

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Identification Number W2675429

Eligible (SLD)

Student AZAR LIEL MI

Date of Birth 01-JAN-2010

Section A: Meeting Information

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

Section B: Student Information

Form containing student details: Date of Birth (01-JAN-2010), Age (8), Grade (2), Gender (Female), Ethnic Code (White), Home Address (5150 YARMOUTH AVE, ENCINO, CA 91316), School of Attendance (Private School Office (1536)), and Parent/Guardian (Sharon Azar).

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 **AZAR** **LIEL** **Date of Birth** 01-JAN-2010 **Meeting Date** 05-JUN-2018

Section C: Language Acquisition

Language Classification: **Start Date:** **Reclassification Date:**

Parent Waiver: Yes No

Elementary English Language Development Level: **Start Date:**

Secondary English Language Development Level: **Start Date:**

Communication Observation Matrix Level: **Start Date:**

Section D: Goal Achievement from Current IEP

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

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LIEL

Date of Birth 01-JAN-2010


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Section E: Present Level of Performance

Performance Area: Optometrist report

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

Per optometrist report dated 05/25/18-


Recommendations-

1. Prism eyeglasses to help compensate for convergence difficulty, worn for all tasks that involve reading or writing.
2. Use a line marker to help keep place more easily when reading.
3. Extended computer use limited to a maximum of 20 minutes before taking a break.
4. Allow to write on every other line instead of every line.
5. Breaks of 1-2 minutes after 10 minutes of close work.
6. Reassess in 6 months.

Performance Area: Health

Assessment/Monitoring Process Used: Interview with mother

State/District Assessment Results:

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

Health Summary: LAUSD Initial Health Assessment was completed on 12/02/16 with information provided by mother and a review of health records.

Mother reports uneventful pregnancy and developmental milestones were within normal limits. There were no prenatal, birth, or newborn complications.

Strengths: General good health; normal growth and development; milestones within normal limits for both motor and speech; passed vision screening on 12/02/16 and hearing screening on 10/20/16. No history of serious illness, allergies, surgery, or hospitalization; no daily medications or known health problems. Physical exam done on 10/20/16.

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

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

Accommodations: None.

N.Tomar R.N.
12/01/16

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District


Student AZAR


LIEL

Date of Birth 01-JAN-2010

Meeting Date 05-JUN-2018

Section E: Present Level of Performance

Performance Area:	Reading	
Assessment/Monitoring Process Used:	WJ4, teacher survey, observation, work samples	
State/District Assessment Results:		
Current Performance/Assessment Summary (include student strengths, student needs and impact of disability on student performance): 		
Woodcock Johnson IV Scoring		
Test Areas	SS	Classification
Broad Reading	70	low
Letter-Word Identification	72	low
Passage Comprehension	78	low
Sentence Reading Fluency	74	low
Strengths: Liel is able to distinguish initial, medial and final sounds in a single syllable words. When working on group reading assignments Liel will answer who, what, where and how questions about a story. When working one on one Liel will retell main ideas of a simple text. Liel has an emerging ability to match some oral words to printed words.		
Needs: Liel has difficulty blending letter sounds to form words. Liel is unable to make sounds from all the letters or letter patterns. She is unable to read common irregular sight words that have been introduced through out the year. Liel struggles to create and state a series of rhyming words. Liel has not yet shown the ability to identify plot, setting, or characters in a story. Liel is unable to identify the beginning, middle and end of a story. Liel struggles to read aloud with fluency in a manner that sounds like natural speech.		
Impact of Disability:		

Performance Area:	Written Language	
Assessment/Monitoring Process Used:	WJ4, teacher survey, observation, work samples	
State/District Assessment Results:		
Current Performance/Assessment Summary (include student strengths, student needs and impact of disability on student performance): 		
Woodcock Johnson IV Scoring		
Test Areas	SS	Classification
Broad Written Language	64	very low
Spelling	84	low average
Writing Samples	54	very low
Sentence Writing Fluency	81	low average
Strengths: When writing letters are properly formed and she shows good spacing between her letters. Liel has an emerging ability to use periods at the end of her sentences.		
Needs: Liel has not shown an ability to write short, complete, coherent sentences. Liel is currently unable to write brief descriptions of objects, people, places or events. Liel has not shown that she can consistently spell three and four letter short vowel words or grade level appropriate sight words. Liel struggles to capitalize the first word in a sentence or proper nouns.		

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Section E: Present Level of Performance

Performance Area: Mathematics

Assessment/Monitoring Process Used: WJ4, teacher survey, observation, work samples

State/District Assessment Results:

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

Woodcock Johnson IV Scoring		
Test Areas	SS	Classification
Broad Mathematics	77	low
Math Calculations	86	low average
Applied Problems	76	low
Math Facts Fluency	78	low


Strengths: Liel is able to count and read numbers up to 15. Liel knows her addition and subtraction facts up to 10. Liel understands the math symbols +, - and =. If familiar with a location, Liel can follow directions to that location.

Needs: Liel is unable to count and read numbers from 16-100. Liel is unable to count by 2s, 5s and 10s. Liel is unable to solve addition/subtraction problems that involve 1 digit numbers greater than 2 (7+3 or 9-4). Liel is unable to find the sum of three 1 digit numbers (1+2+3). Liel has not yet demonstrated the ability to understand grade level math vocabulary, such as putting items together or taking away.

Performance Area: Pre-vocational

Assessment/Monitoring Process Used: teacher survey, observation

State/District Assessment Results:

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

Strengths: Liel shows proper respect for adults and peers. It has been observed that Liel shows perseverance and a desire to learn. She has shown the ability to assume responsibilities for her actions and will make appropriate actions in the classroom, according to teacher. Liel will complete her homework regularly.

Needs: Liel's teacher believes that Liel struggles to cope with frustrating situations. Per teacher, Liel struggles to stay focused when working in a noisy atmosphere. Liel often does not start work on time and may need prompts to stay on task. Liel has shown an inability to work independently and struggles to work in a large classroom setting.

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Section E: Present Level of Performance

Performance Area: Cognitive Ability/Psychological Processing

Assessment/Monitoring Process Used: alternative assessment, review of records, interviews

State/District Assessment Results:

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

Current Level/Strength: Based on alternative procedures for measuring intellectual ability, including review of data, interviews, observations, and standardized measures, Liel is functioning within the average range. Her ability to detect specific numbers that were in a particular typeface while ignoring those that were not was within the high average range. She displayed average skills when required to complete a sequence of codes by matching a specific set of symbols with particular letters of the alphabet. Her ability to connect a series of stimuli in a specified order was within the average range. She demonstrated average skills in her understanding of verbal directions to indicate how different geometric symbols were positioned relative to each other when given verbal prompts. She displayed high average skills in recalling and repeating a series of unrelated words. Her ability to retain and repeat a series of meaningless ?nonsensical? sentences was within the average range. She demonstrated average skills in recalling numbers verbatim forward and low average range in recalling numbers in reversed order. She demonstrated average range in retaining and recalling words in sequence and low average ability to retain and recall a sentence of increasing difficulty. Liel demonstrated average skills in comprehending oral text. She demonstrated average in manipulating phonemes within words. Liel demonstrated low average ability when required to name targeted stimuli. Liel demonstrated low average skills when she was required to complete various visual patterns by determining how different shapes relate to each other. Liel demonstrated low average skills in blending sounds into words.


Area of Need/Weaknesses: She demonstrated below average skills in discriminating similar sounding words and below average in higher order linguistic processing. Liel's visual perceptual skills are estimated to be within the below average range.

Impact of weaknesses/Disability: A specific Learning Disability is impacting Liel's ability to access the general education curriculum.

Performance Area: Language Function

Assessment/Monitoring Process Used: alternative assessment, review of records, interviews

State/District Assessment Results:

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

Current Level/Strength: Liel's primary language is English. Her home language is English. Liel is also exposed to Hebrew however Liel reports that she cannot speak Hebrew and understands very little. Liel is designated as an English Only (EO) speaking student. Liel's teacher reported that Liel is able to follow/understand 1-2 step directions. Her performance on the TAPS comprehension was in the average range indicating that she is able to comprehend oral instructions and questions. On the Woodcock Munoz Language Survey, Liel's Listening ability (primarily receptive English language skills) which measures listening ability, comprehension, and linguistic competency was in the fluent range. Teacher report reveals that Liel is speaks slowly in simple, short sentences. She participates in discussion when called on but does not volunteer. She can narrate events/stories in a simple manner. On the Woodcock Munoz Language Survey, Liel revealed fluent English Oral Expression (primarily expressive English language skills); this measures expressive vocabulary, language comprehension and development, and meaningful memory.

Area of Need/Weaknesses: No area of need.

Impact of weaknesses/Disability: No impact of weakness.

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Section E: Present Level of Performance

Performance Area: Social/Emotional

Assessment/Monitoring Process Used: observations, interview, review of records

State/District Assessment Results:

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

Current Level/Strength: Parent and teacher ratings reveal average/no concern in externalizing problems (which includes the hyperactivity, aggression, and conduct problems scales). Ratings reveal average/no concern in the depression, adaptability, and social skills scales. Parent ratings also reveal average/no concern in the Internalizing problems composite (which includes anxiety and somatization). Parent ratings also suggest average/no concern in the Behavioral Symptoms (which includes atypicality, withdrawal, and attention problems). Parent ratings suggest average/no concern in the Adaptive Skills (which includes Adaptability, Social Skills, Leadership, Activities of Daily Living, and Functional Communication) composite. Ratings in the Conners? reveal average/no concern with hyperactivity/impulsivity and defiance/aggression.


Area of Need/Weaknesses: Teacher ratings indicate at-risk concern Adaptive Skills (which includes Adaptability, Social Skills, Leadership, Activities of Daily Living, and Functional Communication) composite. Teacher ratings indicate clinically significant concern in the internalizing problems composite (anxiety and somatization). Teacher ratings also suggest overall at-risk concern in the Behavioral Symptoms (which includes atypicality, withdrawal, and attention problems). Ratings in the Conners? teacher indicate concern with inattention and learning problems. Conners? parent ratings indicate concern with peer relationships. It appears that Liel is a shy and introverted young girl who does not self advocate for herself in the classroom and the home. It appears that teacher concerns with inattention appear to be primarily due to underlying learning issues.

Impact of weaknesses/Disability: A specific learning disability is impacting Liel's ability to access the general education curriculum.

Performance Area: Motor Abilities

Assessment/Monitoring Process Used: review of records, interviews, observations, alternative assessment

State/District Assessment Results:

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

Current Level/Strength: Informal observations reveal the Liel is right-hand dominant. Liel's penmanship is functional, neat, and she uses adequate spacing. At this time, Liel's motor skills are functional and she is able to access the general education curriculum. Teacher reports that Liel can cut on lines and trace over words written in highlighter. She needs to improve handwriting and forming letters correctly. She is able to grasp and use writing tools using pincer grip. School records and informal observations reveal that Liel has a history of age appropriate gross motor skills. A review of records indicates a history of enrollment in the regular physical educational program. Liel is able to walk and run without assistance or difficulty. She is in the general Physical Education (P.E.) program. She has a history of earning proficient marks on her report cards. Teacher reports that Liel has age appropriate gross motor skills. Overall, records reveal that Liel has proficient gross motor skills. Her gross motor skills are age appropriate and she is able to access the general education curriculum and campus.

Area of Need/Weaknesses: No area of need.

Impact of weaknesses/Disability: No impact of weakness.

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Section F: Eligibility

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

Specific Learning Disability

For Initial IEP, interventions attempted prior to determining eligibility:

Liel has a history of receiving educational resources outside of the classroom since last year and also received help during the summer, between kindergarten and first grade. Liel works with a Title 1 coordinator and as a resource teacher two times a week. There have also been 3 Student Success Team meetings

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

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Student Date of Birth Meeting Date

Section G: Annual Goals and Objectives

Performance Area:

Annual Goal #

Liel will orally produce 25 single-syllable words by blending sounds (phonemes), including consonant blends as measured by observation 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:

Liel will orally produce 10 single-syllable words by blending sounds (phonemes), including consonant blends as measured by observation in 2 out of 3 trials with 50% accuracy.

Date to be achieved MO/YR

Incremental objective #2 related to the goal:

Liel will orally produce 20 single-syllable words by blending sounds (phonemes), including consonant blends as measured by observation in 2 out of 3 trials with 60% 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	Goal Achievement
Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	(Secondary Only) Date: <input type="text"/>	
Progress Mark: <input type="text"/>	Progress Mark: <input type="text"/>	Progress Mark: <input type="text"/>	Progress Mark: <input type="text"/>	Objective 1 Met: <input type="radio"/> Yes <input type="radio"/> No
Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Objective 2 Met: <input type="radio"/> Yes <input type="radio"/> No
If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please explain: <input type="text"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Date of Birth Meeting Date

Section G: Annual Goals and Objectives

Performance Area:

Annual Goal #

Liel will demonstrate understanding of the basic features of print by identifying the distinguishing features of a sentence (e.g., first word, capitalization, ending punctuation) 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:

Liel will demonstrate understanding of the basic features of print by identifying the distinguishing features of a sentence (e.g., first word, capitalization, ending punctuation) as measured by student work samples in 2 out of 3 trials with 50% accuracy.

Date to be achieved MO/YR

Incremental objective #2 related to the goal:

Liel will demonstrate understanding of the basic features of print by identifying the distinguishing features of a sentence (e.g., first word, capitalization, ending punctuation) as measured by student work samples in 2 out of 3 trials with 60% 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	Goal Achievement
Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	(Secondary Only) Date: <input type="text"/>	
Progress Mark: <input type="text"/>	Progress Mark: <input type="text"/>	Progress Mark: <input type="text"/>	Progress Mark: <input type="text"/>	Objective 1 Met: <input type="radio"/> Yes <input type="radio"/> No
Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Objective 2 Met: <input type="radio"/> Yes <input type="radio"/> No
If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please explain: <input type="text"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Date of Birth Meeting Date

Section G: Annual Goals and Objectives

Performance Area:

Annual Goal #

Liel will compare two two-digit numbers based on meanings of the tens and ones digits, recording the results of comparisons with the symbols >, <, and = on a teacher generated worksheet as measured by student work samples in 2 out of 3 trials with 80% accuracy.

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

Methods of Evaluation:

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

Incremental objective #1 related to the goal:

Liel will compare two one-digit numbers based on meanings of the tens and ones digits, recording the results of comparisons with the symbols >, <, and = on a teacher generated worksheet as measured by student work samples in 2 out of 3 trials with 50% accuracy.

Date to be achieved MO/YR

Incremental objective #2 related to the goal:

Liel will compare two two-digit numbers based on meanings of the tens and ones digits, recording the results of comparisons with the symbols >, <, and = on a teacher generated worksheet as measured by student work samples in 2 out of 3 trials with 60% 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	Goal Achievement
Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	(Secondary Only) Date: <input type="text"/>	
Progress Mark: <input type="text"/>	Progress Mark: <input type="text"/>	Progress Mark: <input type="text"/>	Progress Mark: <input type="text"/>	Objective 1 Met: <input type="radio"/> Yes <input type="radio"/> No
Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Objective 2 Met: <input type="radio"/> Yes <input type="radio"/> No
If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please explain: <input type="text"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Date of Birth Meeting Date

Section G: Annual Goals and Objectives

Performance Area:

Annual Goal #

Liel will develop a plan to complete tasks independently and use this plan in 2 out of 3 trials with adult support as measured by observation or behavioral log.

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:

Liel will develop a plan to complete tasks independently and use this plan in 2 out of 3 trials with moderate adult support as measured by observation or behavioral log.

Date to be achieved MO/YR

Incremental objective #2 related to the goal:

Liel will develop a plan to complete tasks independently and use this plan in 2 out of 3 trials with minimal adult support as measured by observation or behavioral log.

Date to be achieved MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student AZAR LIEL **Date of Birth** 01-JAN-2010 **Meeting Date** 05-JUN-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.

No assesement tests found.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student	AZAR	LIEL		Date of Birth	01-JAN-2010	Meeting Date	05-JUN-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
	Phone	Mr. Ayala	01-JUN-2018
<i>I (PARENT) acknowledge that the IEP meeting was rescheduled to this date at my request. _____ (Parent initials here ONLY if the PARENT requested that the IEP meeting be rescheduled.)</i>			

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

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

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

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

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

Parent Concerns and Comments

Signature(s) _____ / _____ Date

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

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

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

Signature(s) _____ / _____ Date

PARENT INPUT SURVEY

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

ALL INFORMATION IS CONFIDENTIAL

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

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

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

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

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

Handwriting lines for providing feedback.

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

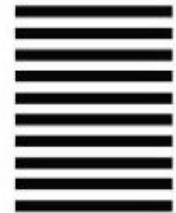


NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

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

POSTAGE WILL BE PAID BY ADDRESSEE

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



PARENT INPUT SURVEY
English

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Reconvened Meeting Date

Student

Date of Birth

Meeting Date

Section R: Names and Signatures (Signatures on File)

Team Member	Print Name	Signature
Parent/Guardian	<input type="text" value="Sharon Azar"/>	
Parent/Guardian	<input type="text"/>	
Student Age 18 - 21 years	<input type="text"/>	
Student Under Age 18 years	<input type="text"/>	
Surrogate Parent	<input type="text"/>	
Foster Parent	<input type="text"/>	
Family Foster Home Provider	<input type="text"/>	
Administrator	<input type="text" value="Ricardo Ayala"/>	
Administrative Designee	<input type="text"/>	
Special Education Teacher	<input type="text" value="Russell Wise"/>	
General Education Teacher	<input type="text" value="Stephie Bregman"/>	
School Psychologist	<input type="text"/>	
School Nurse	<input type="text" value="Nidhi Tomar"/>	
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" value="Private School Con."/>	<input type="text" value="Nancy Essenpreis"/>	
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 AZAR

LIEL

Date of Birth 01-JAN-2010

Meeting Date 05-JUN-2018

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

Student's Current Placement Type:

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

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

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

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

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

Los Angeles Unified School District

Student AZAR

LIEL

Date of Birth 01-JAN-2010

Meeting Date 05-JUN-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.

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 1 - Eligibility, Placements and Supports

Student AZAR LIEL **Date of Birth** 01-JAN-2010 **Meeting Date** 05-JUN-2018

		Effective With this IEP	Future Changes Related to this IEP
	As of Date:	05-JUN-2018	
Eligibility: (from Page 4)		Eligible (SLD)	
	Final IEP Reason Final IEP Effective Date:		//
Curriculum		General Education	
Placement	Type of School	District Resident School	
	Name of School	NESTLE AVE CHARTER	
Instructional Setting	Setting	General Education	
	Program	GE	
	Special Day Minutes/Wk		
	Addresses Goals	1(Reading),3(Mathematics),2(Written Language),4(Pre-vocational)	//
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 checked="" type="radio"/> No <input type="radio"/>	
	ESY Transportation		
Accommodation, Modifications, Supports	Instructional Accommodations	small group and individual instruction, visual cues, phonics instruction, break tasks and direction into manageable parts, frequent and consistent feedback, positive reinforcement, explicitly teach appropriate behaviors for the classroom and the school yard, pair non-preferred activity/task with a preferred one, behavior chart, consistent communication between home and school, accommodate assignments as needed, breaks as needed. Preferential sitting, next to a student for peer support.	//
	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	Do the Parent and the District (local educational agency) agree that a reassessment is unnecessary?	Yes <input type="radio"/> No <input type="radio"/>	

decision to conduct or not conduct a three-year comprehensive reassessment.)	If the Parent does not agree, specify the area(s) to be reassessed.
--	---

Comments, as appropriate

Low Incidence Equipment

Assistive Technology Equipment

Participation in General Education

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student AZAR LIEL **Date of Birth** 01-JAN-2010 **Meeting Date** 05-JUN-2018

Effective With This IEP

Future Changes Related To This IEP

Service 1

Start Date: Effective on Signature Date
05-Jun-2018

RSP

End Date:

RSP

Service applies to: Regular

Frequency: 1-5

This service addresses the following **goals:**

Interval: Weekly

1(Reading)

Minutes/Interval: 120

2(Written Language)

Minutes/Interval (Pullout from Gen Ed): 120

Service Delivery Model: Direct Service (By a Single Provider)*

RSP Area: Literacy/ELA/ELD

Responsible Personnel: Resource Specialist Teacher

*

Service 2

Start Date: Effective on Signature Date
05-Jun-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

4(Pre-vocational)

Minutes/Interval (Pullout from Gen Ed): 60

Service Delivery Model: RSP: Direct Instruction Services*

RSP Area: Math

Responsible Personnel: Resource Specialist 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

11

%

Part 4 - Additional Discussion (This section is optional)

This IEP was to review the recommendation of the VT assessor and report (see attached documents). No recommended services were made. Reassessment for VT (assessment plan) will be made December 2018.

Parent will be seeking a re-evaluation at the beginning of the 2018-2019 school year. Parents are concerned about possibility of Autism as an eligibility.

Assessment plan for complete re-evaluation will be generated 8/13/18

Assessment plan for VT (reassessment) will be generated in December 2018, per medical recommendation (see attached documents)

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-Literacy/ELA/ELD	120	Reading, Written Language
RSP	RSP	Effective on Signature Date	Regular	Weekly	1-5	RSP-Math	60	Mathematics, Pre-vocational

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.