

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Identification Number 030410M053 SSID 6032358213

Eligible (AUT)

Student AZOULAY IZCHAK I Last First MI

Date of Birth: 04-MAR-2010

Section A: Meeting Information

Section A: Meeting Information form with fields for Pertinent Dates (Date of Initial IEP Team Meeting, Date of Present Meeting, Annual Review to be conducted by, Next Three Year Review will be conducted by, Three Year Review or Evaluation was conducted on, Transition to Kindergarten to be conducted by) and Type of Meeting (Initial, Amendment of IEP dated, Annual Review, Three Year Review, Other, Early Start Transition, Expulsion Analysis, Individual Transition Plan).

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

Section B: Student Information

Section B: Student Information form with fields for Date of Birth, Gender, Age, Grade, Limited English Proficient Student, Ethnic Code, Location of the Psych Folder, Student has no Psych Folder, Location of the Cum Folder, Student has no Cum Folder, Home Language, Student Language, Alternate Mode of Communication, Home Address of Student, City, ZIP Code, Home Telephone, Daytime Telephone, Emergency Telephone, School of Attendance, Location Code, School of Residence, Location Code, Name of Parent/Guardian, Telephone, Address, City, ZIP Code, Surogate Parent, Telephone, Attends CURRENT SCHOOL as a result of one of the following (Nonpublic School Placement), Bridgeport, Is the student living in a Family Foster Home (FFH)?, FFH#, Is FFH Provider related to student?, Relationship, Licensed Children's Institution, LCI Name, LCI#, Out of the home placement made by (Regional Center, Superior Court, Department of Mental Health, Department of Children's Services, Other), Child's family living within LAUSD's boundaries?, If the student is 18 years old or older or is an emancipated minor, does he/she have educational decision-making rights?

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**Los Angeles Unified School District**

Student **AZOULAY**  
Last

**IZCHAK**  
First

**I**  
MI

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

Meeting Date **30-APR-2019**

**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	
<b>1</b> Reading ELA	<input checked="" type="radio"/>	<input type="radio"/>	
Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	
Objective 2 met	<input checked="" type="radio"/>	<input type="radio"/>	
<b>2</b> Behavioral Support	<input type="radio"/>	<input checked="" type="radio"/>	Not occurring on 4 out of 5 days
Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	
Objective 2 met	<input checked="" type="radio"/>	<input type="radio"/>	
<b>3</b> Reading	<input type="radio"/>	<input checked="" type="radio"/>	Cannot identify 12+ familiar sights, more cues
Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	
Objective 2 met	<input checked="" type="radio"/>	<input type="radio"/>	
<b>4</b> Math	<input checked="" type="radio"/>	<input type="radio"/>	
Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	
Objective 2 met	<input checked="" type="radio"/>	<input type="radio"/>	
<b>5</b> Writing	<input type="radio"/>	<input checked="" type="radio"/>	Needs more prompts
Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	
Objective 2 met	<input checked="" type="radio"/>	<input type="radio"/>	
<b>6</b> Communication	<input checked="" type="radio"/>	<input type="radio"/>	
Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	
Objective 2 met	<input checked="" type="radio"/>	<input type="radio"/>	
<b>7</b> Social Skills	<input checked="" type="radio"/>	<input type="radio"/>	
Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	
Objective 2 met	<input checked="" type="radio"/>	<input type="radio"/>	
<b>8</b> Vocational Skills	<input checked="" type="radio"/>	<input type="radio"/>	
Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	
Objective 2 met	<input checked="" type="radio"/>	<input type="radio"/>	
<b>9</b> Language	<input checked="" type="radio"/>	<input type="radio"/>	
Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	
Objective 2 met	<input checked="" type="radio"/>	<input type="radio"/>	
<b>10</b>	<input type="radio"/>	<input type="radio"/>	
Objective 1 met	<input type="radio"/>	<input type="radio"/>	
Objective 2 met	<input type="radio"/>	<input type="radio"/>	

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Section E: Present Level of Performance

Performance Area: Reading

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

State/District Assessment Results:

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

Per the Woodcock Johnson IV, Izchak is demonstrating reading achievement at a 2.5 grade equivalent, falling in the 22nd percentile.

Strengths: Izchak enjoys looking at familiar and unfamiliar books that contain vivid pictures. He enjoys flipping through the pages independently and will listen when an adult reads to him. Izchak will orient books in the correct position and flip the pages from beginning to end. He is able to point to the correct image in a book or interactive story when asked. He is able to sequence events in a story when provided with pictures. He is able to expressively and receptively identify all the letters of the alphabet, upper and lower case. He is able to identify individual letters sounds. Izchak is able to receptively identify most CVC words independently. With the use of visual supports and moderate prompting, Izchak is able to answer questions about a reading selection. With minimal prompting and visual support, Izchak is able to answer simple Wh comprehension questions.

Needs: Though he is presented with new vocabulary/sight words, Izchak struggles to memorize and retain words long term and benefits from picture supports. He needs to continue to develop his reading skills and increase his reading fluency, decode multisyllabic words in isolation or in text, increase his sight word recognition, and use context clues to read new words. He struggles with vowel sounds and blending together multiple letter sounds to read simple words. Although Izchak is able to sequence events in a story with minimal prompting, he is not yet consistently reading unfamiliar stories without errors. He needs to develop his reading skills and increase his reading fluency and make less mistakes while reading. Izchak is not yet able to identify the difference between books that tell stories and books that give information, compare and contrast stories, nor use text to ask and answer questions to show understanding of an informational text.

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

Performance Area: Writing

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

State/District Assessment Results:

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

Per the Woodcock Johnson IV, Izchak is demonstrating Written Language achievement at a 1.6 grade equivalent, in the 6th percentile.

Strengths: Per classroom observation, Izchak is able to participate in a variety of writing related activities (writing centers, art, OT), and uses different writing instruments (pencil, marker, paintbrush, crayon) when engaged in these activities. He uses a mature grasp when using writing instruments. Izchak is able to independently write the letters of his first name with a combination of uppercase and lowercase letters. He is able to independently print the letters of the alphabet (upper and lower case) with 80% accuracy. He is able to near point copy four to five word sentences in a combination of upper and lower case letters with correct word sizing and accurate formation. Izchak will use books as inspiration for drawings and will examine the pictures to draw.

Needs: He must work on writing CVC words, sight words, and high frequency sight words from memory. Being able to dictate/produce words and sentences is important to improve his visual motor skills, memory of letters as well as his legibility. Although Izchak uses upper case and lower case letters when writing, he will often use the incorrect letter case. Additionally, he requires adult dictation of words and sentences when writing.

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

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Section E: Present Level of Performance

Performance Area: Math

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

State/District Assessment Results:

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

Per the Woodcock Johnson IV, Izchak is demonstrating Mathematics achievement at a 1.6 grade equivalent, in the 3rd percentile.

**Strengths:** Izchak uses numbers through many different outlets each day including books, worksheets, flashcards, videos, and manipulatives. He is able to receptively and expressively identify all colors and shapes. He is able to compare two groups (Which has more? Which has less?) when given visual supports. He understands that addition is putting two groups together and subtraction is to take away quantities. He is able sort objects into groups when given an identifying attribute (e.g., color, size, shape). With minimum prompts and visual supports, he is able to solve single digit addition and subtraction problem of values up to 10. Izchak understands the concepts of time (morning, afternoon, evening) and knows about the tools that measure time (clock, calendar, etc). He is able to tell time to the hour and half hour on an analog or digital clock. He can receptively identify time to the quarter hour when given in a field of up to four. Izchak understands that 3D shapes have a relationship to 2D shapes (i.e. knows circle is 2D and sphere is 3D).

**Needs:** Although Izchak understands that a relationship exists between addition and subtraction, he is not yet able to solve addition and subtraction problems or word problems with a sum of up to 20. He is not yet familiar with applying the properties of operations such as the communicative property or associative property of addition. Additionally, he is not yet able to understand place values (ones and tens).

**Impact of Disability:** Autism impairs Izchak's ability in math. He has difficulty attending to and retaining early math concepts, which impacts his involvement and progress in the general education curriculum.

Performance Area: Behavior

Assessment/Monitoring Process Used: Informal, Observation

State/District Assessment Results:

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

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

**Needs:** When presented with a non-preferred activity or presented with a challenging school assignment, he will ignore classroom staff. In order to gain more attention from classroom staff, Izchak will pretend like he does not know how to answer a question or will intentionally get the answer wrong so he can be corrected. When told that he needs to have a serious approach in order to gain access to a preferred item/activity, he will correct himself. Izchak will constantly seek verbal validation from adults when his twin brother receives attention. He will become upset if he is not given validation and will pout, cry, and withdraw from the activity at hand. If his brother continues to get attention or praise, he will aggressively target his brother in order to gain attention from an adult. When Izchak becomes upset, he will act out aggressively towards classroom staff by hitting, kicking, and using aggressive verbal language. In regards to Izchak's previous IEP goal, he is identifying his feelings in order to address situations, but he is only doing so on 3 out of 5 school days with 70% accuracy.

**Impact of Disability:** Autism impairs Izchak's ability to attend and retain academic, social and language skills without positive behavior supports which impacts his involvement and progress in the general education curriculum.

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Section E: Present Level of Performance

Performance Area: Social Skills

Assessment/Monitoring Process Used: Informal, Observation

State/District Assessment Results:

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

Strengths: When greeted by an adult, Izchak will respond appropriately without prompting. He will engage in social interactions with peers and adults with minimal verbal prompting. He is able to identify basic emotions in pictures, videos, and his everyday life. When asked how he is feeling, he can identify his emotion with the use of visual aides. Izchak will spontaneously ask adults questions throughout the school day, but requires minimal prompting to ask questions to his fellow peers.

Needs: Izchak needs to learn how to maintain personal space from familiar and unfamiliar people. Additionally, he must work on decreasing the number of inappropriate interactions he was with strangers. For example, he will enter a stranger's personal space in order to see what they are looking at on their phone or will point at a person and talk about them instead of to them.

Impact of Disability: Autism impairs Izchak's ability in social behavior functioning, making it difficult for him to consistently interact appropriately with others which impacts his involvement and progress in the general education curriculum.

Performance Area: Vocational Skills

Assessment/Monitoring Process Used: Informal, Observation

State/District Assessment Results:

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

Strengths: Per classroom observation, Izchak can participate in a large/small group setting for 25 minutes, with occasional prompts to not interrupt the presenter. He is able to transition through classroom activities with little difficulty. When there is a change of routine Izchak has no difficulty engaging in the alternative activity. In the classroom, he is able to complete tasks with reinforcers such as praise, coloring pages, chips, and treats. He is able to unpack the contents of his backpack and put them away in their appropriate receptacle upon arrival to school when given a verbal reminder. He is able to follow one to two step instructions, such as 'pick up...' or 'give to me,' in order to comply with directives from an adult in the classroom. When an activity is difficult, he will seek assistance from staff and can tolerate hand-over-hand assistance. Izchak is able to complete classroom jobs with minimal prompting such as stacking chairs, washing dishes, sorting markers and crayons, putting away classroom materials, sweeping, and wiping down tables.

Needs: Although Izchak is able to complete classroom jobs, he has difficulty organizing his personal belongings. Often times he will leave his school work and personal drawings around the classroom instead of placing them in his cubby or backpack. In order to develop greater organization, he must learn to develop a sense of ownership over his belongings and put them away in designated areas.

Impact of Disability: Autism impairs Izchak's ability to complete vocational tasks with ease which impacts his involvement and progress in the general education.

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Section E: Present Level of Performance

Performance Area: Self Help

Assessment/Monitoring Process Used: Informal, Observation

State/District Assessment Results:

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

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

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

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

Performance Area:

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

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Section E: Present Level of Performance

Performance Area: Language

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

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

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

CONT

Performance Area: Language CONT

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

Language Areas of Need - At times, Izchak requires cues to communicate verbally instead of using nonverbal means (gestures, facial expressions), especially when expressing emotions. Although Izchak has improved in his ability to generate novel utterances containing verbs or salient terms, he continues need support when he is unfamiliar with the vocabulary. Additionally, Izchak has difficulty producing utterances with appropriate syntax (subject/verb agreement, correct pronoun use, verb forms, word order, etc.). When asked simple, concrete WH questions, he requires cues to discriminate what kind of WH question has been asked and then to answer appropriately. Izchak has difficulty participating in reciprocal conversations. He will monopolize the conversation by making comments and asking questions about his topic of interest in a repetitive manner and is unable to alter his communication style based on his audience and topic of conversation. For example, he will make comments or answer questions without taking into consideration what information the listener already knows/doesn't know and therefore provides too little information. Izchak requires cues to socialize with peers and participate in turn-taking activities.

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

Written by:  
 Cristen Armel, MCD, CF-SLP  
 RPE License # 12637  
 Speech Language Pathology Clinical Fellow  
 Supervisor: Roshelle Gen M.S. CCC-SLP #23426  
 The Help Group, Sherman Oaks Campus

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Section 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:

- 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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Date of Birth

Meeting Date

**Section G: Annual Goals and Objectives**

Performance Area:  Annual Goal #:

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

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

**Methods of Evaluation**

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

**Incremental objective #1 related to the goal:**

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

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

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

Date to be achieved:   MO/YR

Date to be achieved:   MO/YR

**IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP**

**EXPLANATION OF MARKS**

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

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

When facing an upsetting situation (e.g., getting an answer wrong, not obtaining a preferred item/activity, etc.) with no more than 2 prompts, Izchak will accurately determine the size of the problem (big problem, little problem) and determine an appropriate coping strategy (e.g., take a break, talk with a teacher, take a deep breath, practice positive self talk) without engaging in aggressive behavior in 80% of opportunities in a school week.

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

**Methods of Evaluation**

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

**Incremental objective #1 related to the goal:**

When facing an upsetting situation (e.g., getting an answer wrong, not obtaining a preferred item/activity, etc.) with no more than 4 prompts, Izchak will accurately determine the size of the problem (big problem, little problem) and determine an appropriate coping strategy (e.g., take a break, talk with a teacher, take a deep breath, practice positive self talk) without engaging in aggressive behavior in 70% of opportunities in a school week.

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

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

Date to be achieved:   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"/>

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**Section G: Annual Goals and Objectives**

Performance Area:  Annual Goal #:

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

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

**Methods of Evaluation**

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

**Incremental objective #1 related to the goal:**

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

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

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

Date to be achieved:   MO/YR

Date to be achieved:   MO/YR

**IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP**

**EXPLANATION OF MARKS**

4 GOAL MET OR EXCEEDED

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

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

1 NO PROGRESS

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

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

**Los Angeles Unified School District**

Student      
 Last First MI

Date of Birth

Meeting Date

**Section G: Annual Goals and Objectives**

Performance Area:  Annual Goal #:

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

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

**Methods of Evaluation**

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

**Incremental objective #1 related to the goal:**

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

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

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

Date to be achieved:   MO/YR

Date to be achieved:   MO/YR

**IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP**

**EXPLANATION OF MARKS**

4 GOAL MET OR EXCEEDED

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

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

1 NO PROGRESS

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

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

Student      
 Last First MI

Date of Birth

Meeting Date

**Section G: Annual Goals and Objectives**

Performance Area:  Annual Goal #:

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

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

**Methods of Evaluation**

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

**Incremental objective #1 related to the goal:**

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

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

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

Date to be achieved:   MO/YR

Date to be achieved:   MO/YR

**IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP**

**EXPLANATION OF MARKS**

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

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

**IZCHAK**  
First

**I**  
MI

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

Meeting Date **30-APR-2019**

**Section G: Annual Goals and Objectives**

Performance Area: **Vocational Skills** Annual Goal #: **1**

With no more than 1 prompts, when provided with an organizational routine (e.g., folder system, visual checklist), Izchak will organize his personal belongings during the school day, 80% of opportunities, on 4 out of 5 school days.

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

**Methods of Evaluation**

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

**Incremental objective #1 related to the goal:**

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

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

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

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

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

**IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP**

**EXPLANATION OF MARKS**

*4 GOAL MET OR EXCEEDED*

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

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

*1 NO PROGRESS*

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

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

**Los Angeles Unified School District**

Student     
Last First MI

Date of Birth

Meeting Date

**Section G: Annual Goals and Objectives**

Performance Area:  Annual Goal #:

With no more than 2-3 prompts, when asked for personal safety information (e.g., where do you live, what are your parents' names, what is your phone number, what is your last name) Izchak will learn to relay personal information by verbally responding or writing it down in 80% of trials.

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

**Methods of Evaluation**

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

**Incremental objective #1 related to the goal:**

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

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

With no more than 4-5 prompts, when asked for personal safety information (e.g., where do you live, what are your parents' names, what is your phone number, what is your last name) Izchak will learn to relay personal information by verbally responding or writing it down in 80% of 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	2nd Reporting Period	3rd Reporting Period	4th Reporting Period (Secondary Only)	Goal Achievement
Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	
Progress Mark: <input type="text"/>	Progress Mark: <input type="text"/>	Progress Mark: <input type="text"/>	Progress Mark: <input type="text"/>	Objective 1 Met: <input type="radio"/> Yes <input type="radio"/> No
Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Objective 2 Met: <input type="radio"/> Yes <input type="radio"/> No
If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other	If "No" please explain: <input type="text"/>

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

**Los Angeles Unified School District**

Student      
 Last First MI

Date of Birth

Meeting Date

**Section G: Annual Goals and Objectives**

Performance Area:  Annual Goal #:

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

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

**Methods of Evaluation**

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

**Incremental objective #1 related to the goal:**

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

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

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

Date to be achieved:   MO/YR

Date to be achieved:   MO/YR

**IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP**

**EXPLANATION OF MARKS**

*4 GOAL MET OR EXCEEDED*

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

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

*1 NO PROGRESS*

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



**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

**Los Angeles Unified School District**

Student     
 Last First MI

Date of Birth

Meeting Date

**Section G: Annual Goals and Objectives**

Performance Area:  Annual Goal #:

In collaboration with classroom staff, Izchak will increase correct use of appropriate word order/sentence structure during structured tasks with 80% accuracy given min (1-2) visual/verbal cues.

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

**Methods of Evaluation**

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

**Incremental objective #1 related to the goal:**

In collaboration with classroom staff, Izchak will imitate correct use of word order/sentence structure during structured tasks with 80% accuracy given min (1-2) visual/verbal cues.

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

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

Date to be achieved:   MO/YR

Date to be achieved:   MO/YR

**IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP**

**EXPLANATION OF MARKS**

*4 GOAL MET OR EXCEEDED*

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

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

*1 NO PROGRESS*

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

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

**Los Angeles Unified School District**

Student     
Last First MI

Date of Birth

Meeting Date

**Section G: Annual Goals and Objectives**

Performance Area:  Annual Goal #:

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

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

**Methods of Evaluation**

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

**Incremental objective #1 related to the goal:**

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

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

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

Date to be achieved:   MO/YR

Date to be achieved:   MO/YR

**IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP**

**EXPLANATION OF MARKS**

4 GOAL MET OR EXCEEDED

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

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

1 NO PROGRESS

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

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

**Los Angeles Unified School District**

**Student** AZOULAY  
Last

IZCHAK  
First

I  
MI

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

**Meeting Date** 30-APR-2019

**Section K: Participation in State and District-wide Assessments**

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

<p><b>Student will participate in Regular State and District Assessments.</b>  <i>(Designated Supports and/or Accommodations identified below are applicable)</i></p>	<p><b>CAASPP Subject</b>          ELA and Math</p>
<p>Designated Supports:</p> <ul style="list-style-type: none"> <li>- Noise Buffers</li> <li>- Test in a separate/smaller setting</li> </ul>	
<p>Accommodations:</p> <ul style="list-style-type: none"> <li>- 100s Number Table (paper-based; not allowed for Grade 3; non-embedded accommodation)</li> <li>- Multiplication table for single digits 1-9 (paper-based; not allowed for Grade 3; non-embedded accommodation)</li> </ul>	

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student   
Last

First

MI

Date of Birth

Meeting Date

Section N: Procedural Safeguards and Follow-up Actions

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

Is the parent/guardian requesting translation services?  Yes  No

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

Specify the Individual Pages to be translated:

Special Requests:

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

THIS SPACE DELIBERATELY LEFT BLANK.

Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student AZOULAY IZCHAK I MI  
Last First MI

Date of Birth 04-MAR-2010

Meeting Date 30-APR-2019

Section Q: Parent Participation and Consent

Parent Participation

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

Parent Notification

Method	Whom	When
Student	s.s.	21-MAR-2019
US Mail	s.s.	21-MAR-2019

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

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

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

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

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

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

Parent Concerns and Comments

Signature(s)

Date

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

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

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

Signature(s)

Date 30-APR-2019

### PARENT INPUT SURVEY

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

**ALL INFORMATION IS CONFIDENTIAL**

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

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

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

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

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

Handwriting lines for providing feedback.

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



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

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

POSTAGE WILL BE PAID BY ADDRESSEE

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



**PARENT INPUT SURVEY**  
**English**

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

**Los Angeles Unified School District**

**Reconvened Meeting Date**

**Student**     
**Last First MI**

**Date of Birth**

**Meeting Date**

**Section R: Names and Signatures (Signatures on File)**

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



**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

Student   
Last

First

MI

Date of   
Birth

Meeting   
Date

**LEAST RESTRICTIVE ENVIRONMENT ANALYSIS**

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

Student's Current Placement Type:

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

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

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

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student AZOULAY  
Last

IZCHAK  
First

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MI

Date of Birth 04-MAR-2010

Meeting Date 30-APR-2019

ANNUAL LEAST RESTRICTIVE ENVIRONMENT ANALYSIS (Continued)

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

<b>Step C.</b>	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>		

<b>Step D.</b>	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>		

<b>Step E.</b>	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

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

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

**IEP FAPE Part 1 - Eligibility, Placements and Supports**

Student     
 Last First MI

Date of Birth  Meeting Date

		Effective With this IEP	Future Changes Related to this IEP
	As of Date:	<input type="text" value="30-APR-2019"/>	<input type="text"/>
Eligibility: (from Page 4)		<b>Eligible (AUT)</b>	
	Final IEP Reason Final IEP Effective Date:		
Curriculum		<input type="text" value="General Education"/>	<input type="text"/>
Placement	Type of School	<input type="text" value="Nonpublic School"/>	<input type="text"/>
	Name of School	<input type="text" value="BRIDGEPORT SCHOOL (NPS)"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Instructional Setting	Setting	<input type="text" value="Special Education"/>	<input type="text"/>
	Program	<input type="text" value="NPS"/>	<input type="text"/>
	Special Day Minutes/Wk	<input type="text" value="1570"/>	<input type="text"/>
	Addresses Goals	<input type="text" value="2(Reading),1(Behavioral Support),(Language 2),1(Writing),1(Math),1(Vocational Skills),1(Self Help),(Language),1(Social Skills),1(Reading)"/>	<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"/>	<input type="text"/>
Preparation for Three Year Review IEP (At the second Annual Review IEP Meeting, the team must discuss and document the decision to conduct or not conduct a three-	Do the Parent and the District (local educational agency) agree that a reassessment is unnecessary?	<input type="radio"/> Yes <input type="radio"/> No	

<p>year comprehensive reassessment.)</p>	<p>If the Parent does not agree, specify the area(s) to be reassessed.</p>		
<p><b>Comments, as appropriate</b></p>			
<p><b>Low Incidence Equipment</b></p>			
<p><b>Assistive Technology Equipment</b></p>			
<p><b>Participation in General Education</b></p>	<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 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>		

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student AZOULAY Last

IZCHAK First

I MI MI

Date of Birth 04-MAR-2010

Meeting Date

30-APR-2019

		Effective With This IEP	Future Changes Related To This IEP
<b>Service 1</b>	Start Date:	Effective on Signature Date 30-APR-2019	
<b>10</b>	End Date:	30-APR-2020	
<b>Language/Speech</b>	Service applies to:	ESY	
	Frequency:	1-5	
This service addresses the following goals:	Interval:	Weekly	
	Minutes/Interval:	60	
(Language)	Minutes/Interval (Pullout from Gen Ed):	0	
(Language 2)			
	Service Delivery Model:	Direct Service (Collaborative)*	
	Area:	School-Based	
	Responsible Personnel:	Non-Public School Provider	

\*

<b>Service 2</b>	Start Date:	Effective on Signature Date 30-APR-2019	
<b>10</b>	End Date:	30-APR-2020	
<b>Language/Speech</b>	Service applies to:	Regular	
	Frequency:	1-5	
This service addresses the following goals:	Interval:	Weekly	
	Minutes/Interval:	60	
(Language)	Minutes/Interval (Pullout from Gen Ed):	0	
(Language 2)			
	Service Delivery Model:	Direct Service (Collaborative)*	
	Area:	School-Based	

	Responsible Personnel:	Non-Public School Provider	
*			

**Notes:**

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

### Part 3 - Percentage of Time Outside of General Education

	Effective With this IEP	Future Changes Related to this IEP
<b>% of Time per Week outside of General Education</b>	<input type="text" value="100"/>	

### Part 4 - Additional Discussion (This section is optional)

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

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

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

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

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

**IEP FAPE Part 2 - Summary of Services**

Student     
 Last First MI

Date of Birth  Meeting Date

**FAPE Summary Grid**

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

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

**For IEP Team Information**

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



### INDIVIDUALIZED EDUCATION PROGRAM Behavior Intervention Plan

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

Los Angeles Unified School District

(Behavior Intervention Plan, pg. 1 of 3)

Student     Date of Birth  Meeting Date

Last First MI

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

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

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

**4** Frequency or intensity or duration of behavior: Frequency (x)  Period  Intensity  Duration (min)

Reported by  and/or  observed by

PREVENTION

PART 1

ENVIRONMENTAL FACTORS AND NECESSARY CHANGES

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

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

Other Describe:

Observation Analysis **6**

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

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

### REMOVE STUDENT'S NEED TO USE THE PROBLEM BEHAVIOR

Intervention **7**

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

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

Other

Who will establish?  Who will monitor?  Frequency



INDIVIDUALIZED EDUCATION PROGRAM  
Behavior Intervention Plan

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

Los Angeles Unified School District

(Behavior Intervention Plan, pg. 2 of 3)

Student AZOULAY IZCHAK I Date of Birth 04-MAR-2010 Meeting Date 30-APR-2019  
Last First MI

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

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

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

Describe:

Observation Analysis 9

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

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

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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? Teacher Who will monitor? Staff Frequency: Daily, as needed

Intervention 11

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

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

Other ideas: Stickers, print outs  
Selection of reinforcer based on: observation, student preference  
 reinforcer for using replacement behavior  reinforcer for general increase in positive behaviors  
By whom? Teacher and staff Frequency: Daily, as needed

EFFECTIVE REACTION PART III REACTIVE STRATEGIES

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

When in conflict 1. cue student verbally or visually to determine size of problem and choose an appropriate coping strategy 2. praise student for request 3. perform coping strategy 4. check to see if student is ready 5. provide verbal model on how to gain attention from adult/peer or request help

Personnel? Teacher and staff

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)

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OUTCOMES

PART IV

BEHAVIORAL GOALS

13 Behavioral Goal: Goal #: 1

When facing an upsetting situation (e.g., getting an answer wrong, not obtaining a preferred item/activity, etc.) with no more than 2 prompts, Izchak will accurately determine the size of the problem (big problem, little problem) and determine an appropriate coping strategy (e.g., take a break, talk with a teacher, take a deep breath, practice positive self talk) without engaging in aggressive behavior in 80% of opportunities in a school week.

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

Observation and Analysis Conclusion

Are curriculum accommodations or modifications also necessary? Where described?  
FAPE

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 district reports

Between? parents, teacher, district Frequency? at least quarterly