summarizing text and providing evidence. Teachers noted Osher's reading ability as below grade level.

Impact statement: Osher's eligibility of Other Health Impairment (OHI) impacts his ability to determine the main idea and to summarize a text impacting his progress and participation in the general education reading 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): 

Osher was assessed using the WJ IV in the area of Broad Written Language, which is a broad-based measure of Osher's written language achievement, including spelling, the quality of written sentences, and speed of writing. His standard score fell in the average range. Osher's teachers report that writing is the academic area where he requires the most support.

Strengths: According to Osher's English teacher he is able to follow graphic organizers for writing assignments with assistance. He is able to compose a paragraph using an organizer with one on one assistance. He incorporates correct punctuation and grammar in his writing with reminders.

Needs: Osher's English teacher reports he continues to need one on one support and guidance in the area of writing. He needs more practice revising his written work independently for grammar, punctuation and organization of ideas. Osher has difficulty composing a multi-paragraph essay.

Impact Statement: Osher's eligibility of Other Health Impairment (OHI) impacts his ability to revise written assignments impacting his progress and participation in the general education writing curriculum.


INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Date of Birth Meeting Date

Section E: Present Level of Performance

Performance Area:	<input type="text" value="Mathematics"/>
Assessment/Monitoring Process Used:	<input type="text" value="Woodcock Johnson IV, Teacher Reports"/>
State/District Assessment Results:	<input type="text"/>

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


Osher was assessed using the WJ IV in the area of Broad Mathematics, which is a comprehensive measure of math achievement, including math calculation skills, problem solving, and the ability to solve simple addition, subtraction, and multiplication facts quickly. Osher's score fell in the limited range.

Strengths: According to Osher's math teacher he is making slow but steady progress in the area of number sense. He has mastered addition and subtraction of larger numbers. Osher is able to solve calculations involving fractions with like and unlike denominators with assistance. Osher can determine the LCM and the GCF of whole numbers independently.

Needs: Osher's teacher reports Osher needs continued practice on mastering multiplication facts. Osher has difficulties recalling formulas and calculating solutions that require more than one step. Osher's difficulty in math class is his inattention to task and his low participation. Osher requires consistent prompting, and close monitoring in math class to remain on task.

Impact Statement: Osher's eligibility of Other Health Impairment (OHI) impacts his ability to recall previously learned math concepts to solve multi-step calculations impacting his progress and participation in the general education mathematics curriculum.

Performance Area:	<input type="text" value="Vocational Education"/>
Assessment/Monitoring Process Used:	<input type="text" value="Teacher reports"/>
State/District Assessment Results:	<input type="text"/>

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

Strengths: Teachers report Osher is a polite, caring student. He is usually cooperative in class. Osher is usually prepared for class and works well with others. On most days Osher follows rules and directions and has a positive attitude.

Needs: Teachers report Osher rarely completes his assignments and is unorganized. He is easily distracted in class which has had a negative impact on his academic progress. He needs to advocate for himself when he needs additional help and when he might need a break to refocus.

Impact Statement: Osher's eligibility of Other Health Impairment (OHI) impacts his ability to use resources, people, and activities that support success in school impacting his progress and participation in the general education curriculum.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

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

Section F: Eligibility

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

Specific Learning Disability, Other Health Impairment

For Initial IEP, interventions attempted prior to determining eligibility:

N/A

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 Date of Birth Meeting Date

Section G: Annual Goals and Objectives

Performance Area:

Annual Goal #

Osher will determine a central idea of an informational text and provide an objective summary of the text with minimal prompting as measured by student work samples in 3 out of 4 trials with 80% accuracy.

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:

Osher will determine a central idea of an informational text and provide an objective summary of the text with teacher modeling as measured by student work samples in 3 out of 4 trials with 60% accuracy.

Date to be achieved MO/YR

Incremental objective #2 related to the goal:

Osher will determine a central idea of an informational text and provide an objective summary of the text with teacher modeling as measured by student work samples in 3 out of 4 trials with 70% accuracy.

Date to be achieved 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 Date of Birth Meeting Date

Section G: Annual Goals and Objectives

Performance Area:

Annual Goal #

Osher will identify situations when help is needed and obtain resources that correspond to the situation in 5 out of 5 trials per day with minimal adult support as measured by teacher observations.

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:

Osher will identify situations when help is needed and obtain resources that correspond to the situation in 4 out of 5 trials per day with moderate adult support as measured by teacher observations.

Date to be achieved MO/YR

Incremental objective #2 related to the goal:

Osher will identify situations when help is needed and obtain resources that correspond to the situation in 4 out of 5 trials per day with minimal adult support as measured by teacher observations.

Date to be achieved 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 Date of Birth Meeting Date

Section G: Annual Goals and Objectives

Performance Area:

Annual Goal #

With some guidance and support from peers and adults, Osher will develop and strengthen writing as needed by planning, revising, editing, rewriting, or trying a new approach, focusing on how well audience and purpose have been addressed independently as measured by student work samples in 3 out of 4 trials with 80% accuracy.

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 some guidance and support from peers and adults, Osher will develop and strengthen writing as needed by planning, revising, editing, rewriting, or trying a new approach, focusing on how well audience and purpose have been addressed with teacher modeling as measured by student work samples in 3 out of 4 trials with 60% accuracy.

Date to be achieved MO/YR

Incremental objective #2 related to the goal:

With some guidance and support from peers and adults, Osher will develop and strengthen writing as needed by planning, revising, editing, rewriting, or trying a new approach, focusing on how well audience and purpose have been addressed with prompting as measured by student work samples in 3 out of 4 trials with 70% accuracy.

Date to be achieved 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 Date of Birth Meeting Date

Section G: Annual Goals and Objectives

Performance Area:

Annual Goal #

When given a series of multi-step linear problems and word problems at Osher's independent reading level, involving one variable, Osher will solve linear equations and inequalities with 75% accuracy in 3 of 4 trials as measured by student work samples/criterion assessment.

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 given a series of multi-step linear problems and word problems at Osher's independent reading level, involving one variable, Osher will solve linear equations and inequalities with 50% accuracy in 4 of 4 trials as measured by student work samples/criterion assessment.

Date to be achieved MO/YR

Incremental objective #2 related to the goal:

When given a series of multi-step linear problems and word problems at Osher's independent reading level, involving one variable, Osher will solve linear equations and inequalities with 65% accuracy in 3 out of 4 trials as measured by student work samples/criterion assessment.

Date to be achieved 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	Goal Achievement
Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	(Secondary Only) 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 Date of Birth Meeting Date

Section G: Annual Goals and Objectives

Performance Area:

Annual Goal #

Osher will identify and use resources, such as a personal organizer/agenda to record homework assignments, people, and activities that support success in school 90% of the time with minimal adult prompts as measured by teacher observations and reports.

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:

Osher will identify and use resources, such as a personal organizer/agenda to record homework assignments, people, and activities that support success in school 70% of the time with minimal adult prompts as measured by teacher observations and reports.

Date to be achieved MO/YR

Incremental objective #2 related to the goal:

Osher will identify and use resources, such as a personal organizer/agenda to record homework assignments, people, and activities that support success in school 80% of the time with minimal adult prompts as measured by teacher observations and reports.

Date to be achieved 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 **Date of Birth** **Meeting Date**

Section K: Participation in State and District-wide Assessments

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

Student will participate in Regular State and District Assessments.

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

CAASPP Subject
ELA and Math

Designated Supports:

- Read aloud by an adult in English (for math items and ELA items except for reading passages)

CELDT Subject
ELD

CELDT - (Variations, Accommodations or Modifications identified below are applicable)

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student	ALTMARK	OSHER ABRAHAM	A	Date of Birth	15-AUG-2005	Meeting Date	17-JAN-2018
---------	---------	---------------	---	---------------	-------------	--------------	-------------

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 Hebrew

Specify the Individual Pages to be translated: All

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
	<input type="radio"/> Parent/Student (18-21) did not attend and gave permission to proceed without them if they did not attend.	US Mail	L. Hirsch

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
 - Eligibility
 - Instructional Setting
 - Services

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

Blank area for 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.

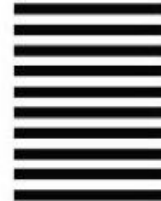
**Please fold along dotted lines with the address showing. Seal and mail. Postage is pre-paid.
Again, Thank you!**



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 613307
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="Meirav Altmark"/>	
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"/>	
Administrative Designee	<input type="text" value="Lynda Hirsch"/>	
Special Education Teacher	<input type="text" value="Cristian Mirzoyan"/>	
General Education Teacher	<input type="text" value="Linda Alterman"/>	
School Psychologist	<input type="text" value="Nancy Daly"/>	
School Nurse	<input type="text" value="Mehrdokht Parsinia"/>	
Related Service Staff <input type="text" value="7th grade counselor"/>	<input type="text" value="Julia Lopez"/>	
Related Service Staff <input type="text"/>	<input type="text"/>	
Related Service Staff <input type="text"/>	<input type="text"/>	
Interpreter	<input type="text"/>	
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="Ed Res. Coordinator"/>	<input type="text" value="Stephie Bregman"/>	
Other <input type="text" value="LAUSD Private Cons."/>	<input type="text" value="Nancy Essenpreis"/>	
Other <input type="text"/>	<input type="text"/>	
Other <input type="text"/>	<input type="text"/>	

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student

Date of Birth

Meeting Date

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

Student's Current Placement Type:

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

DIRECTIONS: Complete the information below as part of the IEP team discussion regarding placement from the beginning at Step A until the team reaches the Step that indicates YES.

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.

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

Step B.	Can the supports, services, accommodations and/or modifications in the student's IEP be made available on a general education site in a special day program?	
	<input type="radio"/> YES <input 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.

Los Angeles Unified School District

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="17-JAN-2018"/>	<input type="text"/>
		Eligible (OHI)	
Eligibility: (from Page 4)	Final IEP Reason Final IEP Effective Date:		//
Curriculum		General Education	
Placement	Type of School	District Resident School	
	Name of School	PORTOLA MS	
Instructional Setting	Setting	General Education	
	Program	GE	
	Special Day Minutes/Wk		
	Addresses Goals	3(Mathematics),4(Vocational Ed),1(Reading),2(Writing),5(Behavioral Support)	//
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	Extra time on tests and quizzes, preferential seating in proximity to teacher and/or instruction, remove distractions, allow short breaks, checks for understanding, re-clarify as needed, graphic organizers for writing assignments as needed, writing assignments chunked into smaller parts allowing completion in parts, simplify directions, opportunity to take tests/quizzes in the Learning Center, use of reminder card for math and English tests/quizzes, prompts/reminders to use agenda book	//
	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?	Yes <input checked="" type="radio"/> No <input type="radio"/>	
	If the Parent does not agree,		//

specify the area(s) to
be reassessed.

Comments, as appropriate

Low Incidence Equipment	
Assistive Technology Equipment	
Participation in General Education	Osher will be enrolled in the Learning Center for his elective.

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
Service 1	Start Date: Effective on Signature Date 17-Jan-2018	
RSP	End Date:	
RSP	Service applies to: Regular	
This service addresses the following goals:	Frequency: 1-5	
	Interval: Weekly	
	Minutes/Interval: 336	
	Minutes/Interval (Pullout from Gen Ed): 236	
3(Mathematics)	Service Delivery Model: Direct Service (Co-teaching)*	
4(Vocational Ed)	RSP Area: Math	
	Responsible Personnel: General Education Teacher	
	Resource Specialist Teacher	
	Other Provider(s)	

*

Service 2	Start Date: Effective on Signature Date 17-Jan-2018	
RSP	End Date:	
RSP	Service applies to: Regular	
This service addresses the following goals:	Frequency: 1-5	
	Interval: Weekly	
	Minutes/Interval: 100	
	Minutes/Interval (Pullout from Gen Ed): 0	
1(Reading)	Service Delivery Model: Direct Service (Co-teaching)*	
2(Writing)	RSP Area: Literacy/ELA/ELD	
4(Vocational Ed)	Responsible Personnel: General Education Teacher	
	Resource Specialist Teacher	
	Other Provider(s)	

*

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	13 %	

Part 4 - Additional Discussion (This section is optional)

--

Los Angeles Unified School District **INDIVIDUALIZED EDUCATION PROGRAM**

(SLD, pg. 1 of 1)

Student Date of Birth Meeting Date

SPECIFIC LEARNING DISABILITIES CERTIFICATION

Use this form at Initial, Three Year Reviews and comprehensive assessments for students eligible as having a Specific Learning Disability. This form is not required at Annual Review meetings.

It is the consensus of the IEP Team that the student meets the eligibility criteria for Specific Learning Disability based upon the information which follows. This form serves as the written report of the IEP Team consensus.

1. Are there educationally relevant medical conditions which should be considered by the IEP Team? Yes No

If Yes, describe

Osher's medical history is absent of serious illness, injury and hospitalizations within the past three years. Osher has a medical diagnosis of Attention Deficit Hyperactivity Disorder (ADHD). He does not take medication on a daily basis. Osher passed his hearing and vision exams. No further medical concerns noted.

2. During the observation of the student in the general education setting, was behavior noted that relates to the student's general academic functioning? Yes No

If Yes, describe

Osher presents as a cooperative student yet has a short attention span and is easily distracted with sights, sounds and activity in his environment. Osher has a heightened energy level and exhibits excessive talking during instruction. He requires redirection, prompts and monitoring to focus.

****Full SLD criteria not met. Discrepancy present, no processing deficits evident at this time.****

3. A severe discrepancy exists in one or more of the following academic areas: (Check all that apply)

- Listening Comprehension
- Basic Reading Skills
- Oral Expression
- Reading Comprehension
- Written Expression
- Math Calculation
- Math Reasoning

4. The discrepancy is the result of a disorder in one or more of the following psychological processes: (Check all that apply)

- Attention
- Visual Processing
- Auditory Processing
- Sensory Motor Skills
- Cognitive abilities including association, conceptualization and expression

5. The Team agrees that the discrepancy is not primarily the result of:

- Limited school experience
- Poor school attendance
- Environmental, economic or cultural disadvantage
- Social maladjustment
- Intellectually Disabled
- Visual, hearing or motor impairment
- Unfamiliarity with the English language

--

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student ALTMARK OSHER ABRAHAM A **Date of Birth** 15-AUG-2005 **Meeting Date** 17-JAN-2018

FAPE Summary Grid

Program: GE **Setting:** General Education
Eligibility: Eligible (OHI) **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)
RSP	RSP	Effective on Signature Date	Regular	Weekly	1-5	RSP-Math	336	Mathematics, Vocational Ed
RSP	RSP	Effective on Signature Date	Regular	Weekly	1-5	RSP-Literacy/ELA/ELD	100	Reading, Writing, Vocational Ed

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.

Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM

Behavior Support Plan

(Behavior Support Plan, pg. 1 of 3)

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

Student ALTMARK OSHER ABRAHAN A Date of Birth 15-AUG-2005 Meeting Date 17-JAN-2018

- 1. The behavior impeding learning is: off task behavior Describe what it looks like: does not complete assignments, loses focus
2. It impedes learning because: lack of work production
3. The need for a Behavior Support Plan: early stage intervention
4. Reported by teachers 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).
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?)

- 7. Remove student's need to use the problem behavior
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)

Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM

Behavior Support Plan

(Behavior Support Plan, pg. 2 of 3)

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

Student ALTMARK OSHER ABRAHAM A Date of Birth 15-AUG-2005 Meeting Date 17-JAN-2018

ALTERNATIVE PART II FUNCTIONAL FACTORS AND NEW BEHAVIORS TO TEACH AND SUPPORT

Observation & Analysis

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)
 Tangible (desired item) Tangible (desired activity)

To Avoid: Sensory input Attention (peer) Attention (staff)
 Task (too difficult) Task (too easy) Task (too long)

Describe:

9. 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 avoid: Task (too long) Osher will appropriately advocate for himself by asking teacher clarifying questions, permission to complete task in parts, and more time

Intervention

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? Teachers Who will monitor? Teachers Frequency Daily as needed

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

Verbal: Use specific praises Recognition of student's strengths and talents Peer recognition

Contingent Access: Time on the computer Free time Listen to music
 Preferred activity Describe:

Tangibles Positive phone calls or notes to home Certificate sent home Other

Tokens and Points: Tokens Points

Privileges: Exempt assignment Extra test points Seating Location

Other ideas:

Selection of reinforcer based on: student preference

reinforcer for using replacement behavior reinforcer for general increase in positive behaviors

By whom? Teachers Frequency Daily as needed

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)

Prompt Osher to switch to the replacement behavior. Inform staff how they should handle the problem behavior if it occurs again. Positive discussion with Osher after behavior ends. Praise and recognize every time student uses replacement behavior.

Personnel? Teachers/staff

Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM

Behavior Support Plan

(Behavior Support Plan, pg. 3 of 3)

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

Student ALTMARK OSHER ABRAHAM A Date of Birth 15-AUG-2005 Meeting Date 17-JAN-2018

OUTCOMES PART IV BEHAVIORAL GOALS

13. Behavioral Goal: Goal #: 5 GB X

Osher will identify situations when help is needed and obtain resources that correspond to the situation in 5 out of 5 trials per day with minimal adult support as measured by teacher observations.

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

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

Yes No

Person responsible for contact between agencies.

COMMUNICATION PART V COMMUNICATION PROVISIONS

14. Manner and content of communication:

- Phone calls Email Written notes
Daily reports Daily charting Behavioral logs
Weekly reports
Other

Between? teachers/parents Frequency?

as needed