

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

Student Identification Number

**Eligible (SLD)**

Student     
Last First MI

Date of Birth

**Section A: Meeting Information**

Pertinent Dates		Type of Meeting	
Date of Initial IEP Team Meeting	<input type="text" value="11-JAN-2018"/>	<input checked="" type="radio"/> Initial	<input type="radio"/> Amendment of IEP dated <input type="text"/>
Date of Present Meeting	<input type="text" value="11-JAN-2018"/>	<input type="radio"/> Annual Review	<input type="radio"/> Early Start Transition
Annual Review to be conducted by	<input type="text" value="11-JAN-2019"/>	<input type="radio"/> Three Year Review	<input type="radio"/> Expulsion Analysis
Next Three Year Review will be conducted by	<input type="text" value="11-JAN-2021"/>	<input type="radio"/> Other <input type="text"/>	<input type="radio"/> Individual Transition Plan
Three Year Review or Evaluation was conducted on	<input type="text" value="11-JAN-2018"/>		
Transition to Kindergarten to be conducted by	<input type="text"/>		
Location of Meeting: <input type="text" value="Colfax Charter Elementary School"/>		District Name: <input type="text" value="Los Angeles Unified School District"/>	

**Section B: Student Information**

Date of Birth  Age  Grade  Gender  Male  Female Limited English Proficient Student  Yes  No

Ethnic Code

Location of the Psych Folder:  Student has no Psych Folder:

Location of the Cum Folder:  Student has no 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)?  No  Yes FFH#  Is FFH Provider related to student?  No  Yes

Relationship

Licensed Children's Institution  No  Yes LCI Name  LCI#

Out of home placement made by:  Department of Mental Health  Department of Children's Services  Regional Center  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 ANCONINA NADAV

Date of Birth 29-OCT-2007

Meeting Date 11-JAN-2018

Section C: Language Acquisition

Language Classification: Initially Identified Fluent English Proficient Start Date: 06-SEP-2012 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. <input type="text"/>	<input type="radio"/>	<input type="radio"/>	Does not apply. This is an Initial IEP.
Objective 1 met	<input type="radio"/>	<input type="radio"/>	
Objective 2 met	<input type="radio"/>	<input type="radio"/>	
2. <input type="text"/>	<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. <input type="text"/>	<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. <input type="text"/>	<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="text"/>	<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="text"/>	<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="text"/>	<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="text"/>	<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="text"/>	<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="text"/>	<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 ANCONINA NADAV

Date of Birth 29-OCT-2007

Meeting Date 11-JAN-2018

Section E: Present Level of Performance

Performance Area: Reading  
 Assessment/Monitoring Process Used: WJC IV, DIBELS, informal assessments, work samples, and observations  
 State/District Assessment Results: SBAC ELA = NOT MET (2331)

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

WCJ IV Form A READING SS-84, BROAD READING SS-81, BASIC READING SKILLS SS-83, READING FLUENCY SS-78, Letter-Word Identification SS-86, Passage Comprehension SS-83, Word Attack SS-79, Oral Reading SS-81, Sentence Reading Fluency SS-79  
 TRC level = k Lexile level 295L

DIBELS Beginning of the Year (BOY)	Fluency	Accuracy	Retell	Comprehension
27/27	4/15		53/90	87/96
DIBELS Middle of the Year (MOY)	64/103	88/97	19/30	12/17

Strengths: Nadav is independently decoding and comprehending on a second grade level. Since the beginning of the year, he has slightly improved in his fluency and accuracy rate on grade level text. He can answer basic who, what, where, and when comp. questions about a grade level text. On Raz Kids he consistently answers comprehension questions on Level K (2nd gr.) with 80% accuracy.

Challenges/Needs: Nadav is independently decoding and comprehending on a beginning 2nd grade level. This continues to make reading grade level material, across all subject areas, very difficult for him. He needs to continue to work on increasing his fluency and accuracy rate. He participates in a fluency building program called Read Naturally 1x a week and Raz Kids. Both of these programs have helped Nadav improve his read abilities. Nadav also needs to learn how to decode unfamiliar multisyllabic words in context and out of context by using knowledge of letter-sound correspondences and syllabication.

Impact of Disability: Nadav's Specific Learning Disability makes it difficult for him to decode and comprehend grade level text which impedes his ability to meet grade level standards.

Performance Area: Written Language  
 Assessment/Monitoring Process Used: WJC IV, informal assessments, work samples, and observations  
 State/District Assessment Results:

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

WCJ IV Form A WRITTEN LANGUAGE SS-100, BROAD WRITTEN LANG SS-100, WRITTEN EXPRESSION SS-102, Spelling SS-98, Writing Samples SS-104, Sentence Writing Fluency SS-99

Strengths: When Nadav is given a writing prompt to help him generate ideas, he can write a simple complete sentence. For example, on the Sentence Writing Fluency test he is given a picture and three words and has to create a simple sentence and he scored in the average range. In class, he does well on weekly spelling tests. He tries hard to complete grade level writing tasks in class.

Challenges/Needs: Nadav has a difficult time completing grade level writing tasks without one on one adult support to help him through each step of the writing process. He has a difficult time organizing his ideas into a logical sequence to write a multi-paragraph narrative. He struggles with grammar as well as adding details during the revising stage of the writing process. He needs a lot of adult guidance through the writing process and on projects where he doesn't receive help, his writing piece is often hard to understand what he was trying to convey.

Impact of Disability: Nadav's Specific Learning Disability makes it difficult for him to write using grade level skills which impedes his ability to meet grade level standards.

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student ANCONINA NADAV

Date of Birth 29-OCT-2007


Meeting Date 11-JAN-2018

## Section E: Present Level of Performance

Performance Area: Mathematics

Assessment/Monitoring Process Used: WJC IV, informal assessments, work samples, and observations

State/District Assessment Results: SBAC Math = NEARLY MET (2392)

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

WCJ IV Form A MATHEMATICS SS-92, BROAD MATHEMATICS SS-87, MATH CALC SKILLS SS-81, Applied Problems SS-103, Calculation SS-83, Math Facts Fluency SS-81

Mid-Module 1 assessment: 31% End of Module 1 assessment: 67%  
Mid-Module 2 assessment: 63% End of Module 2 assessment: 80%

Strengths: Based on informal assessments, math is a relative strength for Nadav. He has good number sense and is able to solve multi-digit addition and subtraction problems with regrouping. Nadav is beginning to learn multiplication facts and can apply that knowledge to solve multiplication and division problems. He has basic problem solving skills.


Challenges/Needs: Nadav struggles with more complex word problems and finding the correct strategy to solve them correctly. Although he understands basic multiplication and division he does not have automaticity. Because Nadav struggles in reading, he has difficulty reading math problems and solving them correctly. He makes simple mistakes when calculating and makes simple errors. Nadav needs to learn how to use words, numbers, symbols, or graphs to explain the math reasoning necessary to find the solution.

Impact of Disability: Nadav's Specific Learning Disability makes it difficult for him to solve grade level math problems which impedes his ability to meet grade level standards.

Performance Area: Pre. Vocational Education

Assessment/Monitoring Process Used: Informal assessments, work samples, observations, and teacher questionnaire

State/District Assessment Results:

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

Strengths: Nadav wants to do well in school and tries hard when he is given an assignment. He completes his homework on a consistent basis and turns it in when it is due. He is able to participate in class discussions and often volunteers to share his ideas. During recess and lunch he plays on the yard with his friends.

Challenges/Needs: Nadav has a hard time keeping his desk and materials organized where he can find them when needed. He often loses things and spends time looking for them or redoing the work. He needs a lot of adult support to complete many grade level tasks he is given, though he is overconfident in his skills so he doesn't always recognize when he needs help. There are times in the class and on the yard where Nadav has a difficult time following the rules. His teacher reports Nadav has a difficult time following multi-step directions in class. He needs to ask for clarification and/or help if he doesn't understand what he is suppose to do. He sometimes needs an adult to help him solve peer issues. In all areas under Characteristics and Behaviors of a College-Prepared and Career-Ready Learner on the most recent report card, he earned a 'sometimes.'

Impact of Disability: Nadav's Specific Learning Disability makes it difficult for him to complete grade level tasks independently which impedes his ability to meet grade level standards.

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Section E: Present Level of Performance

Performance Area: Health
Assessment/Monitoring Process Used: Health Assessment
State/District Assessment Results:

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

Health assessment for initial IEP was completed on 11/03/2017 with health information provided by the mother. Nadav is a healthy 10 year old male student, no daily prescribed medication at this time and no significant medical problem. He was born full term by normal delivery without any prenatal, birth or newborn complication, his developmental milestones on both motor and speech were age appropriate as recalled by mother. He has history of tonsillectomy last year, a surgical procedure to remove tonsils, to treat chronic infection and inflammation of the tonsils per mother healed without complication.
Area of Strength: Physically well child. He passed vision screening on 04/05./2017 and passed LAUSD hearing test on 05/10/2017. No history of any serious health problem, no major injuries and no known allergies per mother. He is independent of activities of daily living and no problem with mobility.
Area of Need: Health is not an area of need at this time.
Impact of Disability: Health does not impact student's participation, performance and access to the educational program.
Accommodation: None related to health.
Completed By: Irene Co, RN

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):

[Empty text box for current performance/assessment summary]

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Section E: Present Level of Performance

Performance Area: General Ability

Assessment/Monitoring Process Used: Alternative Assessment

State/District Assessment Results:

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

Strengths: Alternative assessment procedures indicate that Nadav's ability to learn, apply knowledge, generalize, utilize abstract concepts, and evaluate appears to fall within the average range of intellectual ability. He has average skills in planning, i.e., he has a good ability to use strategies to solve problems, especially with pencil-to-paper tasks. Average scores are noted in those CAS subscales where the student is required to focus on a cognitive activity while resisting distractions. Successive processing falls in the average range, indicating good auditory short term memory. His visual processing falls in the overall average. Simultaneous processing falls in the low average to average range indicating he has a good ability to relate pieces of information into a group and see how parts are related. His overall auditory processing falls in the average range with average scores in auditory memory and high average scores in phonological processing and auditory reasoning as demonstrated on the TAPS. Visual motor integration falls in the average range as demonstrated on the VMI.

Areas of need: General memory according to the WRAML is in the overall low average range with below average scores noted in visual memory. Attention is an area of relative weakness as well.

Impact of disability: Nadav's Specific Learning Disability may negatively affect his ability to access the general education.

Performance Area: Social Emotional

Assessment/Monitoring Process Used: BASC, Conners, Observation, Interview

State/District Assessment Results:

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

Strengths: Nadav is described as a student who can be very kind and friendly. According to his fourth grade teacher, Nadav is very interested and tries hard. Nadav is very social and has many friends. He is well liked by peers. According to Nadav he enjoys riding his bike, playing at the park, playing Pokemon and learning about science.

Areas of need: Nadav has a history of some difficulty following directions, following rules and can be somewhat impulsive and distractible. He also has a history of being disruptive and having some difficulty relating socially to his peers. He is easily distracted and equates doing his work quickly with doing it well. He often rushes and makes many mistakes. He often talks too much. He struggles to keep his hands to himself. Rule following and impulsivity are also an area of concern. According to the Conners? Rating Scale administered to his teacher, elevated and at risk scores were noted in Inattention, Hyperactivity/Impulsivity, Learning Problems/Executive Functioning, Defiance and Peer Relations. On the Conners? Rating Scale filled out by his parent, significant scores were noted in Inattention, Hyperactivity/Impulsivity, Learning Problems, Defiance and Peer Relations. According to the BASC-2 administered to his teacher, Clinically Significant scores were noted in Hyperactivity, Learning Problems School Problems, Atypicality and the Behavioral Symptoms Index. At Risk range scores were noted in Aggression, Conduct Problems, Externalizing Problems and Attention Problems. According to the BASC-2 administered to his parent, Clinically Significant scores were noted in Attention Problems

Impact of disability: Nadav's Specific Learning Disability may negatively affect his ability to access the general education.

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Section E: Present Level of Performance

Performance Area: Language/Communication  
 Assessment/Monitoring Process Used: Informal, Observation  
 State/District Assessment Results:

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

Current Level/Strengths: Per observation, Nadav is able to engage in spontaneous speech and uses an age appropriate vocabulary. He is able to answer open ended questions and he is very easy to understand. Maxwell makes good eye contact while speaking. He uses good turn taking skills and can introduce and change topics in a conversation with ease. He enjoys engaging in spontaneous conversation with others, especially in an individualized setting. He is an active and creative oral participant in class discussions. The language spoken in the home is English and Hebrew. He received a 2 in Effective Expression through Speaking and Listening on the first reporting unit of his 4th grade report card.

Areas of Need: There are no areas of need in this area.

Impact of disability: Nadav's Specific Learning Disability may negatively affect his ability to access the general education.

Performance Area: Motor  
 Assessment/Monitoring Process Used: VMI, observations  
 State/District Assessment Results:

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

Current Level/Strengths: Nadav's gross motor skills appear to be within the average ranges. He is able to run, jump, throw and walk based on informal observations. He is able to navigate the educational environment with ease. He is agile. He enjoys playing handball and dodge ball at school. He received a 3 in Physical Education on his most recent 4th grade report card.  
 Fine Motor: At this time, evaluation of writing samples indicate that Nadav's writing is legible and he is able to complete fine motor tasks (writing, cutting, etc.) without difficulty. Scores from the Test of Visual Motor Integration indicate an average score. This test measures the ability to integrate visual perceptual and motor (finger and hand) movements. The test requires the individual to copy onto paper, geometric shapes that increase in difficulty and are presented visually. On this test, Nadav received a standard score of 90 and performed at the 25th percentile rank. Nadav was able to copy three intersecting lines, six small circles in the form of a triangle, a vertical diamond, two integrated figures and two overlapping rays. He had difficulty copying a horizontal diamond, a circle and a diamond touching but not overlapping, a triangle within a triangle and 8 dots in the form of a circle.

Areas of Need: There are no areas of need in this area.

Impact of disability: Nadav's Specific Learning Disability may negatively affect his ability to access the general education.

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Date of Birth 29-OCT-2007

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**Section F: Eligibility**

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

Specific Learning Disability (SLD)

For Initial IEP, interventions attempted prior to determining eligibility:

seating arrangements, small group instruction with teacher, individualized instruction when possible, parent conferences, SSPT's, repetition of directions, ongoing prompting and redirection, positive reinforcement, Raz Kids, Jiji Math, afterschool tutoring,

Eligible as a student with the disability of:

Code: SLD Specific Learning Disability

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



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Section G: Annual Goals and Objectives

Performance Area: Reading

Annual Goal # 1 GB

Nadav will decode multisyllabic words in isolation and/or in text with adult guidance as measured by student work samples in 4 out of 5 trials with 90% 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:

Nadav will decode 2 syllable words in isolation and/or in text with adult guidance as measured by student work samples in 3 out of 5 trials with 80% accuracy.

Date to be achieved May 2018 MO/YR

Incremental objective #2 related to the goal:

Nadav will decode multisyllabic words in isolation and/or in text with adult guidance as measured by student work samples in 3 out of 5 trials with 85% accuracy.

Date to be achieved September 2018 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: _____	Date: _____	Date: _____	Date: _____	
Progress Mark: _____	Progress Mark: _____	Progress Mark: _____	Progress Mark: _____	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 _____	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other _____	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other _____	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other _____	If "No" please explain:   

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**Section G: Annual Goals and Objectives**

Performance Area:

Annual Goal #

With guidance and support from an adult, Nadav will write 3 or more paragraphs in which the development/organization are appropriate to the task and/ or purpose as measured by student work samples in 2 out of 3 trials with 70% 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 guidance and support from an adult, Nadav will write 1 or more paragraphs in which the development/organization are appropriate to the task and/ or purpose as measured by student work samples in 2 out of 3 trials with 70% accuracy.

Date to be achieved   MO/YR

**Incremental objective #2 related to the goal:**

With guidance and support from an adult, Nadav will write 2 or more paragraphs in which the development/organization are appropriate to the task and/ or purpose as measured by student work samples in 2 out of 3 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"/>

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Meeting Date

**Section G: Annual Goals and Objectives**

Performance Area:

Annual Goal #

When given a 5th grade problem, Nadav will use words, numbers, symbols, or graphs to explain the math reasoning necessary to find the solution with 70% accuracy in 4 of 5 trials as measured by teacher-made tests/student work samples.

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 4th grade problem, Nadav will use words, numbers, symbols, or graphs to explain the math reasoning necessary to find the solution with 70% accuracy in 4 of 5 trials as measured by teacher-made tests/student work samples.

Date to be achieved   MO/YR

**Incremental objective #2 related to the goal:**

When given a 4th grade problem, Nadav will use words, numbers, symbols, or graphs to explain the math reasoning necessary to find the solution with 75% accuracy in 4 of 5 trials as measured by teacher-made tests/student work samples.

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:   

**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 Nadav is given a multi-step direction in class he will follow the direction or ask for ask for clarification if he doesn't understand them with 70% accuracy in 4 out of 5 trials.

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 Nadav is given a multi-step direction in class he will follow the direction or ask for ask for clarification if he doesn't understand them with no more than 2 teacher prompts with 70% accuracy in 4 out of 5 trials.

Date to be achieved   MO/YR

**Incremental objective #2 related to the goal:**

When Nadav is given a multi-step direction in class he will follow the direction or ask for ask for clarification if he doesn't understand them with no more than 1 teacher prompt with 70% accuracy in 4 out of 5 trials.

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** ANCONINA

NADAV

**Date of Birth** 29-OCT-2007

**Meeting Date** 11-JAN-2018

**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:

- Test in a separate/smaller setting
- Text-to-speech software enabled (for math items and ELA items except for reading passages)

Accommodations:

- Text-to-Speech software enabled for ELA reading passages (embedded accommodation).

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student	ANCONINA	NADAV		Date of Birth	29-OCT-2007	Meeting Date	11-JAN-2018
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Section N: Procedural Safeguards and Follow-up Actions

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

Is the parent/guardian requesting translation services? Yes  No

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

Specify the Individual Pages to be translated:

Special Requests:

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

THIS SPACE DELIBERATELY LEFT BLANK.

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

Student

Date of Birth

Meeting Date

**Section Q: Parent Participation and Consent**

Parent Participation	Parent Notification		
<input checked="" type="radio"/> Parent/Student (18-21) has participated in the IEP meeting. <input type="radio"/> Parent/Student (18-21) indicated before the meeting that they would not be able to attend. <input type="radio"/> Parent/Student (18-21) was notified 3 times of the meeting time and place. Parent/Student (18-21) did not respond to any of the meeting notifications and the meeting was held without the Parent/Student (18-21) present.. <input type="radio"/> Parent/Student (18-21) did not attend and gave permission to proceed without them if they did not attend.	Method	Whom	When
	Student	PATRICIA	27-NOV-2017
<i>I (PARENT) acknowledge that the IEP meeting was rescheduled to this date at my request. _____ (Parent initials here ONLY if the PARENT requested that the IEP meeting be rescheduled.)</i>			

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

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

Parent/Student (18-21) **AGREES** to all components of the IEP.

Parent/Student (18-21) **AGREES** to all components of the proposed IEP **WITH THE SPECIFIC EXCEPTION(S)** stated below:

- Assessment Specify
- Eligibility Specify
- Instructional Setting Specify
- Services Specify

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

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

**Parent Concerns and Comments**

Signature(s) \_\_\_\_\_ / \_\_\_\_\_ Date

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

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

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

Signature(s) \_\_\_\_\_ / \_\_\_\_\_ Date

## PARENT INPUT SURVEY

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

**ALL INFORMATION IS CONFIDENTIAL**

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

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



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

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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="Esther Anconina"/>	
Parent/Guardian	<input type="text" value="Yehuda Anconina"/>	
Student Age 18 - 21 years	<input type="text"/>	
Student Under Age 18 years	<input type="text"/>	
Surrogate Parent	<input type="text"/>	
Foster Parent	<input type="text"/>	
Family Foster Home Provider	<input type="text"/>	
Administrator	<input type="text" value="Brandon Binder"/>	
Administrative Designee	<input type="text"/>	
Special Education Teacher	<input type="text" value="Jennifer Garcia"/>	
General Education Teacher	<input type="text" value="Bridget Betts"/>	
School Psychologist	<input type="text" value="Debora Doryon"/>	
School Nurse	<input type="text"/>	
Related Service Staff <input type="text"/>	<input type="text"/>	
Related Service Staff <input type="text"/>	<input type="text"/>	
Related Service Staff <input type="text"/>	<input type="text"/>	
Interpreter	<input type="text"/>	
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"/>	<input type="text"/>	
Other <input type="text"/>	<input type="text"/>	
Other <input type="text"/>	<input type="text"/>	
Other <input type="text"/>	<input type="text"/>	

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

Student

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.
<div style="border: 1px solid black; height: 40px;"></div>		

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.
<div style="border: 1px solid black; height: 40px;"></div>		

Student ANCONINA NADAV

Date of Birth 29-OCT-2007

Meeting Date 11-JAN-2018

**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: 40px;"></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: 40px;"></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: 40px;"></div>		

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 1 - Eligibility, Placements and Supports

Student    Date of Birth  Meeting Date

	As of Date:	Effective With this IEP	Future Changes Related to this IEP
		<input type="text" value="11-JAN-2018"/>	<input type="text"/>
Eligibility: (from Page 4)	<i>Final IEP Reason</i> <i>Final IEP Effective Date:</i>	<b>Eligible (SLD)</b>	
Curriculum		General Education	
Placement	Type of School	District Resident School	
	Name of School	COLFAX EL(CHARTER)	
Instructional Setting	Setting	General Education	
	Program	GE	
	Special Day Minutes/Wk		
	Addresses Goals	1(Reading),2(Written Language),3 (Mathematics),(Pre. Voc. Ed.)	
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	expectations clearly stated (verbal/visual) and clear consequences for negative behavior, frequent break opportunities, task broken down in smaller chunks for success, shortened assignments, preferential seating, note taking assistance, tests read aloud, and check agenda book for accuracy.	
	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 type="radio"/> No <input type="radio"/>	
	If the Parent does not agree, specify the area(s) to be reassessed.		
<b>Comments, as appropriate</b>			
Low Incidence Equipment			
Assistive Technology Equipment			
Participation in General Education			

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student

Date of Birth

Meeting Date

**Effective With This IEP**

**Future Changes Related To This IEP**

Service 1

Start Date: Effective on Signature Date  
11-Jan-2018

**RSP**

End Date:

**RSP**

Service applies to: Regular

Frequency: 1-5

This service addresses the following goals:

Interval: Weekly

3(Mathematics)

Minutes/Interval: 60

(Pre. Voc. Ed.)

Minutes/Interval (Pullout from Gen Ed): 60

Service Delivery Model: RSP: Direct Instruction Services\*

RSP Area: Math

Responsible Personnel: Resource Specialist Teacher  
General Education Teacher

\*

Service 2

Start Date: Effective on Signature Date  
11-Jan-2018

**RSP**

End Date:

**RSP**

Service applies to: Regular

Frequency: 1-5

This service addresses the following goals:

Interval: Weekly

1(Reading)

Minutes/Interval: 80

2(Written Language)

Minutes/Interval (Pullout from Gen Ed): 80

(Pre. Voc. Ed.)

Service Delivery Model: RSP: Direct Instruction Services\*

RSP Area: Literacy/ELA/ELD

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="9"/> %	

Part 4 - Additional Discussion (This section is optional)

1/11/18: The IEP team met today to hold Nadav's initial IEP meeting. After introductions and the introductory statement, the health assessment was read. The parents agreed with the assessment. Next the School Psychologist presented the results from Nadav's assessments. Nadav had 2 SST meetings prior to being assessed for Special Education Services. He scored in the Average range on all parts of the CASP. On his Visual Processing test also scored in the average range. On his auditory processing test he also scored in the average range. On his memory and learning test he scored in the average to low average range. He struggled with long term memory retrieval. In the area of attention Nadav struggled with being easily distracted. On the rating scales completed by the parent he scored high in the areas of hyperactivity and inattention. Attention and visual long-term memory retrieval are Nadav's primary struggles. Next the Special Education teacher and General Education teacher shared an assessment of Nadav's academics. Nadav does well with story retelling, but struggles with comprehending what he reads. He is also struggling with his decoding ability. During part of the testing session Nadav refused to read. In the area of math he does well in the classroom, but had a mix of borderline to low average range scores on the WJ-III. His classroom teacher that sometimes exhibits defiance and his parents agreed that they see it frequently at home. The Gen Ed teacher said that it's not frequently, but she does see it when it is time for him to complete activities that he does not prefer. The team agrees that he sometimes uses the defiance to mask some of his academic struggles. Nadav does qualify for SPED services under an SLD eligibility because of his struggles with attention and memory retrieval. The team suggested giving Nadav a structured time and place to complete his homework.

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

(SLD, pg. 1 of 1)

Student ANCONINA

NADAV

Date of Birth 29-OCT-2007

Meeting Date 11-JAN-2018

**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

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

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    Date of Birth  Meeting Date

**FAPE Summary Grid**

**Program:** GE **Setting:** General Education  
**Eligibility:** Eligible (SLD) **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	60	Mathematics, Pre. Voc. Ed.
RSP	RSP	Effective on Signature Date	Regular	Weekly	1-5	RSP-Literacy/ELA/ELD	80	Reading, Written Language, Pre. Voc. 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.