

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Identification Number 030410M052 SSID 6699709708

Eligible (AUT)

Student AZOULAY CHAIM (DAV Y MI Last First MI

Date of Birth: 04-MAR-2010

Section A: Meeting Information

Table with 2 columns: Pertinent Dates, Type of Meeting. Includes fields for meeting dates and review types.

Location of Meeting: Bridgeport; District Name: Los Angeles Unified School Dis

Section B: Student Information

Form containing student details: Date of Birth, Gender, Age, Grade, Ethnic Code, Home Address, Telephone, etc.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student

Date of Birth

Meeting Date

Section C: Language Acquisition

Language Classification: Start Date:

Parent Waiver: Yes No Reclassification Date:

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" value="Reading ELA"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="text" value="Requires 3+ verbal cues"/> |
| Objective 1 met | <input checked="" type="radio"/> | <input type="radio"/> | <input type="text"/> |
| Objective 2 met | <input checked="" type="radio"/> | <input type="radio"/> | <input type="text"/> |
| 2 <input type="text" value="Behavioral Support"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="text" value="Requires more cues, only occurs on 2 of 5 days"/> |
| Objective 1 met | <input checked="" type="radio"/> | <input type="radio"/> | <input type="text"/> |
| Objective 2 met | <input type="radio"/> | <input checked="" type="radio"/> | <input type="text"/> |
| 3 <input type="text" value="Math"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="text"/> |
| Objective 1 met | <input checked="" type="radio"/> | <input type="radio"/> | <input type="text"/> |
| Objective 2 met | <input checked="" type="radio"/> | <input type="radio"/> | <input type="text"/> |
| 4 <input type="text" value="Writing"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="text"/> |
| Objective 1 met | <input checked="" type="radio"/> | <input type="radio"/> | <input type="text"/> |
| Objective 2 met | <input checked="" type="radio"/> | <input type="radio"/> | <input type="text"/> |
| 5 <input type="text" value="Communication"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="text" value="Requires 3+ verbal cues"/> |
| Objective 1 met | <input checked="" type="radio"/> | <input type="radio"/> | <input type="text"/> |
| Objective 2 met | <input checked="" type="radio"/> | <input type="radio"/> | <input type="text"/> |
| 6 <input type="text" value="Social Skills"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="text"/> |
| Objective 1 met | <input checked="" type="radio"/> | <input type="radio"/> | <input type="text"/> |
| Objective 2 met | <input checked="" type="radio"/> | <input type="radio"/> | <input type="text"/> |
| 7 <input type="text" value="Vocational"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="text" value="Does not occur on 4 out of 5 days"/> |
| Objective 1 met | <input checked="" type="radio"/> | <input type="radio"/> | <input type="text"/> |
| Objective 2 met | <input checked="" type="radio"/> | <input type="radio"/> | <input type="text"/> |
| 8 <input type="text" value="Reading"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="text"/> |
| Objective 1 met | <input checked="" type="radio"/> | <input type="radio"/> | <input type="text"/> |
| Objective 2 met | <input checked="" type="radio"/> | <input type="radio"/> | <input type="text"/> |
| 9 <input type="text" value="Language"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="text"/> |
| Objective 1 met | <input checked="" type="radio"/> | <input type="radio"/> | <input type="text"/> |
| Objective 2 met | <input checked="" type="radio"/> | <input type="radio"/> | <input type="text"/> |
| 10 <input type="text"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |
| Objective 1 met | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |
| Objective 2 met | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student AZOULAY
Last

CHAIM (DAV
First

Y
MI

Date of Birth 04-MAR-2010

Meeting Date 30-APR-2019

Section E: Present Level of Performance

Performance Area: Reading

Assessment/Monitoring Process Used: Informal, Observation, WJ-IV

State/District Assessment Results:

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

Per the Woodcock Johnson IV, David is demonstrating reading achievement at a 2.8 grade equivalent, falling in the 28th percentile.

Strengths: David enjoys looking at familiar and unfamiliar books that contain pictures. He enjoys listening to stories read by an adult and virtual story books. He is able to identify the characters in a story and the main plot. He is able to answer simple Wh questions with three to four word responses. David understands the basic print features such as left to right, top to bottom, and page by page. He is able to point to the correct image in a book or interactive story when asked. David is able to sit and listen to a story read aloud for up to 15 minutes. He is able to expressively and receptively identify all the letters of the alphabet, upper and lower case. David can read familiar sight words, and thus has met his previous goal. He understands that spoken words are made up of sounds and will attempt to blend two or three sounds together to make a recognizable word. He is able to receptively identify common high frequency sight words.

Performance Area: Reading cont

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

Needs: Although David is able to sequence events in a story with prompting, he is not yet consistently reading unfamiliar stories without errors. When presented with a novel word he will attempt the word or will stop and wait for assistance. David needs to continue to develop his reading skills and increase his reading fluency, decode multisyllabic words in isolation or in text, increase his sight word recognition, and use context clues to read new words. He struggles with vowel sounds and blending together multiple letter sounds to read simple words. He continues to struggle with expressively identifying lengthier high frequency sight words and requires visual support to identify many CVC words. David is not yet able to identify the difference between books that tell stories and books that give information, compare and contrast stories, nor use text to ask and answer questions to show understanding of an informational text.

Impact of Disability: Autism impairs David's ability to attend and attain skills/concepts in reading and language arts, which impacts his involvement and progress in the general education curriculum.

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Section E: Present Level of Performance

Performance Area: Math

Assessment/Monitoring Process Used: Informal, Observation, WJ-IV

State/District Assessment Results:

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

Per the Woodcock Johnson IV, David is demonstrating Mathematics achievement at a 2.0 grade equivalent, in the 7th percentile.

Strengths: David uses numbers through many different outlets each day including books, worksheets, flashcards, videos, and manipulatives. He is able to rote count up to 100 with moderate to maximum prompting. He can receptively identify numbers up to 100. David is able to compare two groups when given visual supports. He understands that addition is putting two groups together. He is able to receptively & expressively identify colors & shapes. With moderate prompts and visual supports, he is able to solve single digit addition & subtraction problem of values up to 10. With moderate verbal prompts, David is also able to subtract to find the remaining sum. David understands the concepts of time and knows about the tools that measure time. With moderate prompting and visual supports, he is able to identify the day of the week, the day, and the year. He is able to identify the months and days of the week out of order with moderate prompting and visual support. With moderate prompting, he is able to tell time to the hour, half hour, and quarter hour on an analog or digital clock. David understands that coins and bills are considered money. He is knowledgeable of the different coins and is able to receptively identify them with maximum prompting.

Performance Area: Math cont

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

Needs: Although David understands that a relationship exists between addition and subtraction, he is not yet able to solve addition and subtraction problems or word problems with a sum above 10. For grade level work, David needs to learn to add and subtract within 1000 as well as multiply and divide. Additionally, he does not yet show understanding of place values (ones and tens). While David can tell time with moderate prompting to the quarter hour, he needs to learn to tell time to the minute. Although David is able to identify coins, he relies heavily on adult prompting and often mistakes them for one another. He cannot yet identify the value of each coin or bill, nor does he understand how much money is required to make a purchase.

Impact of Disability: Autism impairs David's ability to attend and attain skills/concepts in math which impacts his involvement and progress in the general education curriculum.

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Los Angeles Unified School District

Student AZOULAY CHAIM (DAV Y Date of Birth 04-MAR-2010 Meeting Date 30-APR-2019
Last First MI

Section E: Present Level of Performance

Performance Area: Social Skills
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):

Strengths: David is a social pupil and enjoys positive interactions with classroom staff. He seeks constant validation from staff when other peers are verbally given positive reinforcement ('What about David?'). When a peer has an item of interest or is playing a game, David will occasionally engage in collaborative play during social skills time or recess. David is able to recognize basic emotions in pictures, videos, and in his everyday life. He displays concern for others when they appear to be sad or upset. Regarding greetings and salutations, David will respond back to peers and adults when someone enters or exits the room and when spoken to. David will spontaneously ask adults questions throughout the school day, but requires minimal prompting to ask questions to his fellow peers.
Needs: David needs to work on maintaining personal boundaries between himself and others. When approaching familiar and unfamiliar people he has difficulty maintaining an arm's length distance from them. Often times he will make inappropriate comments to individuals and bring attention to an aspect of their physical appearance or behavior. Additionally, he must work on waiting for the right time to speak instead of interrupting a conversation or speaking over another individual.
Impact of Disability: Autism impairs David's social skills, making it difficult for him to consistently interact appropriately with others, which impacts his involvement and progress in the general education curriculum.

Performance Area: Vocational Skills
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):

Strengths: Per classroom observation, David is able to unpack the contents of his backpack and put them away in their appropriate receptacle upon arrival to school when given minimal prompting. He is able to follow one to two step instructions, such as 'pick up...' or 'give to me,' in order to comply with directives from an adult in the classroom. When an activity is difficult, he will seek assistance from staff and can tolerate hand-over-hand assistance. Per classroom observation, David can express when he wants something and will verbally request help to communicate with an adult. During small groups, such as academic centers, communication centers, language and play, and social skills, David can sit and participate for up to 25 minutes, with occasional prompts to stay seated. He is able to sit in circle time and engage in the lesson, but requires frequent reminders to not interrupt the presenter and wait until he is called upon. When there is a change of routine David has no difficulty engaging in the alternative activity. In the classroom, he is able to complete tasks with reinforcers such as praise, coloring pages, chips, and treats. David is able to prepare his own snack/lunch items (locate, retrieve, warm up, set up table) when prompted and requires reminders to stay on task.
Needs: Although David is able to complete classroom jobs and prepare his lunch items with prompts, he has difficulty organizing his personal belongings. Often times he will leave his school work and personal drawings around the classroom instead of placing them in his cubby or in a folder in his backpack. In order to develop greater organization, he must learn to develop a sense of ownership over his belongings and put them away in designated areas.
Impact of Disability: Autism impairs David's ability to complete vocational tasks with ease which impacts his involvement and progress in the general education curriculum.

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Section E: Present Level of Performance

Performance Area: Self Help

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):

Strengths: Per classroom observation, David is able to complete multiple independent activities with minimal prompting. He is able to complete an activity and put it away to begin the next activity. He is able to express his needs and wants with words and make eye contact when communicating. David will use the restroom during scheduled bathroom breaks throughout the day. Throughout the school day, he is able to complete his bathroom hygiene routine without assistance (pull down pants, void in urinal, pull pants up, wash hands, dry hands). He is able to open his food containers and sealed bags independently. When eating, he will use the proper utensils to eat. He is able to independently dispose of his trash and put away his personal items away in their respectable place. When asked to clean up, he will generally put away all items or toys, but may require some prompting to slow down and put items in the appropriate location. During meal times or during language skills, he is able to request for preferred items appropriately.

Needs: David is not yet able to state basic personal safety information such as his address or phone number, and does not use an identification card to reference personal information.

Impact of Disability: Autism impairs David's ability to complete self-help tasks with ease which impacts his involvement and progress in the general education curriculum.

Performance Area:

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

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Section E: Present Level of Performance

Performance Area: Language

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

Summary of services - David receives direct speech and language services within his Bridgeport program. David transitioned to Cristen Armel, MCD, CF-SLP on 8/20/18.

Language Areas of Strength - David uses verbal language, gestures, and body orientation to communicate for a variety of communicative functions (greet/farewell, request, protest, ask/answer questions, comment, etc.). Independently he produces novel utterances of 3+ words containing salient terms or verbs when the vocabulary word is known. David enjoys expressing his thoughts and ideas about his preferred topics verbally with staff. He is emerging in his ability to answer simple, concrete WH questions. Given cues, David will engage with peers in a highly structured environment.

CONT

Performance Area: Language CONT

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

Language Areas of Need - David continues to need support when he is unfamiliar with the corresponding vocabulary. Although he produces an abundance of words, he has difficulty producing utterances with appropriate syntax (subject/verb agreement, correct pronoun use, verb forms, word order, etc.). When asked simple, concrete WH questions, David requires cues to discriminate what kind of WH question has been asked and then to answer appropriately. When telling about events or ideas, he has difficulty presenting information in a sequential way and will often become disorganized and repetitive. David does not currently participate in reciprocal conversations and instead will make comments or ask questions about his preferred topics of conversation without taking his communication partner into consideration. When the conversation topic is non-preferred, David will interrupt or repeat 'excuse me' till someone turns their attention to him so that he can stay on his preferred topics. David requires cues to socialize with peers and participate in turn-taking activities.

Impact of disability - David's eligibility of autism along with difficulties in the areas of language and pragmatics impact his ability to access the curriculum, interact with peers, and participate in classroom activities.

Written by:

Cristen Armel, MCD, CF-SLP

RPE License # 12637

Speech Language Pathology Clinical Fellow

Supervisor: Roshelle Gen M.S. CCC-SLP #23426

The Help Group, Sherman Oaks Campus

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Section E: Present Level of Performance

Performance Area: Writing

Assessment/Monitoring Process Used: informal, observation, WJ-IV

State/District Assessment Results:

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

Per the Woodcock Johnson IV, David is demonstrating Written Language achievement at a 2.7 grade equivalent, in the 27th percentile

Strengths: Per classroom observation, David is able to participate in a variety of writing related activities (writing centers and art), and uses different writing instruments (pencil, marker, paintbrush, crayon) when engaged in these activities. He uses a mature grasp when using writing instruments. David is able to independently write the letters of his first name with a combination of uppercase and lowercase letters. He is able to independently print the letters of the alphabet (upper and lower case) with 80% accuracy. When provided with visual spacers (lined paper), he can trace and near point copy four to five word sentences in a combination of upper and lower case letters with accurate formation. When shown a picture and read a short description, David is able to near point copy a 1 to 4 word answer to a 'Wh' question when provided with visual supports. David will use books as inspiration for drawings and will examine the pictures to draw. David will independently write his name on his school work in a combination of upper and lower case letters. When provided with support to spell words, David can formulate and write four to five word sentences.

Performance Area: Writing cont..

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

Needs: Although David is able to write the letters of the alphabet, he will sometimes form his letters in the wrong position, for example the letter will be backwards. He continues to work on using the correct letter case when writing and is still not familiar with the correct punctuation needed to write in sentences. He is not yet able to write words independently without dictation by an adult. He requires adult support and visuals to organize information to formulate writing that conveys information about a topic. He is not yet able to write opinion pieces that include an opinion and the reason for the opinion or write informative pieces that name a topic, supply facts, and provide closure. David does not yet formulate multiple sentences to compose a paragraph.

Impact of Disability: Autism impairs David's ability to attend and attain skills/concepts in language arts and writing, which impacts his involvement and progress in the general education curriculum.

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Section E: Present Level of Performance

Performance Area: Behavior

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):

Strengths: Per classroom observation, David can express his needs and wants with words and make eye contact when communicating. He will also seek assistance if he requires help. When he is in a positive mood, he will remain near staff and maintains safe behaviors in and out of the classroom. David is able to navigate the building to go to the appropriate classroom (music, computer or art room) with only minimal prompts and will stop on request.

Needs: When David is not given access to a preferred item or activity he will get upset and will often pout and mope. He will sometimes elope from the classroom in order to gain attention from classroom staff. When upset about getting an answer wrong, not obtaining a preferred item/activity, or is otherwise upset, he may sometimes act out aggressively towards classroom staff or his twin brother. If his aggressive behaviors are blocked and attention is not rewarded, he may use inappropriate language to gain attention from classroom staff. In regards to David's previous IEP goal, he is not yet requesting for personal space to regain his composure on more than 2 of 5 school days per week, therefore he did not meet his behavior support goal.

Impact of Disability: Autism impairs David's behaviors, impacting his academic, social and language skills, which impacts his involvement and progress in the general education curriculum.

Performance Area:

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

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Meeting Date 30-APR-2019

Section F: Eligibility

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

[Empty text box for disability discussion]

For Initial IEP, interventions attempted prior to determining eligibility:

[Empty text box for interventions]

Eligible as a student with the disability of:

Code: AUT Autism

Not Applicable, Blind or Partially Sighted

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

Code: [Empty]

Not Applicable, Blind or Partially Sighted

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

or

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

No Longer Eligible (Effective Date): [Empty]

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

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

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
 Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Annual Goal #:

David will decode multisyllabic words in isolation and/or in text as measured in 6 out of 10 opportunities, with 60% accuracy. 3.RF.3 Decode Multisyllabic Words

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

David will decode single syllable words in isolation and/or in text in 6 out of 10 opportunities, with 60% accuracy.

Incremental objective #2 related to the goal:

David will decode single syllable words in isolation and/or in text in 8 out of 10 opportunities, with 80% accuracy.

Date to be achieved: MO/YR

Date to be achieved: MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

4 GOAL MET OR EXCEEDED

3 SUBSTANTIAL PROGRESS (50-99% of goal met)

2 PARTIAL PROGRESS (1-49% of goal met)

1 NO PROGRESS

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

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Section G: Annual Goals and Objectives

Performance Area: Behavioral Support **Annual Goal #:** 1

When facing an upsetting situation (e.g., getting an answer wrong, not obtaining a preferred item/activity, etc.) with no more than 3 prompts, David will accurately determine the size of the problem (big problem, little problem) and determine an appropriate coping strategy (e.g., take a break, talk with a teacher, take a deep breath, practice positive self talk) without engaging in aggressive behavior in 80% of opportunities in a school week.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

When facing an upsetting situation (e.g., getting an answer wrong, not obtaining a preferred item/activity, etc.) with no more than 5 prompts, David will accurately determine the size of the problem (big problem, little problem) and determine an appropriate coping strategy (e.g., take a break, talk with a teacher, take a deep breath, practice positive self talk) without engaging in aggressive behavior in 70% of opportunities in a school week.

Incremental objective #2 related to the goal:

When facing an upsetting situation (e.g., getting an answer wrong, not obtaining a preferred item/activity, etc.) with no more than 4 prompts, David will accurately determine the size of the problem (big problem, little problem) and determine an appropriate coping strategy (e.g., take a break, talk with a teacher, take a deep breath, practice positive self talk) without engaging in aggressive behavior in 80% of opportunities in a school week.

Date to be achieved: Septembe ▼ 2019 ▼ MO/YR

Date to be achieved: January ▼ 2020 ▼ 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 | 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: <input type="text"/> |

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Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Annual Goal #:

With visual supports as needed and no more than 3 prompts, David will write or dictate one or more paragraphs stating an opinion about a topic or text, and provide 2 reasons to support the opinion with 80% accuracy in 8 out of 10 opportunities. 3.W.1 Opinion Paragraph(s) about Topic/Text

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

With visual supports and prompts as needed, David will write or dictate at least one paragraph stating an opinion about a topic or text, and provide at least 1 reason to support the opinion with 80% accuracy in 8 out of 10 opportunities. 3.W.1 Opinion Paragraph(s) about Topic/Text

Incremental objective #2 related to the goal:

With visual supports as needed and no more than 5 prompts, David will write or dictate at least one paragraph stating an opinion about a topic or text, and provide 2 reasons to support the opinion with 80% accuracy in 8 out of 10 opportunities. 3.W.1 Opinion Paragraph(s) about Topic/Text

Date to be achieved: MO/YR

Date to be achieved: MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

| 1st Reporting Period Date: <input type="text"/> | 2nd Reporting Period Date: <input type="text"/> | 3rd Reporting Period Date: <input type="text"/> | 4th Reporting Period (Secondary Only) Date: <input type="text"/> | Goal Achievement |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Progress Mark: <input type="text"/> | Progress Mark: <input type="text"/> | Progress Mark: <input type="text"/> | Progress Mark: <input type="text"/> | Objective 1 Met: <input type="radio"/> Yes <input type="radio"/> No |
| Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No | Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No | Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No | Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No | Objective 2 Met: <input type="radio"/> Yes <input type="radio"/> No |
| If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/> | If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/> | If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/> | If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/> | If "No" please explain: <div style="border: 1px solid black; height: 100px; width: 100%;"></div> |

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student **Last First MI**

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Annual Goal #:

When provided a calculator as needed, and no more than 1 prompt, David will add up to a sum of 1000 using strategies and algorithms based on place value and properties of operations with 50% accuracy, in 3 out of 5 opportunities. 3.NBT.2 Add Up to a Sum of 1000

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

When given manipulatives or pictures and no more than 4 verbal prompts, David will read and solve addition or subtraction problems (with a sum of 20) with 70% accuracy, 3 out of 5 opportunities.

Incremental objective #2 related to the goal:

When provided a calculator as needed, and no more than 1-2 verbal prompts, David will read and solve addition or subtraction problems (with a sum of 50) with 70% accuracy, 3 out of 5 opportunities.

Date to be achieved: MO/YR

Date to be achieved: MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Annual Goal #:

With no more than one prompt, David will demonstrate awareness of personal space during interactions with peers and adults by maintaining an arm's length of space on 80% of opportunities, 4 out of 5 school days.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

With no more than two prompts, and explicit instruction, David will demonstrate awareness of personal space during interactions with peers and adults by maintaining an arm's length of space on 60% of opportunities, 3 out of 5 school days.

Incremental objective #2 related to the goal:

With no more than one prompt, and explicit instruction, David will demonstrate awareness of personal space during interactions with peers and adults by maintaining an arm's length of space on 70% of opportunities, 3 out of 5 school days.

Date to be achieved: MO/YR

Date to be achieved: MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student **Last First MI**

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: **Annual Goal #:**

With no more than 2 prompts, when provided with an organizational routine (e.g., folder system, visual checklist), David will organize his personal belongings during the school day, 80% of opportunities, on 4 out of 5 school days.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

With no more than 3 prompts, when provided with an organizational routine (e.g., folder system, visual checklist), David will organize his personal belongings during the school day, 60% of opportunities, on 4 out of 5 school days.

Incremental objective #2 related to the goal:

With no more than 2 prompts, when provided with an organizational routine (e.g., folder system, visual checklist), David will organize his personal belongings during the school day, 70% of opportunities, on 4 out of 5 school days.

Date to be achieved: MO/YR

Date to be achieved: MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student AZOULAY CHAIM (DA) Y
 Last First MI

Date of Birth 04-MAR-2010

Meeting Date 30-APR-2019

Section G: Annual Goals and Objectives

Performance Area: Self Help Annual Goal #: 1

With no more than 2-3 prompts, when asked for personal safety information (e.g., where do you live, what are your parents' names, what is your phone number, what is your last name) David will learn to relay personal information by verbally responding or writing it down in 80% of 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
- Observation
- Other
- Norm Referenced
- Portfolio
- Criterion Referenced
- Work Samples
- Curriculum Based
- Informal

Incremental objective #1 related to the goal:

With prompts as needed, when asked for personal safety information (e.g., where do you live, what are your parents' names, what is your phone number, what is your last name) David will learn to relay personal information by verbally responding or writing it down in 80% of trials.

Incremental objective #2 related to the goal:

With no more than 4-5 prompts, when asked for personal safety information (e.g., where do you live, what are your parents' names, what is your phone number, what is your last name) David will learn to relay personal information by verbally responding or writing it down in 80% of trials.

Date to be achieved: Septembe 2019 MO/YR

Date to be achieved: January 2020 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 | 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: <input type="text"/> |

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
 Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Annual Goal #:

In collaboration with classroom staff, David will answer age-appropriate 'WH' questions (e.g. who, where, when) related to a variety of speech and language activities (e.g. book, craft, etc.) with 80% accuracy given moderate prompts (2-3 prompts), in 4/5 data collection opportunities.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

In collaboration with classroom staff, David will answer age-appropriate 'WH' questions (e.g. who, where, when) related to a variety of speech and language activities (e.g. book, craft, etc.) with 60% accuracy given moderate prompts (2-3 prompts), in 4/5 data collection opportunities.

Incremental objective #2 related to the goal:

In collaboration with classroom staff, David will answer age-appropriate 'WH' questions (e.g. who, where, when) related to a variety of speech and language activities (e.g. book, craft, etc.) with 70% accuracy given moderate prompts (2-3 prompts), in 4/5 data collection opportunities.

Date to be achieved: MO/YR

Date to be achieved: MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student **Last First MI**

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: **Annual Goal #:**

In collaboration with classroom staff, David will increase correct use of appropriate word order/sentence structure during structured tasks with 80% accuracy given mod (3-4) visual/verbal cues.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

In collaboration with classroom staff, David will imitate correct use of word order/sentence structure during structured tasks with 60% accuracy given mod (3-4) visual/verbal cues.

Incremental objective #2 related to the goal:

In collaboration with classroom staff, David will increase correct use of appropriate word order/sentence structure during structured tasks with 70% accuracy given mod (3-4) visual/verbal cues.

Date to be achieved: **MO/YR**

Date to be achieved: **MO/YR**

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

4 GOAL MET OR EXCEEDED

3 SUBSTANTIAL PROGRESS (50-99% of goal met)

2 PARTIAL PROGRESS (1-49% of goal met)

1 NO PROGRESS

| 1st Reporting Period Date: <input type="text"/> | 2nd Reporting Period Date: <input type="text"/> | 3rd Reporting Period Date: <input type="text"/> | 4th Reporting Period (Secondary Only) Date: <input type="text"/> | Goal Achievement |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Progress Mark: <input type="text"/> Is progress sufficient to meet annual goal? <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"/> | Progress Mark: <input type="text"/> Is progress sufficient to meet annual goal? <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"/> | Progress Mark: <input type="text"/> Is progress sufficient to meet annual goal? <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"/> | Progress Mark: <input type="text"/> Is progress sufficient to meet annual goal? <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"/> | Objective 1 Met: <input type="radio"/> Yes <input type="radio"/> No Objective 2 Met: <input type="radio"/> Yes <input type="radio"/> No If "No" please explain: <input type="text"/> |

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student AZOULAY CHAIM (DAV Y
Last First MI

Date of Birth 04-MAR-2010

Meeting Date 30-APR-2019

Section G: Annual Goals and Objectives

Performance Area: Reading **Annual Goal #:** 2

With support to read text and visual supports for organization as needed, David will ask and/or answer questions to show understanding of an information text, referring explicitly to the text as the basis for the answers as measured in 8 out of 10 opportunities. 3.RI.1 Ask and Answer Questions, Refer to Text for

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

With support to read text and visual supports for organization as needed, David will ask and/or answer questions to show understanding of an information text, referring explicitly to the text as the basis for the answers as measured in 6 out of 10 opportunities. 3.RI.1 Ask and Answer Questions, Refer to Text for

Incremental objective #2 related to the goal:

With support to read text and visual supports for organization as needed, David will ask and/or answer questions to show understanding of an information text, referring explicitly to the text as the basis for the answers as measured in 7 out of 10 opportunities. 3.RI.1 Ask and Answer Questions, Refer to Text for

Date to be achieved: **Septembe** 2019 MO/YR

Date to be achieved: **January** 2020 MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

| 1st Reporting Period Date: <input type="text"/> | 2nd Reporting Period Date: <input type="text"/> | 3rd Reporting Period Date: <input type="text"/> | 4th Reporting Period (Secondary Only) Date: <input type="text"/> | Goal Achievement |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Progress Mark: <input type="text"/> Is progress sufficient to meet annual goal? <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"/> | Progress Mark: <input type="text"/> Is progress sufficient to meet annual goal? <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"/> | Progress Mark: <input type="text"/> Is progress sufficient to meet annual goal? <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"/> | Progress Mark: <input type="text"/> Is progress sufficient to meet annual goal? <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"/> | Objective 1 Met: <input type="radio"/> Yes <input type="radio"/> No Objective 2 Met: <input type="radio"/> Yes <input type="radio"/> No If "No" please explain: <input type="text"/> |

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student AZOULAY CHAIM (DA) Y
Last First MI

Date of Birth 04-MAR-2010

Meeting Date 30-APR-2019

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.

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| <p>Student will participate in Regular State and District Assessments. <i>(Designated Supports and/or Accommodations identified below are applicable)</i></p> | <p>CAASPP Subject ELA and Math</p> |
| <p>Designated Supports:</p> <ul style="list-style-type: none"> - Noise Buffers - Test in a separate/smaller setting | |

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
Last

First

MI

Date of Birth

Meeting Date

Section N: Procedural Safeguards and Follow-up Actions

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

Is the parent/guardian requesting translation services? Yes No

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

Specify the Individual Pages to be translated:

Special Requests:

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

THIS SPACE DELIBERATELY LEFT BLANK.

Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student AZOULAY CHAIM (DAV Y MI

Date of Birth 04-MAR-2010

Meeting Date 30-APR-2019

Section Q: Parent Participation and Consent

Parent Participation

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

Parent Notification

Table with 3 columns: Method, Whom, When. Rows include Student (21-MAR-2019) and US Mail (21-MAR-2019).

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

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

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

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

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

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

Parent Concerns and Comments

Signature(s)

Date

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

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

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

Signature(s)

Date 30-APR-2019

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!

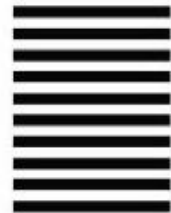


NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

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 613307
LOS ANGELES CA 90099-4093



PARENT INPUT SURVEY
English

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Reconvened Meeting Date

Student
 Last First MI

Date of Birth

Meeting Date

Section R: Names and Signatures (Signatures on File)

| Team Member | Print Name | Signature |
|-------------------------------------------------------------------|-----------------------------------------------|----------------------|
| Parent/Guardian | <input type="text"/> | <input type="text"/> |
| Parent/Guardian | <input type="text" value="Avshalom Azoulay"/> | <input type="text"/> |
| Student Age 18 - 21 years | <input type="text"/> | <input type="text"/> |
| Student Under Age 18 years | <input type="text"/> | <input type="text"/> |
| Surrogate Parent | <input type="text"/> | <input type="text"/> |
| Foster Parent | <input type="text"/> | <input type="text"/> |
| Family Foster Home Provider | <input type="text"/> | <input type="text"/> |
| Administrator | <input type="text"/> | <input type="text"/> |
| Administrative Designee | <input type="text" value="Susan Voltz"/> | <input type="text"/> |
| Special Education Teacher | <input type="text" value="Leslie Gutierrez"/> | <input type="text"/> |
| General Education Teacher | <input type="text"/> | <input type="text"/> |
| School Psychologist | <input type="text"/> | <input type="text"/> |
| School Nurse | <input type="text"/> | <input type="text"/> |
| Related Service Staff <input type="text" value="LAS-Bridgeport"/> | <input type="text" value="Cristen Armel"/> | <input type="text"/> |
| Related Service Staff <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Related Service Staff <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Interpreter | <input type="text" value="Ran Yaniv"/> | <input type="text"/> |
| Sign Language Interpreter | <input type="text"/> | <input type="text"/> |
| Agency Representative | <input type="text"/> | <input type="text"/> |
| Agency Representative | <input type="text"/> | <input type="text"/> |
| Agency Representative | <input type="text"/> | <input type="text"/> |
| Other <input type="text" value="Administrator-Bridgeport"/> | <input type="text" value="Sara McCracken"/> | <input type="text"/> |
| Other <input type="text" value="Family Friend"/> | <input type="text" value="Dima Itkin"/> | <input type="text"/> |
| Other <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Other <input type="text"/> | <input type="text"/> | <input type="text"/> |

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
 Last First MI

Date of Birth

Meeting Date

LEAST RESTRICTIVE ENVIRONMENT ANALYSIS

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

Student's Current Placement Type:

| | |
|----------------------------------------------------------------------|------------------------------------------------------------------|
| <input 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 checked="" type="radio"/> Nonpublic School |
| <input type="radio"/> Home/Hospital or Residential Care Facility | |

DIRECTIONS: Complete the information below as part of the IEP team discussion regarding placement from the beginning at Step A until the team reaches the Step that indicates YES. After reaching the Step that indicates YES, it is also required to complete Step F.

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

| | |
|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Step A. | Can the supports, services, accommodations and/or modifications in the student's IEP be made available in a general education classroom/setting? |
| | <input type="radio"/> Yes <input checked="" 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 checked="" 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. |
| Student requires a smaller classroom setting. | |

| | |
|--------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 checked="" 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 checked="" 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. |
| Student requires a smaller, therapeutic setting. | |

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student **AZOULAY**
Last

CHAIM (DAV
First

Y
MI

Date of Birth **04-MAR-2010**

Meeting Date **30-APR-2019**

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?

Yes 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.

Yes 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?

Yes 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.

Yes 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?

Yes 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

Student
Last

First

MI

Date of
Birth

Meeting
Date

ANNUAL LEAST RESTRICTIVE ENVIRONMENT ANALYSIS (Continued)

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 1 - Eligibility, Placements and Supports

Student
 Last First MI

Date of Birth Meeting Date

| | | Effective With this IEP | Future Changes Related to this IEP |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| | As of Date: | <input type="text" value="30-APR-2019"/> | <input type="text"/> |
| Eligibility: (from Page 4) | | Eligible (AUT) | |
| | Final IEP Reason Final IEP Effective Date: | | |
| Curriculum | | <input type="text" value="General Education"/> | <input type="text"/> |
| Placement | Type of School | <input type="text" value="Nonpublic School"/> | <input type="text"/> |
| | Name of School | <input type="text" value="BRIDGEPORT SCHOOL (NPS)"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| Instructional Setting | Setting | <input type="text" value="Special Education"/> | <input type="text"/> |
| | Program | <input type="text" value="NPS"/> | <input type="text"/> |
| | Special Day Minutes/Wk | <input type="text" value="1570"/> | <input type="text"/> |
| | Addresses Goals | <input type="text" value="1(Behavioral Support),1(Social Skills),1(Writing),1(Math),(Language 2),(Language),2(Reading),(Vocational Skills),1(Reading),1(Self Help)"/> | <input type="text"/> |
| Additional Factors | Low Incident Support | <input type="text" value="None"/> | <input type="text"/> |
| | Assistive Technology Support | <input type="text" value="No"/> | <input type="text"/> |
| | Transportation | <input type="text" value="NPS Only - NPS Transportation"/> | <input type="text"/> |
| | Extended School Year/Intersession | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input type="text"/> |
| | Parent Counseling and Training (PCT) | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input type="text"/> |
| | ESY Transportation | <input type="text" value="Home to School"/> | <input type="text"/> |
| Accommodation, Modifications, Supports | Instructional Accommodations | <input type="text" value="small group instruction, offer choices, assignments broken down into smaller parts, reading material at independent and instruction level, re-teaching, graphic organizers, show examples, preferential seating, extended time on assignments, access to keyboard, calculator access, use of visuals and manipulatives, pre-teaching, breaking math problems into simpler parts, and visual demonstrations, repeated demonstrations, tasks explained in small and sequential manner, instruction in social skills, reinforce appropriate behavior, reduce/minimize distractions, modeling positive social interactions."/> | <input type="text"/> |
| | Instructional Modifications | <input type="text"/> | <input type="text"/> |
| | Other Supports, including Non-Academic and Extracurricular Activities | <input type="text"/> | <input type="text"/> |
| Preparation for Three Year Review IEP (At the second Annual Review IEP Meeting, the team must discuss and document the decision to conduct or not conduct a three- | Do the Parent and the District (local educational agency) agree that a reassessment is unnecessary? | <input type="radio"/> Yes <input type="radio"/> No | <input type="text"/> |

| | | | |
|-------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <p>year comprehensive reassessment.)</p> | <p>If the Parent does not agree, specify the area(s) to be reassessed.</p> | | |
| <p>Comments, as appropriate</p> | | | |
| <p>Low Incidence Equipment</p> | | | |
| <p>Assistive Technology Equipment</p> | | | |
| <p>Participation in General Education</p> | <p>Based on Academic Woodcock Johnson scores, the IEP team is recommending a possible change of placement to a setting that is general education. Bridgeport is predominately alternate curriculum.</p> <p>ESY (Extended School Year) the team determined that data indicates significant regression may occur in critical life skills related to independent functioning and self-sufficiency and those skills cannot be recouped within a reasonable amount of time without ESY services.</p> <p>The IEP team discussed the possibility of student transitioning to a District-operated program. At this time, the student requires a small, structured, therapeutic learning environment with immediate response social emotional behaviors, health and safety. Therefore, student demonstrates the continued need for a highly restrictive educational setting that can be provided by a nonpublic school (NPS). The NPS staff supports student in developing skills that would be beneficial when student is ready to transition to a District-operated program, such as self-regulation of emotions, independence, completing tasks with minimal prompts, time management, following directions, making good choices and impulse control, in preparation for a transition to a lesser restrictive educational environment in the future. Additionally, the NPS staff will continue to lessen the degree of structure and support, fade prompts, and reduce the need for accommodations, as appropriate.</p> <p>A general education teacher was not required to participate in the meeting, as the student's disability continues to have an impact in the ability to access the educational program at a District-operated school. Every effort will be made to reintegrate student in the general education environment when appropriate. Student will be considered for a lesser restrictive educational setting when the student is able to demonstrate noteworthy and consistent progress in the areas of need as consistently discussed and documented throughout this IEP and meeting. The IEP team recommends the student continue to participate in a NPS which provides a small and highly structured therapeutic setting with social, emotional, and behavioral supports.</p> | | |

| | | | |
|---|------------------------|----------------------------|--|
| | Responsible Personnel: | Non-Public School Provider | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| * | | | |

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="100"/> | |

Part 4 - Additional Discussion (This section is optional)

Based on Academic Woodcock Johnson scores, the IEP team is recommending a possible change of placement to a setting that is general education. Bridgeport is predominately alternate curriculum.

ESY (Extended School Year) the team determined that data indicates significant regression may occur in critical life skills related to independent functioning and self-sufficiency and those skills cannot be recouped within a reasonable amount of time without ESY services.

The IEP team discussed the possibility of student transitioning to a District-operated program. At this time, the student requires a small, structured, therapeutic learning environment with immediate response social emotional behaviors, health and safety. Therefore, student demonstrates the continued need for a highly restrictive educational setting that can be provided by a nonpublic school (NPS). The NPS staff supports student in developing skills that would be beneficial when student is ready to transition to a District-operated program, such as self-regulation of emotions, independence, completing tasks with minimal prompts, time management, following directions, making good choices and impulse control, in preparation for a transition to a lesser restrictive educational environment in the future. Additionally, the NPS staff will continue to lessen the degree of structure and support, fade prompts, and reduce the need for accommodations, as appropriate.

A general education teacher was not required to participate in the meeting, as the student's disability continues to have an impact in the ability to access the educational program at a District-operated school. Every effort will be made to reintegrate student in the general education environment when appropriate. Student will be considered for a lesser restrictive educational setting when the student is able to demonstrate noteworthy and consistent progress in the areas of need as consistently discussed and documented throughout this IEP and meeting. The IEP team recommends the student continue to participate in a NPS which provides a small and highly structured therapeutic setting with social, emotional, and behavioral supports.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student
 Last First MI

Date of Birth Meeting Date

FAPE Summary Grid

| | | | |
|-------------------------------------------------|-------------------------------|------------------------------|-------------------|
| Program: | NPS | Setting: | Special Education |
| Eligibility: | Eligible (AUT) | Curriculum: | General Education |
| Transportation: | NPS Only - NPS Transportation | Low Incident Support: | None |
| Date District Received Parent Signature: | 30-Apr-2019 | | |

| Service Code | Service Desc | Start Date | Service Applies To | Interval | Frequency | Area | Total Minutes | Addresses Goal(s) | No Consent |
|--------------|-----------------|-----------------------------|--------------------|----------|-----------|--------------|---------------|----------------------|------------|
| 10 | Language/Speech | Effective on Signature Date | ESY | Weekly | 1-5 | School-Based | 60 | Language, Language 2 | -- |
| 10 | Language/Speech | Effective on Signature Date | Regular | Weekly | 1-5 | School-Based | 60 | Language, Language 2 | -- |

For IEP Team Information

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

INDIVIDUALIZED EDUCATION PROGRAM Behavior Intervention Plan

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

Los Angeles Unified School District

(Behavior Intervention Plan, pg. 1 of 3)

Student **AZOULAY** **CHAIM (DAVID)** **Y** **MI** **Date of Birth** 04-MAR-2010 **Meeting Date** 30-APR-2019

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

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

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

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

PREVENTION PART 1 ENVIRONMENTAL FACTORS AND NECESSARY CHANGES

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

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

Other Describe:

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

Observation Analysis

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

REMOVE STUDENT'S NEED TO USE THE PROBLEM BEHAVIOR

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

Intervention

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

Other

Who will establish? Who will monitor? Frequency

INDIVIDUALIZED EDUCATION PROGRAM Behavior Intervention Plan

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

Los Angeles Unified School District

(Behavior Intervention Plan, pg. 2 of 3)

Student
Last First MI

Date of Birth Meeting Date

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

8

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

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

Describe:

Observation Analysis 9

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

To get: Attention (staff and peers) student will determine size of problem in order to determine an appropriate coping strategy such as taking a break, talking with a teacher, taking a deep breath, or practicing positive self talk.

10

What teaching Strategies/Necessary Curriculum/Materials are needed?

- Better communication skills Anger management Communication system Self-management systems
- Following schedules & routines Learning new social skills Learning how to negotiate Learning structured choice
- Learning new scripts Learning notebook organization Learning to use conflict resolution Learning to request breaks
- Other

Who will establish? Who will monitor? Frequency:

Intervention 11

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

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

Other ideas:

Selection of reinforcer based on:

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

By whom? Frequency

EFFECTIVE REACTION PART III REACTIVE STRATEGIES

12

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

When in conflict, 1. cue student verbally or visually to determine size of problem and choose appropriate coping strategy 2. Praise student for request 3. Perform coping strategy 4. Check to see if student is ready 5. Provide verbal model on how to gain attention from adult or peer

Personnel?

INDIVIDUALIZED EDUCATION PROGRAM
Behavior Intervention Plan

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

Los Angeles Unified School District

(Behavior Intervention Plan, pg. 3 of 3)

Student **AZOULAY** **CHAIM (DA** **Y**
Last First MI

Date of Birth **04-MAR-2010**

Meeting Date **30-APR-2019**

OUTCOMES

PART IV

BEHAVIORAL GOALS

13 Behavioral Goal: Goal #:

When facing an upsetting situation (e.g., getting an answer wrong, not obtaining a preferred item/activity, etc.) with no more than 3 prompts, David will accurately determine the size of the problem (big problem, little problem) and determine an appropriate coping strategy (e.g., take a break, talk with a teacher, take a deep breath, practice positive self talk) without engaging in aggressive behavior in 80% of opportunities in a school week.

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

Observation and Analysis Conclusion

Are curriculum accommodations or modifications also necessary? Where described?

Yes No

Are environmental supports/changes necessary?

Yes No

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

Yes No

Are both teaching of new replacement behavior AND reinforcement needed?

Yes No

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

Yes No

Person responsible for contact between agencies.

COMMUNICATION

PART V

COMMUNICATION PROVISIONS

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

Between? Frequency?