

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Identification Number 081505M001 SSID 5797671030

Eligible (OHI)

Student Last ALTMARK First OSHER ABR MI A

Date of Birth: 15-AUG-2005

Section A: Meeting Information

Pertinent Dates	Type of Meeting
Date of Initial IEP Team Meeting: 01-AUG-2008	<input type="radio"/> Initial <input type="radio"/> Amendment of IEP dated <input type="radio"/> Annual Review <input type="radio"/> Early Start Transition <input checked="" type="radio"/> Three Year Review <input type="radio"/> Expulsion Analysis <input type="radio"/> Other <input type="radio"/> Individual Transition Plan
Date of Present Meeting: 29-JAN-2021	
Annual Review to be conducted by: 28-JAN-2022	
Next Three Year Review will be conducted by: 29-JAN-2024	
Three Year Review or Evaluation was conducted on: 29-JAN-2021	
Transition to Kindergarten to be conducted by:	

Location of Meeting: Reseda Charter High School District Name: Los Angeles Unified School District

Section B: Student Information

Date of Birth: 15-AUG-2005 Age: 15 Grade: 10
 Gender: Male Female Limited English Proficient Student: Yes No Ethnic Code: White
 Location of the Psych Folder: SUPPORT UNIT NOF Student has no Psych Folder:
 Location of the Cum Folder: SUPPORT UNIT NOF Student has no Cum Folder:
 Home Language: Hebrew Student Language: Hebrew Alternate Mode of Communication:
 Home Address of Student: 18806 Hatteras St #107
 City: TARZANA CA ZIP Code: 91356
 Home Telephone: (818) 300-6543 Daytime Telephone:
 School of Attendance: Private School Office Location Code: 1536
 School of Residence: Reseda Charter Hs Location Code: 8814
 Name of Parent/Guardian: Meirav Altmark Telephone:
 Address:
 City: CA ZIP Code:
 Surogate Parent: Telephone:
 Attends **CURRENT SCHOOL** as a result of one of the following: Private School Enrollment Private School: Valley Torah High School - Boys Division
 Is the student living in a Family Foster Home (FFH)? No Yes FFH#:
 Is FFH Provider related to student? No Yes Relationship:
 Licensed Children's Institution: No Yes LCI Name:
 LCI#:
 Out of the home placement made by: Regional Center Department of Mental Health Department of Children's Services
 Superior Court Other:
 Child's family living within LAUSD's boundaries? No Yes
 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 **ALTMARK**
Last

OSHER ABR
First

A

Date of Birth **15-AUG-2005**

MI Section C: Language Acquisition

Language Classification:

Start Date:

Withdrawal by Parent Request: Yes No

Reclassification Date:

ELPAC Performance Level and Performance Descriptor: ▼

Test Date:

Alternate ELPAC Performance Level and Performance Descriptor (VCCALPS): ▼

Test 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	Reading	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
Category	<input type="text"/> ▼			
	Objective 1 met	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
	Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
2	Behavior Support	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
Category	<input type="text"/> ▼			
	Objective 1 met	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
	Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
3	Writing	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
Category	<input type="text"/> ▼			
	Objective 1 met	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
	Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
4	Math	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
Category	<input type="text"/> ▼			
	Objective 1 met	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
	Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
5	Voc Ed	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
Category	<input type="text"/> ▼			
	Objective 1 met	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
	Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
6	<input type="text"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
Category	<input type="text"/> ▼			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
7	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Category	<input type="text"/> ▼			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
8	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Category	<input type="text"/> ▼			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
9	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Category	<input type="text"/> ▼			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
10	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Category	<input type="text"/> ▼			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Date of Birth Meeting Date

Last

First

MI

Section E: Present Level of Performance

Performance Area:

Category:

Assessment/Monitoring Process
Used:

State/District Assessment Results:

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

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: Osher demonstrates challenges determining a central idea of an informational text and analyze its development over the course of the text, including how it emerges and is shaped and refined by specific details after reading grade level material. English teachers have reported he 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.

According to Osher's ELA teacher, he is consistently late to class, often by as much as fifteen minutes. The extent to which this affects his understanding of content covered in class is not clear. His work is fairly competent in terms of written expression, albeit with grammatical errors and oddly supersized fonts. About half the time he's actually answering the prompt. All assessments have been short writing assignments, so I can't comment on test taking.

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:

Category:

Assessment/Monitoring Process
Used:

State/District Assessment Results:

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

Strengths: According to Osher's prior English teachers, 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 demonstrates challenges producing clear and coherent writing in which the development, organization, and style are appropriate to task, purpose, and audience when given a topic or after reading grade level material. Osher's English teachers 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.

According to Osher's ELA teacher, he is consistently late to class, often by as much as fifteen minutes. The extent to which this affects his understanding of content covered in class is not clear. His work is fairly competent in terms of written expression, albeit with grammatical errors and oddly supersized fonts. About half the time he's actually answering the prompt. All assessments have been short writing assignments, so I can't comment on test taking.

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

Last

First

MI

Section E: Present Level of Performance

Performance Area:

Category:

Assessment/Monitoring Process
Used:

State/District Assessment Results:

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

Strengths: According to Osher's math teacher, A strength of his is he will answer direct questions, and communicates well when he does. He is also pleasant, and has never been mean or disrespectful.

Needs: Osher demonstrates difficulty with the ability to use fundamental concepts of geometry, including definitions, basic constructions, and tools of geometry.

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. Teacher input: Osher's math skills are very poor. He cannot demonstrate solving basic equations, and has trouble with many concepts including order of operations, solving literal equations, graphing, and using patterns. He can grasp simple formulas and ideas, but he is starting with a deficit in math, and showing no signs of working to make up that deficit. He scores poorly on tests and quizzes, usually only able to answer the most basic questions.

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:

Category:

Assessment/Monitoring Process
Used:

State/District Assessment Results:

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

Strengths: Parent and counselor report Osher is a polite, caring student. Parent and counselor stated that Osher has a lot of potential to be a better student when he follows through in turning work in.

Challenges: Osher is mostly quiet and withdrawn in class, he won't ask questions or initiate conversations. He is often not paying attention, and incapable of answering a question even when the answer was just said or answer written. He is also late to class on a regular basis. He rarely turns in his homework on time, and even when pleaded with to turn it in late to get some credit, he only sometimes takes advantage of that. Osher presents with challenges in planning, organization, and memory. He demonstrates challenges in organizing his materials and bring assignments to and from school. Osher's counselor reports that Osher rarely completes his assignments and continues to be 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 OF DISABILITY: Osher's inattentive and hyperactive behaviors significantly interfere with his ability to demonstrate satisfactory executive functioning skills which directly influences his work production and overall grades in the general education setting.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
Last First MI

Date of Birth

Meeting Date

Section E: Present Level of Performance

Performance Area:

Category:

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

LAUSD schools are closed at this time due to the COVID-19 pandemic. Health information is gathered from a review of health records and conference with parent/guardian. Vision and hearing information are the most current documented in the health record.

Health Summary: Student is a 15year 3month old t attending Private School with no health concern. He takes daily medication at home for focusing. He has allergy to nuts and wheat but had no problem so far per mother.

Strengths: No history of serious illness, injury or hospitalization in the last 3 years. Student had physicals by his medical provider this year before March 2020, per parent that was normal. Passed LAUSD vision screening in 01/2018.Parent has no concern about student's vision and hearing. Student is independent in all activities of daily living.

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

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

Accommodation/Modification: None in related to health.

Lolita Muchnick, RN/CSN
12/09/2020

Performance Area:

Category:

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student ALTMARK
Last

OSHER ABR
First

A
MI

Date of Birth 15-AUG-2005

Meeting Date 29-JAN-2021

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]

Eligible as a student with the disability of:

Code: OHI Other Health Impairment

Not Applicable, Blind or Partially Sighted

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

Code: [Empty text box] [Empty text box]

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): [Empty text box]

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

Final IEP Reason: [Empty text box] Final IEP Effective Date: [Empty text box]

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
 Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

Osher will organize his materials in a binder or folder and will bring assignments to and from school turning them in with 80% accuracy as measured by binder/agenda checks and teacher records.

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
- Observation
- Other
- Norm Referenced
- Portfolio
-
- Criterion Referenced
- Work Samples
- Curriculum Based
- Informal

Incremental objective #1 related to the goal:

Osher will organize his materials in a binder or folder and will bring assignments to and from school turning them in with 50% accuracy as measured by binder/agenda checks and teacher records.

Incremental objective #2 related to the goal:

Osher will organize his materials in a binder or folder and will bring assignments to and from school turning them in with 70% accuracy as measured by binder/agenda checks and teacher records.

Date to be achieved: MO/YR

Date to be achieved: MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

4 GOAL MET OR 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
 Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

Osher will determine a central idea of an informational text and analyze its development over the course of the text, including how it emerges and is shaped and refined by specific details after reading grade level material as measured weekly or unit assessments in 3 out of 5 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
- Observation
- Other
- Norm Referenced
- Portfolio
- Criterion Referenced
- Work Samples
- Curriculum Based
- Informal

Incremental objective #1 related to the goal:

Osher will determine a central idea of an informational text and analyze its development over the course of the text, including how it emerges and is shaped and refined by specific details after reading grade level material as measured weekly or unit assessments in 3 out of 5 trials with 60% accuracy.

Incremental objective #2 related to the goal:

Osher will determine a central idea of an informational text and analyze its development over the course of the text, including how it emerges and is shaped and refined by specific details after reading grade level material as measured weekly or unit assessments in 3 out of 5 trials with 70% accuracy.

Date to be achieved: MO/YR

Date to be achieved: MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

4 GOAL MET OR 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
 Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

Osher will produce clear and coherent writing in which the development, organization, and style are appropriate to task, purpose, and audience when given a topic or after reading grade level material as measured weekly or unit assessments in 3 out of 5 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
- Observation
- Other
- Norm Referenced
- Portfolio
-
- Criterion Referenced
- Work Samples
- Curriculum Based
- Informal

Incremental objective #1 related to the goal:

Osher will produce clear and coherent writing in which the development, organization, and style are appropriate to task, purpose, and audience when given a topic or after reading grade level material as measured weekly or unit assessments in 3 out of 5 trials with 60% accuracy.

Incremental objective #2 related to the goal:

Osher will produce clear and coherent writing in which the development, organization, and style are appropriate to task, purpose, and audience when given a topic or after reading grade level material as measured weekly or unit assessments in 3 out of 5 trials with 70% accuracy.

Date to be achieved: MO/YR

Date to be achieved: MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

4 GOAL MET OR EXCEEDED 3 SUBSTANTIAL PROGRESS (50-99% of goal met) 2 PARTIAL PROGRESS (1-49% of goal met) 1 NO PROGRESS

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
 Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

Osher will demonstrate the ability to use fundamental concepts of geometry, including definitions, basic constructions, and tools of geometry when given grade level math as measured by weekly and unit assessments 3out of 5 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
- Observation
- Other
- Norm Referenced
- Portfolio
-
- Criterion Referenced
- Work Samples
- Curriculum Based
- Informal

Incremental objective #1 related to the goal:

Osher will demonstrate the ability to use fundamental concepts of geometry, including definitions, basic constructions, and tools of geometry when given grade level math as measured by weekly and unit assessments 3out of 5 trials with 60% accuracy

Incremental objective #2 related to the goal:

Osher will demonstrate the ability to use fundamental concepts of geometry, including definitions, basic constructions, and tools of geometry when given grade level math as measured by weekly and unit assessments 3out of 5 trials with 70% accuracy

Date to be achieved: MO/YR

Date to be achieved: MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

4 GOAL MET OR EXCEEDED 3 SUBSTANTIAL PROGRESS (50-99% of goal met) 2 PARTIAL PROGRESS (1-49% of goal met) 1 NO PROGRESS

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
 Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

When given an assigned task, Osher will independently complete an assignment/task, and ask for assistance, if needed, with 80% accuracy in 5 out of 5 consecutive trials, in a small group setting, as measured by teacher-charted 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
- Observation
- Other
- Norm Referenced
- Portfolio
-
- Criterion Referenced
- Work Samples
- Curriculum Based
- Informal

Incremental objective #1 related to the goal:

When given an assigned task, Osher will independently complete an assignment/task, and ask for assistance, if needed, with 70% accuracy in 3 out of 5 consecutive trials, in a small group setting, as measured by teacher-charted observations.

Incremental objective #2 related to the goal:

When given an assigned task, Osher will independently complete an assignment/task, and ask for assistance, if needed, with 70% accuracy in 4 out of 5 consecutive trials, in a small group setting, as measured by teacher-charted observations.

Date to be achieved: MO/YR

Date to be achieved: MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

4 GOAL MET OR EXCEEDED 3 SUBSTANTIAL PROGRESS (50-99% of goal met) 2 PARTIAL PROGRESS (1-49% of goal met) 1 NO PROGRESS

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student **ALTMARK**
Last

OSHER ABR
First

A
MI

Date of Birth **15-AUG-2005**

Meeting Date **29-JAN-2021**

Section K: Participation in State and District-wide Assessments

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

Student will participate in California Alternate Assessment in English Language Arts and Math in grades 3-8 and 11 and Science in grades 5, 8, and once in high school.	CAA Subject ELA/Math and Science
Designated Supports: - Test in a separate/smaller setting (non-embedded resource)	

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
Last

First

MI

Date of Birth

Meeting Date

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 ALTMARK OSHER ABR A MI
Last First MI

Date of Birth 15-AUG-2005

Meeting Date 29-JAN-2021

Section Q: Parent Participation and Consent

Parent Participation

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

Parent Notification

Method	Whom	When
Email	AG	12-JAN-2021

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

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

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

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

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

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

Parent Concerns and Comments

Signature(s) Date

- Parent
- Guardian
- Student age 18-21 years age 18-21 years
- Surrogate Parent
- Emancipated Minor
- Foster Parent

Did the school district facilitate parent involvement as a means of improving services and results for your child? Yes No No Response

I certify that I have received a copy of the Parent Input Survey regarding the IEP process. I understand that my completion of the form is voluntary and can be done at anytime after the IEP meeting

Signature(s) Date 29-JAN-2021

PARENT INPUT SURVEY

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

ALL INFORMATION IS CONFIDENTIAL

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

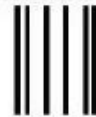
A. Regarding your child's current IEP:	Yes	No	Does Not Apply
1. I am satisfied with the IEP meeting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I feel that the IEP accurately reflects the decisions made at the IEP meeting.	<input type="checkbox"/>	<input type="checkbox"/>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

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

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

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

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



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

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

POSTAGE WILL BE PAID BY ADDRESSEE

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



PARENT INPUT SURVEY
English

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Reconvened Meeting Date

Student
 Last First MI

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 (participated)"/>	<input type="text"/>
Parent/Guardian	<input type="text"/>	<input type="text"/>
Student Age 18 - 21 years	<input type="text"/>	<input type="text"/>
Student Under Age 18 years	<input type="text" value="Osher Abraham Altmark"/>	<input type="text"/>
Surrogate Parent	<input type="text"/>	<input type="text"/>
Foster Parent	<input type="text"/>	<input type="text"/>
Family Foster Home Provider	<input type="text"/>	<input type="text"/>
Administrator	<input type="text"/>	<input type="text"/>
Administrative Designee	<input type="text" value="Rodrigo Risiglione"/>	<input type="text" value="Rodrigo Risiglione"/>
Special Education Teacher	<input type="text" value="Tacy Schull"/>	<input type="text" value="Tacy Schull"/>
General Education Teacher	<input type="text" value="Alise Cayen"/>	<input type="text" value="AC"/>
School Psychologist	<input type="text"/>	<input type="text"/>
School Nurse	<input type="text" value="Toby Sperber"/>	<input type="text"/>
Related Service Staff <input type="text"/>	<input type="text"/>	<input type="text"/>
Related Service Staff <input type="text"/>	<input type="text"/>	<input type="text"/>
Related Service Staff <input type="text"/>	<input type="text"/>	<input type="text"/>
Interpreter	<input type="text"/>	<input type="text"/>
Sign Language Interpreter	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Other <input type="text" value="Private School Representative"/>	<input type="text" value="Sherree Ginsburg (participated)"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
Last First MI

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. After reaching the Step that indicates YES, it is also required to complete Step F.

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

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

Yes No If the answer is YES, then a general education classroom/setting is the appropriate placement. If the answer is NO, go to the question below.

Yes 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?

Yes 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.

Yes No If not currently available, can the required supports, services, accommodations and/or modifications be made available in a special day program on a general education site? If YES, all required supports, services, accommodations and/or modifications must be provided within a reasonable timeline. If the answer is NO, please articulate why in the box below. Then go to Step C.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
Last

First

MI

Date of
Birth

Meeting
Date

ANNUAL LEAST RESTRICTIVE ENVIRONMENT ANALYSIS (Continued)

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

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.
<div style="border: 1px solid black; height: 80px;"></div>		

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.
<div style="border: 1px solid black; height: 80px;"></div>		

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.
	<div style="border: 1px solid black; height: 80px;"></div>	

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
Last

First

MI

Date of
Birth

Meeting
Date

ANNUAL LEAST RESTRICTIVE ENVIRONMENT ANALYSIS (Continued)

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

Step F.	The student's needs as reflected in the contents of this IEP, and the placement being considered by the IEP team, outweigh any potential harmful effects at this time, including (check all that apply):	
	<input type="checkbox"/>	Diminished access to the full range of the curriculum
	<input type="checkbox"/>	Missed general education instruction taught by highly qualified staff
	<input type="checkbox"/>	Rate at which student may earn credits for graduation
	<input type="checkbox"/>	Lack of opportunity for social interaction
	<input type="checkbox"/>	Lack of opportunities for age-appropriate peer role models
	<input type="checkbox"/>	Amount of socialization opportunities with typical peers
	<input type="checkbox"/>	Limited access to peers in student's home community
	<input type="checkbox"/>	Lack of exposure to appropriate behavioral models from peers
	<input checked="" type="checkbox"/>	Other: <input type="text" value="all needs can be met in general education setting with guidance suppor"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 1 - Eligibility, Placements and Supports

Student
 Last First MI

Date of Birth Meeting Date

		Effective With this IEP	Future Changes Related to this IEP
	As of Date:	<input type="text"/>	<input type="text"/>
Eligibility: (from Page 4)		Eligible (OHI)	
	Final IEP Reason Final IEP Effective Date:		
Curriculum		<input type="text" value="General Education"/>	<input type="text"/>
Placement	Type of School	<input type="text" value="District Resident School"/>	<input type="text"/>
	Name of School	<input type="text" value="RESEDA CHARTER HS"/>	<input type="text"/>
Instructional Setting	Setting	<input type="text" value="General Education"/>	<input type="text"/>
	Program	<input type="text" value="GE"/>	<input type="text"/>
	Special Day Minutes/Wk	<input type="text" value="0"/>	<input type="text"/>
	Addresses Goals	<input type="text" value="1(Reading),2(Writing),3(Math),4(Vocational Education),5(Behavioral Support)"/>	<input type="text"/>
Additional Factors	Low Incident Support	<input type="text" value="None"/>	<input type="text"/>
	Assistive Technology Support	<input type="text" value="No"/>	<input type="text"/>
	Transportation	<input type="text" value="None"/>	<input type="text"/>
	Extended School Year/Intersession	<input type="radio"/> Yes <input checked="" type="radio"/> No	
	Parent Counseling and Training (PCT)	<input type="radio"/> Yes <input checked="" type="radio"/> No	
	ESY Transportation	<input type="text"/>	
Accommodation, Modifications, Supports	Instructional Accommodations	<input type="text" value="100% 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"/>	<input type="text"/>
	Instructional Modifications	<input type="text"/>	<input type="text"/>
	Other Supports, including Non-Academic and Extra-curricular Activities	<input type="text"/>	<input type="text"/>
Preparation for Three Year Review IEP (At the second Annual Review IEP Meeting, the team must discuss and document the decision to conduct or not conduct a three-year comprehensive reassessment.)	Do the Parent and the District (local educational agency) agree that a reassessment is unnecessary?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
	If the Parent does not agree, specify the area(s) to be reassessed.	<input type="text"/>	

--

--

Comments, as appropriate

**Low Incidence
Equipment**

--

**Assistive Technology
Equipment**

--

**Participation in
General Education**

--

	Responsible Personnel:	Resource Specialist Teacher	
		General Education Teacher	

*

Notes:

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

Part 3 - Percentage of Time Outside of General Education

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

Part 4 - Additional Discussion (This section is optional)

This is a Triennial IEP for Osher Abraham Altmak, who is parentally enrolled and attending a Private School at this time. The IEP team was comprised of general education teacher, special education teacher, school administrator and parent/private school representative. 'The IEP and You,' 'The ITP and You,' and 'A Parent's Guide to Special Education Services.'

'LAUSD schools are closed at this time due to the COVID-19 national pandemic. As part of the assessment process, rather than conduct in-person assessments, assessors, teachers, and service providers collected and reviewed information which included formative and summative assessment data, teacher, parent and/or student interviews and virtual student in-class observations. This information was utilized by the IEP team to determine the appropriate supports and services for your child.

Health report was reviewed. Special Education Teacher reviewed present levels provided by Private School teachers and proposed new goal and reviewed accommodations.

Private school policy was reviewed with parents and an ISP (Individualized Services Plan) was developed.

The offer of FAPE is Reseda Charter HS. The parent wants to continue with his current placement that is in Private School. The IEP team determined that student continues to meet the criteria of Special Education Services and offered Resource Services for student if parents decide to enroll student at Reseda Charter HS or a LAUSD public school. Student will also be eligible for the Counseling Services.

The required comprehensive psychoeducational and Academic assessment along with speech and language assessment, which is part of the Triennial IEP process could not be completed due to the required COVID-19 school facility closures. The IEP team agrees a comprehensive psychoeducational assessment will be completed to establish re-eligibility once school facilities reopen. An academic assessment will be completed once school facilities reopen and normal school operations resume. The data and progress reported is based on Welligent documentation prior to the March 16, 2020 COVID-19 school facility closures and other available information available to the IEP team. Osher's needs as reflected in the content of this IEP, and the placement being considered by the IEP team, outweighs any harmful effects at this time-none as Osher remains in general education. ESY is not recommended.

Parents agree that a Free Appropriate Public Education (FAPE) has been offered and will be implemented upon enrollment in a public school, but decline current services and choose to continue having Abraham parentally placed at his current private school, which is Valley Torah High School. Since he will continue as a private school student within Reseda High School boundaries, an Individual Services Plan (ISP) will be offered after the IEP is completed.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student
Last First MIDate of Birth Meeting Date

FAPE Summary Grid

Program:	GE	Setting:	General Education					
Eligibility:	Eligible (OHI)	Curriculum:	General Education					
Transportation:	None	Low Incident Support:	None					
Date District Received Parent Signature:								
Service Code	Service Desc	Start Date	Service Applies To	Interval	Frequency	Area	Total Minutes	Addresses Goal(s)
RSP	RSP	Effective on Signature Date	Regular	Weekly	1-5	RSP-Math	100	Math, Vocational Education, Behavioral Support
RSP	RSP	Effective on Signature Date	Regular	Weekly	1-5	RSP-Literacy/ELA/ELD	100	Reading, Writing, Vocational Education, Behavioral Support

Alternative Remote/Distance Learning Services During Emergency Conditions

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

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

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

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

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

light of the circumstances.

For IEP Team Information

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

INDIVIDUALIZED EDUCATION PROGRAM Behavior Intervention Plan

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

Los Angeles Unified School District

(Behavior Intervention Plan, pg. 1 of 3)

Student **ALTMARK** **OSHER ABRAHAM** **A** **MI** Date of Birth **15-AUG-2005** Meeting Date **29-JAN-2021**

1 The behavior impeding learning is: Describe what it looks like:

2 It impedes learning because: lack of work production disrupts other students requires instruction to stop
 instructional time is lost negative interaction with peers
 other

3 The need for a Behavior Intervention Plan: early stage intervention moderate serious extreme

4 Frequency or intensity or duration of behavior: Frequency (x) Period Intensity Duration (min)
 Reported by and/or observed by

PREVENTION

PART 1

ENVIRONMENTAL FACTORS AND NECESSARY CHANGES

5 What are the predictors for the behavior? (Situations in which the behavior is likely to occur: people, time, place, subject, etc).

<input type="checkbox"/> Disruption in routines	<input checked="" type="checkbox"/> Work level higher than student's ability	<input type="checkbox"/> Verbal directives	<input type="checkbox"/> Lack of predictability
<input type="checkbox"/> Time of day	<input checked="" type="checkbox"/> Internal physical/emotional state	<input type="checkbox"/> Peer conflict	<input type="checkbox"/> Over stimulation
<input type="checkbox"/> Unstructured time	<input type="checkbox"/> Lack of freedom, choice, desirable activities, friends	<input type="checkbox"/> Room conditions	<input type="checkbox"/> Specific room arrangement
<input type="checkbox"/> Events from previous environments	<input type="checkbox"/> Under stimulation		

Other Describe:

Observation Analysis

6 What supports the student using the problem behavior? (What is missing in the environment/curriculum or what is in the environment/curriculum that needs changing?)

Present in the environment:	<input type="checkbox"/> Classroom seating arrangement	<input type="checkbox"/> Noise levels	<input type="checkbox"/> Interactions (adult and/or peers)
Missing in the environment:	<input type="checkbox"/> Peer status gained for misbehavior	<input type="checkbox"/> Inappropriate materials (age-appropriate, size, etc.)	<input type="checkbox"/> Conflict resolution skills
	<input type="checkbox"/> Transition skills	<input checked="" type="checkbox"/> Task structuring	<input type="checkbox"/> Effective communication with parent
	<input type="checkbox"/> Re-teaching	<input type="checkbox"/> Consequences not clear to student	<input type="checkbox"/> Communications system
	<input type="checkbox"/> Social skills instruction		
	<input type="checkbox"/> Choices		

Other (Missing/Present):

REMOVE STUDENT'S NEED TO USE THE PROBLEM BEHAVIOR

Intervention

7 What environmental changes, structure and supports are needed to remove the student's need to use this behavior? (Changes in Time/Space/Materials/Interactions to remove the likelihood of behavior)

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

Other

Who will establish? Who will monitor? Frequency

INDIVIDUALIZED EDUCATION PROGRAM Behavior Intervention Plan

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

Los Angeles Unified School District

(Behavior Intervention Plan, pg. 2 of 3)

Student **ALTMARK** **OSHER ABRAHAM** **A** **MI** Date of Birth **15-AUG-2005** Meeting Date **29-JAN-2021**

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

8

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

- To Get: Sensory input Attention (peer) Attention (staff)
- To Avoid: Tangible (desired item) Tangible (desired activity)
- Sensory input Attention (peer) Attention (staff)
- Task (too difficult) Task (too easy) Task (too long)

Describe:

Observation 9
Analysis

What team believes the student should do INSTEAD of the problem behavior? (How should the student escape/protest/avoid or get his/her need met in an acceptable way?)

For a task too long, Osher will complete in parts and use his extended time accommodation

For a task too difficult, Osher will ask for assistance, and or attend tutoring if offered,

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

Intervention 11

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

- Physical: High-fives Smiles Handshake
- Pat on the back Recognition of student's ... Peer recognition
- Verbal: Use specific praises Free time Listen to music
- Contingent Access: Time on the computer Preferred activity Other
- Positive phone calls or notes to home Certificate sent home Seating Location
- Tangibles: Tokens Points
- Tokens and Points: Exempt assignment Extra test points
- Privileges:

Other ideas:

Selection of reinforcer based on: based prior success

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

By whom? Teachers Frequency daily

EFFECTIVE REACTION PART III REACTIVE STRATEGIES

12

What strategies will be employed if the problem behavior occurs again. (1. Prompt student to switch to the replacement behavior, 2. Describe how staff should handle the problem behavior if it occurs again, 3. Positive discussion with student after behavior ends, 4. Any necessary further classroom or school consequences)

offer extended time on late assignments, front load on assignments,
If he does not turn in work phone calls to parents

Personnel?

Teachers

INDIVIDUALIZED EDUCATION PROGRAM
Behavior Intervention Plan

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

Los Angeles Unified School District

(Behavior Intervention Plan, pg. 3 of 3)

Student
Last First MI

Date of Birth

Meeting Date

OUTCOMES

PART IV

BEHAVIORAL GOALS

13 Behavioral Goal: Goal #:

Osher will organize his materials in a binder or folder and will bring assignments to and from school turning them in with 80% accuracy as measured by binder/agenda checks and teacher records.

The above behavioral goal is to: Increase use of replacement behavior and may also include:
 Reduce frequency of problem behavior Develop new general skills that remove student's need to use the problem behavior

Observation and Analysis Conclusion

Are curriculum accommodations or modifications also necessary? Where described?

Yes No

Are environmental supports/changes necessary?

Yes No

Is reinforcement of replacement behavior alone enough? (no new teaching is necessary)?

Yes No

Are both teaching of new replacement behavior AND reinforcement needed?

Yes No

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

Yes No

Person responsible for contact between agencies.

COMMUNICATION

PART V

COMMUNICATION PROVISIONS

14 Manner and content of communication:
 Phone calls Email Written notes
 Daily reports Daily charting Behavioral logs
 Weekly reports
 Other

Between? Frequency?

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

(ITP, pg. 1 of 3)

Student
 Last First MI

Date of Birth

Meeting Date

INDIVIDUAL TRANSITION PLAN (ITP)

- Student was invited to IEP meeting: Yes
- Student received mentoring:^{info} Yes No
- Student referred and placed in an outside agency:^{info} Yes No
- If yes, name of agency:
- Student participated in Work Experience Education:^{info} Yes No
- Student received college awareness preparation:^{info} Yes No
- Student received career awareness:^{info} Yes No

Achievement of Transition Activities from Current ITP (not if first ITP)

Area	Completed			If no, indicate reason
Education/Training Activity	<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> First ITP	<input type="text"/>
Employment Activity	<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> First ITP	<input type="text"/>
Independent Living Skills Activity (as needed)	<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> N/A	<input type="text"/>

Section 1: Education/Training

Assessment (at least one assessment must be completed in this area).	Date	Assessment Name and Results: Indicate interests/abilities and area(s) of need (if applicable)
<input type="text" value="Commercially-produced assessment"/> <input type="text" value="If other?"/> <input type="text"/>	<input type="text" value="29-JAN-2021"/>	Ready set Go A transition Inventory Osher would like to attend a trade school for animation. He hopes to be an animator in his future.
<input type="text"/> <input type="text" value="If other?"/> <input type="text"/>	<input type="text"/>	<input type="text"/>

Education/Training Postsecondary Goal

Upon completion of high school, the student will:

Education/Training Activity to Support Goal	Timeline	Person/Agency Responsible
<input type="text" value="develop a personal career / education plan"/> <input type="text" value="If other?"/>	<input type="text" value="28-JAN-2022"/>	<input type="text" value="Counselor"/> <input type="text" value="Student"/> <input type="text" value="Parent/Guardian/Family"/> <input type="text"/> <input type="text"/> <input type="text"/>



Student

Last First MI Birth Date Meeting Date

INDIVIDUAL TRANSITION PLAN (IEP)

Course of study: A multi-year description of student's coursework from current year to anticipated exit year, in order to enable the student to meet their postsecondary goal.

A course of study (or IGP) was reviewed with parent and student in relation to:

- Courses completed: Yes No
- Courses currently enrolled in: Yes No
- Courses still needed: Yes No

IGP or course of study was provided to the parent or student over age 18 as required: Yes

Student is working towards: Certificate of Completion Diploma

Additional courses/activities discussed that may support post secondary goals (e.g. SLC participation, electives or instruction related to postsecondary goals, community experiences, participation in other school clubs or organizations, etc.) NOTE: these are suggestions and contingent to availability:

Student will be enrolled in A-G courses in high school. He is encouraged to participate in clubs and other activities in his area of interests.

Future Agency Involvement:

Are there agencies currently or prospectively providing or paying for transition services? Yes No

Do you give permission to the District to invite these agencies to the next IEP in which transition services will be reviewed? Yes No

- Agency Name:
- Agency Name:
- Agency Name:

- | | |
|--|---|
| 1. Does the student's IEP include appropriate measurable postsecondary goals that cover education/training, employment and, as needed, independent living? <i>info</i> | 1. <input checked="" type="checkbox"/> Yes |
| 2. Are the postsecondary goals updated annually? <i>info</i> | 2. <input checked="" type="checkbox"/> Yes |
| 3. Is there evidence that the measurable postsecondary goals were based on age appropriate transition assessment? <i>info</i> | 3. <input checked="" type="checkbox"/> Yes |
| 4. Are there transition services that will reasonably enable the student to meet their postsecondary goals? <i>info</i> | 4. <input checked="" type="checkbox"/> Yes |
| 5. Do the transition services include a course of study that is a multi-year description of coursework from the student's current year to anticipated exit year and that is designed to help the student achieve the identified postsecondary goals? <i>info</i> | 5. <input checked="" type="checkbox"/> Yes |
| 6. Is (are) there annual IEP goal(s) related to the student's transition services needs? <i>info</i> | 6. <input checked="" type="checkbox"/> Yes |
| 7. Is there evidence that the student was invited to the IEP team meeting where transition services were discussed? <i>info</i> | 7. <input checked="" type="checkbox"/> Yes |
| 8. If appropriate, is there evidence that a representative of any participating agency was invited to the IEP team meeting with the prior consent of the parent or student who has reached the age of majority? <i>info</i> | 8. <input type="radio"/> Yes <input checked="" type="radio"/> N/A |