

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Identification Number 030410M052 SSID 6699709708

Eligible (AUT)

Student AZOULAY CHAIM (DAY MI) Y

Date of Birth: 04-MAR-2010

Section A: Meeting Information

Pertinent Dates	Type of Meeting
Date of Initial IEP Team Meeting: 05-MAY-2015	<input type="radio"/> Initial <input checked="" type="radio"/> Annual Review <input type="radio"/> Three Year Review <input type="radio"/> Other <input type="radio"/> Amendment of IEP dated <input type="radio"/> Early Start Transition <input type="radio"/> Expulsion Analysis <input type="radio"/> Individual Transition Plan
Date of Present Meeting: 13-MAY-2020	
Annual Review to be conducted by: 13-MAY-2021	
Next Three Year Review will be conducted by: 30-APR-2021	
Three Year Review or Evaluation was conducted on: 01-MAY-2018	
Transition to Kindergarten to be conducted by:	

Location of Meeting: Teleconference District Name: Los Angeles Unified School Dis

Section B: Student Information

Date of Birth: 04-MAR-2010 Age: 10 Grade: 4
 Gender: Male Female Limited English Proficient Student: Yes No Ethnic Code: White
 Location of the Psych Folder: SUPPORT UNIT NOF Student has no Psych Folder:
 Location of the Cum Folder: COLDWATER CYN E Student has no Cum Folder:
 Home Language: Hebrew Student Language: Hebrew Alternate Mode of Communication:
 Home Address of Student: 6548 BELLAIRE AVENUE
 City: NORTH HOLLYV CA ZIP Code: 91606
 Home Telephone: 818-471-9146 Daytime Telephone:
 School of Attendance: Village Glen Sch (Vall) Location Code: NP0329
 School of Residence: Coldwater Cyn El Location Code: 3151
 Name of Parent/Guardian: Avshalom Azoulay Telephone:
 Address: same
 City: CA ZIP Code:
 Surogate Parent: Telephone:
 Attends CURRENT SCHOOL as a result of one of the following: Nonpublic School Placement
 Is the student living in a Family Foster Home (FFH)? No Yes FFH#:
 Is FFH Provider related to student? No Yes Relationship:
 Licensed Children's Institution: No Yes LCI Name:
 LCI#:
 Out of the home placement made by: Regional Center Department of Mental Health Department of Children's Services
 Superior Court Other
 Child's family living within LAUSD's boundaries? No Yes
 If the student is 18 years old or older or is an emancipated minor, does he/she have educational decision-making rights? No Yes

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Los Angeles Unified School District

Student **AZOULAY** **CHAIM (DAV** **Y**

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

Meeting Date **13-MAY-2020**

Last First MI

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	Reading 1	<input checked="" type="radio"/>	<input type="radio"/>	
Category	<input type="text"/>			
	Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	
	Objective 2 met	<input checked="" type="radio"/>	<input type="radio"/>	
2	Reading 2	<input type="radio"/>	<input type="radio"/>	
Category	<input type="text"/>			
	Objective 1 met	<input type="radio"/>	<input checked="" type="radio"/>	Exceeds student's current reading ability
	Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	
3	Social Skills	<input type="radio"/>	<input checked="" type="radio"/>	
Category	<input type="text"/>			
	Objective 1 met	<input type="radio"/>	<input checked="" type="radio"/>	Still requires 3+ prompts for support
	Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	
4	Writing	<input type="radio"/>	<input checked="" type="radio"/>	
Category	<input type="text"/>			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	
5	Math	<input type="radio"/>	<input type="radio"/>	
Category	<input type="text"/>			
	Objective 1 met	<input type="radio"/>	<input checked="" type="radio"/>	Requires 3+ verbal or visual staff prompts
	Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	
6	Language 2	<input type="radio"/>	<input checked="" type="radio"/>	
Category	<input type="text"/>			
	Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	
	Objective 2 met	<input checked="" type="radio"/>	<input type="radio"/>	
7	Language	<input checked="" type="radio"/>	<input type="radio"/>	
Category	<input type="text"/>			
	Objective 1 met	<input type="radio"/>	<input checked="" type="radio"/>	Requires 3+ verbal or visual staff prompts
	Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	
8	Behavior	<input type="radio"/>	<input checked="" type="radio"/>	
Category	<input type="text"/>			
	Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	Partially Met- still requires minimum 5 prompts
	Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	
9	Language	<input type="radio"/>	<input checked="" type="radio"/>	70% 3-4 cues
Category	<input type="text"/>			
	Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	
	Objective 2 met	<input checked="" type="radio"/>	<input type="radio"/>	
10	Language 2	<input type="radio"/>	<input checked="" type="radio"/>	65% moderate support
Category	<input type="text"/>			
	Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	
	Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student AZOULAY

CHAIM (DAV)

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Date of Birth 04-MAR-2010

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Last

First

MI

Section E: Present Level of Performance

Performance Area:

Reading

Category:

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: When presented with grade level text David is able to read aloud with minimum staff support/prompts. When presented with Upper 3rd/ lower 4th grade level sight words, David is able to read 90% of the words accurately. With 2-3 staff prompts, David is able to comprehend 2nd grade level text and answer comprehension questions based on the text.

Areas of Need: While David is able to read words aloud, he struggles with comprehension and requires maximum staff prompts to attempt to answer basic WH and comprehension questions in which he must support his answer with details from the text. David also struggles to decode words and break them down into individual syllables or sounds. He struggles to decode letter blends when presented on their own. After hearing or reading a grade level text, David struggles to identify the main idea or support the claim with details from the text. David struggles to determine the meaning of unknown words in text using context clues or inferences. David also struggles to understand author's point of view and support a claim with details from the text.

Impact of Disability: David's eligibility of Autism impacts his ability to participate in general education curriculum and make progress toward grade level standards.

Performance Area:

Writing

Category:

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: When discussing creative writing with staff or peers, David is able to produce original thoughts and ideas. David is able to copy text once it has been written for him by staff. With moderate prompts and support, David is able to generate basic and simple sentences on his own.

Areas of Need: While David is able to produce basic and simple sentences, he is not able to produce a paragraph in which the sentences fit together and make sense to the reader. David requires staff support to generate sentences when responding to writing prompts. He is able to come up with ideas but struggles to translate them into sentences. David struggles to write opinion texts in which he has to form an opinion and support it with facts or reasons. David also struggles to write informative/explanatory texts in which he is supposed to examine a topic and convey ideas and information clearly. When presented with text that requires him to use his own personal thoughts, experiences or background information David requires maximum staff prompts and assistance to generate ideas. David struggles with using appropriate grammar and punctuation in his writing and will often forget to include periods, commas, apostrophes. David also struggles with distinguishing when to write upper and lowercase letters and at times will place uppercase letters in the middle of words or not capitalize a proper nouns.

Impact of Disability: David's eligibility of Autism impacts his ability to participate in general curriculum and make progress toward grade level standards in the area of written language.

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Section E: Present Level of Performance

Performance Area: Math

Category: [dropdown arrow]

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 able to solve single digit and double-digit addition and subtraction equations without regrouping when given staff prompts and the use of manipulatives such as cubes or visuals such as a number line.

Areas of Need: David struggles to understand the proper steps to using a calculator and requires maximum staff prompts to solve equations using one. In preparation for understanding and completing grade level concepts such as division and multiplication, David is continuing to work on basic addition and subtraction. David requires maximum staff prompts and the use of visuals and manipulatives to solve multi digit addition and subtraction with regrouping. David requires maximum staff prompts to read and identify numbers both visually and write them down when presented orally. David struggles with the concept of place value and requires maximum staff prompts to identify the value of a number. David also struggles to understand the concept of inverse operations in addition and subtraction (Example: $12-7=5$ is the same as $7+5=12$) as well as with multiplication and division (Example: $7 \times 5=35$ is the same as $35 \div 7=5$) and requires maximum staff help to solve equations in which he may need to apply the skill.

Impact of Disability: David's eligibility of Autism impacts his ability to participate in general education curriculum and make progress toward grade level standards in the area of math calculation and application.

Performance Area:

Category: [dropdown arrow]

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

[Empty text box for current performance/assessment summary]

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Section E: Present Level of Performance

Performance Area:

Social Skills

Category:



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 demonstrates the ability to greet peers and staff in an appropriate and friendly manner. David also demonstrates the ability to start a conversation and show interest in his peers by asking questions when the topic is preferred or David is knowledgeable on the topic. David is also able to enter into a conversation appropriately with peers as well when the topic is preferred or David is knowledgeable on the topic. David also demonstrates the ability to engage in appropriate social interactions with his peers when engaged in pretend games, etc. when outside on the playground. David is improving in his ability to ask peers for help appropriately.

Areas of Need: While he is able to start a conversation with peers, David struggles to maintain the conversation by focusing on the peer and asking appropriate or making follow up questions or comments. David also struggles to ask staff for help and will often not work at all instead of asking for help from staff. David also struggles to follow staff directions and often requires multiple prompts before complying with the given direction. David struggles to deal with his own mistakes and will often scribble out his work or tear up his paper as a result. David struggles to participate and requires staff to call on him in order to actively participate in academics or group conversations. At times, David struggles to stay on task and will require multiple staff prompts for focus. At times David will become frustrated or mad at a situation and will act out by growling, clenching his fist, or writing inappropriate comments or words on his paper.

Impact of Disability: David's eligibility of Autism impacts his ability to read social cues, which directly effects his involvement and participation.

Performance Area:

Pre-Vocational Education

Category:



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 improving in his ability to follow and complete both the morning and afternoon classroom routines with minimum staff prompts and reminders.

Areas of Need: David struggles to maintain an organized backpack and desk. Often, David struggles to listen to directions and follow directions given either orally or on paper. At times, David struggles to sustain attention to a task and requires maximum staff prompts for focus. David often won't ask for help when necessary and instead will complete or complete part of an assignment wrong. Often, David has difficulty listening when verbal directions are given and requires follow up prompts and help from staff to comply. David also struggles to demonstrate appropriate personal hygiene and cleanliness on a daily basis, often wearing the same clothes from one day to another and not washing his hands once coming in from being outside or before/ after eating food. David has difficulty receiving constructive criticism and when asked to correct work will sometimes rip up his work or write inappropriate or off task sentences, words, or phrases.

Impact of Disability: David's eligibility of Autism impacts his ability transition during the day and follow routines which directly effects his involvement and participation.

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Section E: Present Level of Performance

Performance Area: Behavior Support

Category: [dropdown arrow]

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 improving in his ability to use a calm and appropriate voice and body both inside and outside of the classroom. David is also improving in his ability to refrain from engaging in self-injurious behaviors both inside and outside of the classroom.

Areas of Need: David has difficulty maintaining on-task behavior and start work within a few minutes of it being given and will often require many staff prompts to stay on task and finish a given assignment or worksheet. He also struggles with speaking out during class and many times will try to initiate conversation with peers during instruction. He also struggles to follow staff directions willingly and will require multiple prompts and reminders from staff. When upset or frustrated David struggles to not only identify copying strategies, but then subsequently utilize them to help himself deescalate. At times David will engage or attempt to engage in physical aggression towards peers or verbally threaten them. David has difficulty accepting 'no' from peers and staff and will often respond with growling, or fist clenching.

Impact of Disability: David's eligibility of Autism impacts his ability to regulate and show expected behaviors, which directly effects his involvement and participation.

Performance Area:

Category: [dropdown arrow]

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

[Empty text box for current performance/assessment summary]

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Section E: Present Level of Performance

Performance Area: Language

Category: [dropdown arrow]

Assessment/Monitoring Process Used: informal, observation, data collection

State/District Assessment Results:

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

Language Areas of Strength - David has shown progress toward his 2 annual language goals. David participates in speech sessions and tries hard when motivated. He uses language for a variety of different purposes and functions including: requesting, responding, asking and answering questions and verbally engaging in social interactions with peers. When a topic peaks his interest in class, David joins in by offering comments and questions to include himself in social interactions by sharing his ideas and opinions. David is able to produce novel utterances of 10+ words in length when speaking on topics of interest.

Needs: Though David has shown improvement with responding to questions appropriately, he continues to at times confuse which question is asked of him and has yet to grasp more abstract questions i.e., how and why as well as responding to questions that require inferential reasoning (though this skill seems to be emerging). Expressively, though David is able to speak in 10+ word utterances, his sentences continue to be disorganized and he continues to require prompting to utilize correct word order, grammar, word choice (tense markers), and overall sentence structure. In terms of pragmatic language, David demonstrates difficulty showing adequate listener regard and will often interrupt and or talk over peers when joining into discussions and has difficulty maintaining interaction over several turns appropriately.

Impact of disability: David's eligibility of autism along with his expressive receptive and pragmatic language difficulties continue to impact his ability to successfully access curriculum.

Written By: Roshelle M Gen M.S. CCC-SLP

Performance Area:

Category: [dropdown arrow]

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

[Empty text box for summary]

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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

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 Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

After reading a grade level text, David will be able to answer basic WH comprehension questions with 60% accuracy with 1-2 visual or verbal staff prompts in 4/5 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:

After reading a grade level text, David will be able to answer basic WH comprehension questions with 40% accuracy with 3-4 visual or verbal staff prompts in 4/5 opportunities.

Incremental objective #2 related to the goal:

After reading a grade level text, David will be able to answer basic WH comprehension questions with 50% accuracy with 2-3 visual or verbal staff prompts in 4/5 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 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)

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 Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

When presented with a list of 20 fourth grade sight words, David will read the words with 90% accuracy in 4/5 trials.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

When presented with a list of 20 fourth grade sight words, David will read the words with 70% accuracy in 4/5 trials.

Incremental objective #2 related to the goal:

When presented with a list of 20 fourth grade sight words, David will read the words with 80% accuracy in 4/5 trials.

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"/>

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Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

David will produce a written 5 sentence paragraph, including a topic sentence, at least 2 detail sentences and a conclusion sentence with 1-2 staff prompts in 2/3 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:

With the use of graphic organizer and visuals as needed, David will produce an appropriate topic sentence and 2 related detail sentences with 3-4 staff prompts in 2/3 opportunities.

Incremental objective #2 related to the goal:

When presented with a previously written topic sentence and detail sentences and the use of a graphic organizer and visuals as needed, David will write a appropriate conclusion sentence with 2-3 staff prompts in 2/3 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"/>

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Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

When writing text, David will demonstrate an understanding of capitalization rules by correctly using capital letters at the beginning of sentences and for proper nouns and using lower case letters when appropriate with 1-2 staff prompts in 4/5 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:

When writing text, David will demonstrate an understanding of capitalization rules by correctly using capital letters at the beginning of sentences and for proper nouns and using lower case letters when appropriate with 3-4 staff prompts in 2/5 opportunities.

Incremental objective #2 related to the goal:

When writing text, David will demonstrate an understanding of capitalization rules by correctly using capital letters at the beginning of sentences and for proper nouns and using lower case letters when appropriate with 2-3 staff prompts in 3/5 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 <input type="text"/>	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please explain: <input type="text"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
 Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

When provided a calculator as needed, and no more than 1-2 prompts, 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.

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 provided a calculator as needed, and no more than 4-5 prompts, David will add up to a sum of 1000 using strategies and algorithms based on place value and properties of operations with 30% accuracy, in 3 out of 5 opportunities.

Incremental objective #2 related to the goal:

When provided a calculator as needed, and no more than 3-4 prompts, David will add up to a sum of 1000 using strategies and algorithms based on place value and properties of operations with 40% accuracy, in 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 <input type="text"/>	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please explain: <input type="text"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
 Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

When confronted with a frustrating situation, David will utilize appropriate steps to deal with the situation/remain calm in 4/5 opportunities with 0-1 visual or verbal staff prompts.

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 confronted with a frustrating situation, David will utilize appropriate steps to deal with the situation/remain calm in 2/5 opportunities with 2-3 visual or verbal staff prompts

Incremental objective #2 related to the goal:

When confronted with a frustrating situation, David will utilize appropriate steps to deal with the situation/remain calm in 3/5 opportunities with 1-2 visual or verbal staff prompts.

Date to be achieved: MO/YR

Date to be achieved: MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
 Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

David will follow multi-step oral/written direction independently with 1-2 verbal or visual staff prompts in 4/5 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:

David will follow multi-step oral/written direction independently with 3-4 verbal or visual staff prompts in 2/5 opportunities.

Incremental objective #2 related to the goal:

David will follow multi-step oral/written direction independently with 2-3 verbal or visual staff prompts in 3/5 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
 Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

David will follow staff directions, independently, with no more than 1 prompt, both inside and outside of the classroom (Classwork, transitions, elective classes, push-in services, etc.) in 4/5 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:

David will follow staff directions, independently, with no more than 3 prompts, both inside and outside of the classroom (Classwork, transitions, elective classes, push-in services, etc.) in 4/5 opportunities.

Incremental objective #2 related to the goal:

David will follow staff directions, independently, with no more than 2 prompts, both inside and outside of the classroom (Classwork, transitions, elective classes, push-in services, etc.) in 4/5 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
 Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

David will demonstrate adequate word and sentence construction (subject verb agreement, correct verb tenses, grammatical morphemes, word order etc.) when responding to and or asking questions in a structured activity given minimal support (1-2 cues/prompts) with 80% accuracy across 3 sessions.

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 demonstrate adequate word and sentence construction (subject verb agreement, correct verb tenses, grammatical morphemes, word order etc.) when responding to and or asking questions in a structured activity given moderate support (3-4 cues/prompts) with 60% accuracy across 3 sessions.

Incremental objective #2 related to the goal:

David will demonstrate adequate word and sentence construction (subject verb agreement, correct verb tenses, grammatical morphemes, word order etc.) when responding to and or asking questions in a structured activity given minimal-moderate support (2-3 cues/prompts) with 70% accuracy across 3 sessions.

Date to be achieved: MO/YR

Date to be achieved: MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
 Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

David will respond to age appropriate WH questions with 80% accuracy given no more than 2 cues/prompts

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 respond to age appropriate WH questions with 60% accuracy given no more than 3 cues/prompts

Incremental objective #2 related to the goal:

David will respond to age appropriate WH questions with 70% accuracy given no more than 2 cues/prompts

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: Category: Annual Goal #:

David will demonstrate ability to join conversation/discussion appropriately (i.e., wait turn, on topic, novel information etc.) in 80% of opportunities given no more than 3 cus/prompts

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 demonstrate ability to join conversation/discussion appropriately (i.e., wait turn, on topic, novel information etc.) in 60% of opportunities given no more than 5 cus/prompts

Incremental objective #2 related to the goal:

David will demonstrate ability to join conversation/discussion appropriately (i.e., wait turn, on topic, novel information etc.) in 70% of opportunities given no more than 4 cus/prompts

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 AZOULAY CHAIM (DAY MI

Date of Birth 04-MAR-2010

Meeting Date 13-MAY-2020

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.

Table with 2 columns: Student will participate in Regular State and District Assessments. (Designated Supports and/or Accommodations identified below are applicable) and CAASPP Subject ELA and Math. Content includes Designated Supports and Accommodations lists.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Last AZOULAY

First CHAIM (DAV

MI Y

Date of Birth 04-MAR-2010

Meeting Date 13-MAY-2020

Section N: Procedural Safeguards and Follow-up Actions

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

Is the parent/guardian requesting translation services? Yes No

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

Specify the Individual Pages to be translated:

Special Requests:

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

THIS SPACE DELIBERATELY LEFT BLANK.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Last AZOULAY First CHAIM (DAY) MI

Date of Birth 04-MAR-2010

Meeting Date 13-MAY-2020

Section Q: Parent Participation and Consent

Parent Participation

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

Parent Notification

Method Whom When
Email JK

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

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

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

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

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

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

Parent Concerns and Comments

Signature(s)

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)

Signature(s)

Date 13-MAY-2020

PARENT INPUT SURVEY

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

ALL INFORMATION IS CONFIDENTIAL

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

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

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

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

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

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



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UNITED STATES

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



PARENT INPUT SURVEY
English

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Reconvened Meeting Date

Student
 Last First MI

Date of Birth

Meeting Date

Section R: Names and Signatures (Signatures on File)

Team Member	Print Name	Signature
Parent/Guardian	<input type="text" value="Avshalom Azoulay -via Teleconfere"/>	<input type="text"/>
Parent/Guardian	<input type="text"/>	<input type="text"/>
Student Age 18 - 21 years	<input type="text"/>	<input type="text"/>
Student Under Age 18 years	<input type="text"/>	<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="Joy Kushner"/>	<input type="text" value="Joy Kushner"/>
Special Education Teacher	<input type="text" value="Emma Taylor"/>	<input type="text" value="Emma Taylor"/>
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="DIS LAS"/>	<input type="text" value="Roshelle Gen"/>	<input type="text" value="Roshelle Gen"/>
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="Noya Alperson - via teleconference"/>	<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="VG Administrator"/>	<input type="text" value="Megan Davis"/>	<input type="text" value="Megan Davis"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
 Last First MI

Date of Birth

Meeting Date

LEAST RESTRICTIVE ENVIRONMENT ANALYSIS

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

Student's Current Placement Type:

<input 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.
IEP team determines that student continues to require support from special education provided in a small group setting to allow him to access the general education curriculum.	

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.
IEP team determines that student continues to require special education supports and services in a small, structured environment to meet needs due to disability and allow him to maximize progress toward grade level standards.	

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
Last

First

MI

Date of
Birth

Meeting
Date

ANNUAL LEAST RESTRICTIVE ENVIRONMENT ANALYSIS (Continued)

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

Step C.	Can the supports, services, accommodations and/or modifications in the student's IEP be made available in a special school setting?	
	<input checked="" type="radio"/> Yes <input type="radio"/> No	If the answer is YES, then a special school setting is the appropriate placement. If the answer is NO, go to the question below.
	<input type="radio"/> Yes <input type="radio"/> No	If not currently available, can the required supports, services, accommodations and/or modifications be made available in a special school setting? If YES, all required supports, services, accommodations and/or modifications must be provided within a reasonable timeline. If the answer is NO, please articulate why in the box below. Then go to Step D.
<div style="border: 1px solid black; height: 80px;"></div>		

Step D.	Can the supports, services, accommodations and/or modifications in the student's IEP be made available in a home/hospital setting?	
	<input type="radio"/> Yes <input type="radio"/> No	If the answer is YES, then a home/hospital setting is the appropriate placement. If the answer is NO, go to the question below.
	<input type="radio"/> Yes <input type="radio"/> No	If not currently available, can the required supports, services, accommodations and/or modifications be made available in a home/hospital setting? If YES, all required supports, services, accommodations and/or modifications must be provided within a reasonable timeline. If the answer is NO, please articulate why in the box below. Then go to Step E.
<div style="border: 1px solid black; height: 80px;"></div>		

Step E.	Can the supports, services, accommodations and/or modifications in the student's IEP be made available in a residential care facility?	
	<input type="radio"/> Yes <input type="radio"/> No	If not currently available, articulate in the IEP what supports, accommodations and/or modifications are required for the student in this setting.
	<div style="border: 1px solid black; height: 80px;"></div>	

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
Last

First

MI

Date of
Birth

Meeting
Date

ANNUAL LEAST RESTRICTIVE ENVIRONMENT ANALYSIS (Continued)

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

Step F.	The student's needs as reflected in the contents of this IEP, and the placement being considered by the IEP team, outweigh any potential harmful effects at this time, including (check all that apply):	
	<input type="checkbox"/>	Diminished access to the full range of the curriculum
	<input type="checkbox"/>	Missed general education instruction taught by highly qualified staff
	<input type="checkbox"/>	Rate at which student may earn credits for graduation
	<input type="checkbox"/>	Lack of opportunity for social interaction
	<input type="checkbox"/>	Lack of opportunities for age-appropriate peer role models
	<input 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"/>	<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="VILLAGE GLEN SCH (VALLEY) (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(Reading),2(Reading 2),3(Writing 1),4(Writing 2),5(Mathematics),6(Social Skills),7(Pre-Vocational),8(Behavior Support),8(Behavioral Support),(Language),(Language),(Pragmatic Language)"/>	<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	
Parent Counseling and Training (PCT)	Parent Counseling and Training (PCT)	<input checked="" type="radio"/> Yes <input type="radio"/> No	
	ESY Transportation	<input type="text" value="Home to School"/>	
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" value="Behavior Intervention Plan Participated in-school Lego club, opportunity for additional 'club' participation in the future"/>	<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	Do the Parent and the District (local educational agency) agree that a reassessment is unnecessary?	<input type="radio"/> Yes <input checked="" type="radio"/> No	

not conduct a three-year comprehensive reassessment.)	If the Parent does not agree, specify the area(s) to be reassessed.	Comprehensive Psycho-educational assessment	
Comments, as appropriate			
Low Incidence Equipment			
Assistive Technology Equipment			
Participation in General Education	<p>The above mentioned NPS (100% of the school-day) is the least restrictive environment to meet student's needs at this time due to behavioral needs and limited academic progress. Every effort will be made to re-integrate the student into the general education environment when feasible and appropriate. Areas of consideration for least restrictive environment, i.e. return to regular education setting include but are not limited to: behavior; attendance; and academic progress.</p>		

	Responsible Personnel:	Nonpublic School Provider (for nonpublic school students only)	

*

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)

IEP meeting held via teleconference due to school closure due to COVID-19. All participants participated via teleconference. At this time, student is accessing his education via distance learning.

Parent verbally excused the participation of a General Education teacher in advance of the meeting.

Village Glen NPS will provide the following: Basic education and DIS LAS.

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 to: challenges with safe, appropriate responses to frustrating situations. 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: increased ability to independently utilize safe, appropriate responses to frustrating situations, in preparation for a transition to the 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.

Every effort will be made to reintegrate student into the general education environment when appropriate. Student will be considered for a lesser restrictive educational setting when he is able to demonstrate noteworthy and consistent progress in the areas of: academics and behavior. 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.

IEP team discussed the need for continued, consistent support in the area of behavior. Student has demonstrated regression with limited recoupment in regards to his ability to make consistent progress toward behavior goals and overall progress. The IEP team discussed and determined that ESY is necessary to build and maintain critical skills and avoid skill loss with limited recoupment as demonstrated over instructional breaks.

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:			

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 1, Language 2, Pragmatic Language	--
10	Language/Speech	Effective on Signature Date	Regular	Weekly	1-5	School-Based	60	Language 1, Language 2, Pragmatic Language	--

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** 13-MAY-2020

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).
 Disruption in routines Work level higher than student's ability Verbal directives Lack of predictability
 Time of day Internal physical/emotional state Peer conflict Over stimulation
 Unstructured time Lack of freedom, choice, desirable activities, friends Room conditions Specific room arrangement
 Events from previous environments Under stimulation
 Other Describe:

Observation Analysis

6 What supports the student using the problem behavior? (What is missing in the environment/curriculum or what is in the environment/curriculum that needs changing?)
 Present in the environment: Classroom seating arrangement Noise levels Interactions (adult and/or peers), size, etc.)
 Missing in the environment: Peer status gained for misbehavior Inappropriate materials (age-appropriate) Conflict resolution skills
 Transition skills Task structuring Effective communication with parent
 Re-teaching Consequences not clear to student Communications system
 Social skills instruction Choices
 Other (Missing/Present):

REMOVE STUDENT'S NEED TO USE THE PROBLEM BEHAVIOR

Intervention

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

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

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 9
Analysis

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

To Avoid: To avoid completing a task that may be too difficult and will take a long time to complete

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: Use specific praises Recognition of student's ... Peer recognition
- Contingent Access: Time on the computer Free time Listen to music
- Preferred activity 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)

1. Prompt student to maintain focus and use copying strategies when needed 2. Provide verbal and visual model of appropriate strategies/skills 3. Praise student when he/she is able to stay on task and uses appropriate coping strategies/skills 4. Provide immediate positive feedback and reinforcement when student refrains from engaging in negative peer interactions

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 MI
Last First MI

Date of Birth 04-MAR-2010

Meeting Date 13-MAY-2020

OUTCOMES

PART IV

BEHAVIORAL GOALS

13 Behavioral Goal: Goal #: 8

David will follow staff directions, independently, with no more than 1 prompt, both inside and outside of the classroom (Classwork, transitions, elective classes, push-in services, etc.) in 4/5 opportunities.

- 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? Parent/Staff Frequency? Daily