

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Identification Number 122308M062

Eligible (OHI)

Student BARON ORI MI

Date of Birth 23-DEC-2008

Section A: Meeting Information

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

Section B: Student Information

Form containing student details: Date of Birth (23-DEC-2008), Age (9), Grade (3), Gender (Male), Ethnic Code (White), Home Address (22955 HATTERAS ST), City (WOODLAND HILLS), and Parent/Guardian information.

If the student is 18 years old or older or is an emancipated minor, does he/she have educational decision-making rights?  No  Yes

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

Student    Date of Birth  Meeting Date

**Section C: Language Acquisition**

Language Classification:  Start Date:  Reclassification Date:

Parent Waiver: Yes  No

Elementary English Language Development Level:  Start Date:

Secondary English Language Development Level:  Start Date:

Communication Observation Matrix Level:  Start Date:

**Section D: Goal Achievement from Current IEP**

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student

Date of Birth


Meeting Date

Section E: Present Level of Performance

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): 

Health Summary: Ori is a 9 year old male student. Mother reports of uneventful pregnancy and his developmental milestones were within normal limits. There were no prenatal, birth or newborn complications. Per Dr. Robert Barnhard, 'Ori carries a diagnosis of Attention Deficit Disorder'. Per mother, Ori just started taking medication daily.

Strengths: General good health; normal growth and development; milestones within normal limits for both motor and speech; passed vision screening on 04/19/2018 and audio screening on 04/25/2018.

Areas of Need: Physical health is not an area of need.

Impact of Disability: Health does not impact Ori's participation, performance, and access to the educational program.


Accommodations/Modifications: IEP team to determine.

Submitted by Helen Cho, RN, Credentialed School Nurse.

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): 




**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

**Student**    **Date of Birth**  **Meeting Date**

**Section E: Present Level of Performance**

Performance Area:	<input type="text" value="Social Emotional"/>
Assessment/Monitoring Process Used:	<input type="text" value="teacher/parent reports, observations, review of records, behavior rating scales"/>
State/District Assessment Results:	<input type="text" value="n/a"/>

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

Per teacher, some of Ori's behavioral strengths are that he makes friends easily, because he is outgoing and fun. He is respectful towards adults. Ori has good organizational skills for knowing where his materials are and for knowing what he needs to do. Ori completes most of his homework.

Ori's behavioral weaknesses are that he sometimes gets into arguments with his friends to get the upper hand in sports. In the classroom, he talks incessantly and disrupts the work of other kids. Ori has a short attention span, especially if he does not have one-on-one help. He talks and moves around during transitions, does not consistently follow directions and does not always finish his writing assignments. Ori lacks confidence to do work on his own, and will often not do his work unless it is completed correctly.


Per parent, some of Ori's behavioral strengths are that he gets along with his family members. Ori enjoys participating in various sports.

Some of Ori's behavioral weaknesses are that he lacks confidence when completing schoolwork that has to do with reading or writing. Ori takes a long time to complete his homework. When needed, his parent or tutor help him complete it. In parent's opinion, Ori has difficulty at school in the areas of reading, spelling and writing.

According to the BASC-3 behavior rating scale, completed by Ori's teacher and used to evaluate his social and emotional functioning in the school setting, clinically significant concerns were reported in hyperactivity and learning problems, and at-risk range concerns were reported in aggression, conduct problems, anxiety, attention problems and adaptability. All other areas fell within the average range, when compared to other peers at his same age.

According to the BASC-3 behavior rating scale, completed by Ori's parent and used to evaluate his social and emotional functioning in the home setting, at-risk concerns were reported in hyperactivity, aggression, anxiety, depression, attention problems, leadership and functional communication. All other areas fell within the average range, when compared to other peers at his same age.

Performance Area:	<input type="text" value="Social Emotional (cont'd)"/>
Assessment/Monitoring Process Used:	<input type="text"/>
State/District Assessment Results:	<input type="text"/>

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

Ori also completed the BASC-3 Self-Report of Personality, to evaluate his own social and emotional functioning. Based on results, the areas that fell within the at-risk range were attitude to school, attitude to teachers and self-reliance. All other areas fell within the average range, when compared to other peers at his same age.

A disruptive rating scale was given to teacher, to evaluate Ori's attention, activity level and compliance in the school setting. Based on results, attention and activity level fell within the borderline clinically significant range. Compliance fell within the average range, when compared to other students at his same age.

A disruptive rating scale was given to parent, to evaluate Ori's attention, activity level and compliance in the home setting. Based on results, inattention fell within the clinically significant range, and activity level fell within the borderline clinically significant range. Compliance fell within the average range, when compared to other peers at his same age.

Ori's Other Health Impairment (OHI) due to ADHD-like behaviors may impact his on-task behavior, his independent work habits, and his progress and involvement in the general education curriculum.


**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

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**Student**    **Date of Birth**  **Meeting Date**

**Section E: Present Level of Performance**

Performance Area:	<input type="text" value="Language Skill"/>
Assessment/Monitoring Process Used:	<input type="text" value="teacher reports, review of records, observations"/>
State/District Assessment Results:	<input type="text" value="n/a"/>


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

Ori's language strengths are that he is able to speak by using simple and complete sentences, is able to maintain reciprocal conversations, and is able to get his needs/wants met. Ori's teacher reports that he has a good vocabulary, and is able to participate in oral discussions in the class.

Ori's weaknesses are that he has difficulty concentrating on what is taught in class. He also has trouble following multi-step directions because of his limited attention span.

Per teacher reports, review of records and observations, there is no significant impact on Ori's language skills.

Performance Area:	<input type="text" value="Motor Skills"/>
Assessment/Monitoring Process Used:	<input type="text" value="teacher reports, review of records, observations, assessments"/>
State/District Assessment Results:	<input type="text" value="n/a"/>

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

Ori is right-handed. Per the Developmental Test of Visual-Motor Integration-Sixth Edition (VMI-6), his visual motor integration skills lie within the average range, when compared to other peers at his same age. Ori is able to use manuscript writing and cut with a pair of scissors.

However, per teacher, Ori's printing can be a bit messy, and he needs to work on his handwriting.

In regards to his gross motor skills, Ori can walk, run, skip, jump and climb up and down stairs without difficulty. His teacher reports that he has 'excellent' gross motor skills, for all sports activities. Per Ori's third grade progress report card, second grading period, he earned a '3' (Meets Grade Level Standards) in Physical Education. Weaknesses are not noted in the area of gross motor skills.

Per teacher reports, review of records, observations and assessments, there is no significant impact on Ori's motor skills.



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**Section E: Present Level of Performance**

**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):** 

Cluster/Test	Classification	Standard Score
BROAD READING	Average	99
Letter-Word ID	Low Average	97
Passage Comprehension	Low Average	87
Sentence Reading Fluency	Average	109

Broad Reading is a comprehensive measure of Ori's reading achievement, including oral sight-word reading skill, silent reading comprehension speed, and the ability to comprehend a passage while reading silently. Overall, Ori scored on reading tasks with a SS of 99, which falls within the average range.


Based on the DIBELS, Ori scored at Well Below Benchmark range compared to his peers. This is a true reflection of his performance level in the classroom. Ori was administered the Dynamic Indicators of Basic Early Literacy Skills (DIBELS) assessment in third grade. The scores for Ori's DIBELS are discussed in the following image.

DIBELS NEXT Measures: Progress Monitoring  
2017-2018; Grade 5, BOY & MOY

**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):** 

Assessment	Beginning of Year (BOY)	Middle of Year (MOY)
COREDIBELS Next Composite	Well Below Benchmark	Well Below Benchmark
DORF-Fluency	Well Below Benchmark	Well Below Benchmark
DORF-Accuracy	Well Below Benchmark	Well Below Benchmark
DORF-Retell	Benchmark	Below Benchmark
DORF-Retell Quality of Response	Benchmark	Benchmark
DAZE	Well Below Benchmark	Below Benchmark

**Strengths:** Ori can slowly sound out unfamiliar grade level multi-syllabic and sight words. He can retell the main idea and key details after the reader read. Ori can read grade level text with little assistance. He can answer who, what, where, when and why questions. He can read with proper intonation such as pausing from commas and periods.

Ori was able to decipher the meaning of basic words when a picture accompanied the sentence. Ori used context clues found in the sentence to supply the missing word. He appeared to read passages with no observed difficulties. He makes good use of syntactic and semantic cues.

**Challenges:** Ori needs support filling out graphic organizers and supporting answers with evidence from the text. Ori has trouble understanding the text; especially higher level thinking skills. He has trouble with making inferences. It is difficult for him to write answers to questions independently. Ori needs to be able to give details and examples from a literary text when drawing inferences from the text.

**Impact of Disability:** Ori's other health impairment impedes his ability to read passages independently and support answers with evidence, which impacts his involvement and progress in the general education reading curriculum.





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**Section E: Present Level of Performance**

Performance Area:	Written Language	
Assessment/Monitoring Process Used:	Progress report, Work Samples, Teacher Questionnaire, Observation, Sm group	
State/District Assessment Results:	WJ-IV	
Current Performance/Assessment Summary (include student strengths, student needs and impact of disability on student performance): 		
Cluster/Test	Classification	Standard Score
BROAD WRITTEN LANGUAGE	Average	103
Spelling	Average	99
Writing Samples	Average	106
Sentence Writing Fluency	Average	90
<p>Strengths: Ori was able to use correct letter formation of individual letters, but was unable to spell grade level words. Ori was able to spell very basic words such camp, saw, got, and fun. He is able to orally spell simple CVC, CVCC, and high frequency words. Ori can formulate and write simple sentences slowly. In the area of written language, Ori can use correct punctuation at the end of the sentence. He can complete a graphic organizer after one to one explanation. He can capitalize the first word in a sentence.</p> <p>Challenges: Ori continues to have a difficult time with how to plan and organize a writing assignment. It is challenging for Ori to understand the prompt for a writing assignment. He struggles to write a four-paragraph essay without assistance. With the use of a graphic organizer, Ori needs to be able to write multiple paragraphs on a given topic with correct mechanics.</p> <p>Impact of Disability: Ori's other health impairment impedes his ability to generate details sentences and paragraphs, which impacts his involvement and progress in the general education written language curriculum.</p>		

Performance Area:	Math	
Assessment/Monitoring Process Used:	Progress report, Work Samples, Teacher Questionnaire, Observation, Sm group	
State/District Assessment Results:	WJ-IV	
Current Performance/Assessment Summary (include student strengths, student needs and impact of disability on student performance): 		
Cluster/Test	Classification	Standard Score
BROAD MATH	Average	92
Applied Problems	Average	93
Calculation	Average	93
Math Facts Fluency	Average	92
<p>Strengths: Ori has a strong number sense. He understands the concepts of multiplication. He knows most of the multiplication tables. He can add and subtract 3 digit numbers without regrouping. He can figure out the area of a simple geometric shape. Ori continues to have a difficult time with solving multi-step problems.</p> <p>Challenges: Ori continues to have a difficult time with solving multi-step problems. Ori needs to be able to solve multistep word problems posed with whole numbers using operations of multiplication and division, including problems in which remainders must be interpreted.</p> <p>Impact of Disability: Ori's other health impairment impedes his ability to solve multi-step word problems which impacts his involvement and progress in the general education math curriculum.</p>		

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Date of Birth

Meeting Date

**Section F: Eligibility**

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

For Initial IEP, interventions attempted prior to determining eligibility:

Eligible as a student with the disability of:

Code:

Not Applicable,  Blind or  Partially Sighted

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

Code:

Not Applicable,  Blind or  Partially Sighted

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

or

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

No Longer Eligible (Effective Date):

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

Final IEP Reason:

Final IEP Effective Date:

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

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

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Student    Date of Birth  Meeting Date

**Section G: Annual Goals and Objectives**

Performance Area:

Annual Goal #

4.RL.1 Drawing Inferences Details

Ori will give 5 details and examples from a literary text when drawing inferences from the text independently as measured teacher observation in 3 out of 5 trials with 80% accuracy.

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

**Methods of Evaluation:**

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

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

Ori will give 3 details and examples from a literary text when drawing inferences from the text with moderate verbal prompts as measured teacher observation in 3 out of 5 trials with 60% accuracy.

Date to be achieved   MO/YR

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

Ori will give 4 details and examples from a literary text when drawing inferences from the text independently as measured teacher observation in 3 out of 5 trials with 70% accuracy.

Date to be achieved   MO/YR

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

**EXPLANATION OF MARKS**

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

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

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

Student    Date of Birth  Meeting Date

**Section G: Annual Goals and Objectives**

Performance Area:

Annual Goal #

With the use of a graphic organizer, Ori will write 3 paragraphs on a given topic with correct mechanics with 80% accuracy, as measured by student work samples.

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

**Methods of Evaluation:**

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

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

With the use of a graphic organizer, Ori will write 3 paragraphs on a given topic with correct mechanics with 60% accuracy, as measured by student work samples.

Date to be achieved   MO/YR

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

With the use of a graphic organizer, Ori will write 3 paragraphs on a given topic with correct mechanics with 70% accuracy, as measured by student work samples.

Date to be achieved   MO/YR

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

**EXPLANATION OF MARKS**

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

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

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

Student    Date of Birth  Meeting Date

**Section G: Annual Goals and Objectives**

Performance Area:

Annual Goal #

4.OA.3 Solve Multistep Word Problems

Ori will solve multistep 10 word problems posed with whole numbers using operations of multiplication and division, including problems in which remainders must be interpreted independently as measured student work samples in 3 out of 5 trials with 80% accuracy.

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

**Methods of Evaluation:**

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

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

Ori will solve multistep 5 word problems posed with whole numbers using operations of multiplication and division, including problems in which remainders must be interpreted independently as measured student work samples in 3 out of 5 trials with 50% accuracy.

Date to be achieved   MO/YR

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

Ori will solve multistep 8 word problems posed with whole numbers using operations of multiplication and division, including problems in which remainders must be interpreted independently as measured student work samples in 3 out of 5 trials with 60% accuracy.

Date to be achieved   MO/YR

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

**EXPLANATION OF MARKS**

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

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

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

**Student**    **Date of Birth**  **Meeting Date**

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

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

**Student will participate in Regular State and District Assessments.**

*(Designated Supports and/or Accommodations identified below are applicable)*

**CAASPP Subject**

ELA and Math

Designated Supports:

- Noise Buffers
- Simplified or paraphrased test directions (non-embedded designated support)
- Test in a separate/smaller setting
- Text-to-speech software enabled (for math items and ELA items except for reading passages)

Accommodations:

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



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Los Angeles Unified School District

Student	BARON	ORI		Date of Birth	23-DEC-2008	Meeting Date	02-MAY-2018
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**Section N: Procedural Safeguards and Follow-up Actions**

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

Is the parent/guardian requesting translation services? Yes  No

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

Specify the Individual Pages to be translated:

Special Requests:

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

THIS SPACE DELIBERATELY LEFT BLANK.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student  ORI   Date of Birth  Meeting Date

Section Q: Parent Participation and Consent

Parent Participation	Parent Notification		
<input checked="" type="radio"/> Parent/Student (18-21) has participated in the IEP meeting. <input type="radio"/> Parent/Student (18-21) indicated before the meeting that they would not be able to attend. <input type="radio"/> Parent/Student (18-21) was notified 3 times of the meeting time and place. Parent/Student (18-21) did not respond to any of the meeting notifications and the meeting was held without the Parent/Student (18-21) present.. <input type="radio"/> Parent/Student (18-21) did not attend and gave permission to proceed without them if they did not attend.	Method	Whom	When
		Student	C. Gomez

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

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

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

- Parent/Student (18-21) **AGREES** to all components of the IEP.
- Parent/Student (18-21) **AGREES** to all components of the proposed IEP **WITH THE SPECIFIC EXCEPTION(S)** stated below:
  - Assessment Specify
  - Eligibility Specify
  - Instructional Setting Specify
  - Services Specify
- The Parent/Student (18-21) **DOES NOT AGREE** with any of the components of the proposed IEP.

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

Parent Concerns and Comments

Empty box for Parent Concerns and Comments.

Signature(s) \_\_\_\_\_ / \_\_\_\_\_ Date 
 Parent  Guardian  Student age 18-21 years  Surrogate Parent  Emancipated Minor  Foster Parent

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

I certify that I have received a copy of the Parent Input Survey regarding the IEP process. I understand that my completion of the form is voluntary and can be done at anytime after the IEP meeting
Signature(s) \_\_\_\_\_ / \_\_\_\_\_ Date

### PARENT INPUT SURVEY

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

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

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

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

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

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

Handwriting lines for providing feedback.

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

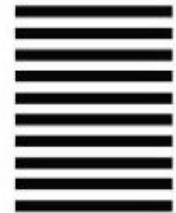


NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

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

POSTAGE WILL BE PAID BY ADDRESSEE

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



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



**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

Reconvened Meeting Date

Student

Date of Birth

Meeting Date

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

Team Member	Print Name	Signature
Parent/Guardian	<input type="text" value="Golan Baron"/>	
Parent/Guardian	<input type="text" value="Lilach Baron"/>	
Student Age 18 - 21 years	<input type="text"/>	
Student Under Age 18 years	<input type="text"/>	
Surrogate Parent	<input type="text"/>	
Foster Parent	<input type="text"/>	
Family Foster Home Provider	<input type="text"/>	
Administrator	<input type="text" value="Claudio Gomez"/>	
Administrative Designee	<input type="text"/>	
Special Education Teacher	<input type="text" value="Kelle Husk"/>	
General Education Teacher	<input type="text" value="Marla Axelrode"/>	
School Psychologist	<input type="text" value="Ninva Simon"/>	
School Nurse	<input type="text" value="Helen Cho"/>	
Related Service Staff <input type="text"/>	<input type="text"/>	
Related Service Staff <input type="text"/>	<input type="text"/>	
Related Service Staff <input type="text"/>	<input type="text"/>	
Interpreter	<input type="text"/>	
Sign Language Interpreter	<input type="text"/>	
Agency Representative	<input type="text"/>	
Agency Representative	<input type="text"/>	
Agency Representative	<input type="text"/>	
Other <input type="text"/>	<input type="text"/>	
Other <input type="text"/>	<input type="text"/>	
Other <input type="text"/>	<input type="text"/>	
Other <input type="text"/>	<input type="text"/>	

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

Student

Date of Birth

Meeting Date

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

Student's Current Placement Type:

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

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

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

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

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

Los Angeles Unified School District

Student

Date of Birth

Meeting Date

**ANNUAL LEAST RESTRICTIVE ENVIRONMENT ANALYSIS (Continued)**  
To Be Completed By the IEP Team at the IEP Team Meeting

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

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

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

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

IEP FAPE Part 1 - Eligibility, Placements and Supports

Student  ORI   Date of Birth  Meeting Date

		Effective With this IEP	Future Changes Related to this IEP
		<b>As of Date:</b>	
Eligibility: (from Page 4)	<b>Eligible (OHI)</b>		
	<i>Final IEP Reason</i> <i>Final IEP Effective Date:</i>		//
Curriculum		General Education	
Placement	Type of School	Affiliated Charter	
	Name of School	WOODLAKE ECC	
Instructional Setting	Setting	General Education	
	Program	GE	
	Special Day Minutes/Wk		
	Addresses Goals	2(Writing),3(Math),1(Reading)	//
Additional Factors	Low Incident Support	None	
	Assistive Technology Support	No	
	Transportation	None	
	Extended School Year/Intersession	Yes <input type="radio"/> No <input checked="" type="radio"/>	
	Parent Counseling and Training (PCT)	Yes <input type="radio"/> No <input checked="" type="radio"/>	
	ESY Transportation		
Accommodation, Modifications, Supports	Instructional Accommodations	Small group support as needed, extended time on classwork and tests as needed, visual/verbal prompts and cues, check for understanding, breaks as needed, repeat/rephrase/clarify directions, breakdown tasks into smaller parts, reminders to stay on task	//
	Instructional Modifications		//
	Other Supports, including Non-Academic and Extra-curricular Activities	The Resource Specialist Teacher and/or Resource Aide will assist the general education teacher in the use of supplementary instructional materials and strategies.	//
Preparation for Three Year Review IEP (At the second Annual Review IEP Meeting, the team must discuss and document the decision to conduct or not conduct a three-year comprehensive reassessment.)	Do the Parent and the District (local educational agency) agree that a reassessment is unnecessary?	Yes <input type="radio"/> No <input type="radio"/>	
	If the Parent does not agree, specify the area(s) to be reassessed.		//



**Comments, as appropriate**

<b>Low Incidence Equipment</b>	
<b>Assistive Technology Equipment</b>	
<b>Participation in General Education</b>	

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

**Student**    **Date of Birth**  **Meeting Date**

**Effective With This IEP**

**Future Changes  
Related To This IEP**

**Service 1**

**RSP**

**RSP**

This service addresses the following goals:

3(Math)

Start Date: Effective on Signature Date

End Date:

Service applies to: Regular

Frequency: 1-5

Interval: Weekly

Minutes/Interval: 90

Minutes/Interval (Pullout from Gen Ed): 90

Service Delivery Model: Direct Service (Collaborative)\*

RSP Area: Math

Responsible Personnel: Resource Specialist Teacher  
General Education Teacher

\*

**Service 2**

**RSP**

**RSP**

This service addresses the following goals:

1(Reading)

2(Writing)

Start Date: Effective on Signature Date

End Date:

Service applies to: Regular

Frequency: 1-5

Interval: Weekly

Minutes/Interval: 120

Minutes/Interval (Pullout from Gen Ed): 120

Service Delivery Model: Direct Service (Collaborative)\*

RSP Area: Literacy/ELA/ELD

Responsible Personnel: Resource Specialist Teacher  
General Education Teacher

\*

Notes:

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

Part 3 - Percentage of Time Outside of General Education		
	Effective With this IEP	Future Changes Related to this IEP
% of Time per Week outside of General Education	13 %	

Part 4 - Additional Discussion (This section is optional)

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**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

Student    Date of Birth  Meeting Date

**FAPE Summary Grid**

<b>Program:</b>	GE	<b>Setting:</b>	General Education
<b>Eligibility:</b>	Eligible (OHI)	<b>Curriculum:</b>	General Education
<b>Transportation:</b>	None	<b>Low Incident Support:</b>	None

Service Code	Service Desc	Start Date	Service Applies To	Interval	Frequency	Area	Total Minutes	Addresses Goal(s)
RSP	RSP	Effective on Signature Date	Regular	Weekly	1-5	RSP-Math	90	Math
RSP	RSP	Effective on Signature Date	Regular	Weekly	1-5	RSP-Literacy/ELA/ELD	120	Reading, Writing

**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.