

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Identification Number 031814M011

Eligible (SLI)

Student BASHAN SHIR MI

Date of Birth 18-MAR-2014

Section A: Meeting Information

Table with columns: Pertinent Dates, Type of Meeting. Includes fields for meeting dates, types (Initial, Annual Review, etc.), and location (Shirley Preschool Asmt., Los Angeles Unified School District).

Section B: Student Information

Form containing student details: Date of Birth (18-MAR-2014), Age (3), Grade (-1), Gender (Male), Ethnic Code (White), Location of Psych Folder (SUPPORT UNIT NORTH), Home Address (6355 DE SOTO AV #406), City (WOODLAND HILLS), School of Attendance (Sp Ed Inf/Pre (1017)), and Parent/Guardian (Liron/Gil Bashan).

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 BASHAN SHIR Date of Birth 18-MAR-2014 Meeting Date 06-JUN-2017

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

Table with columns: Goal for: (example - Reading), Achieved (Yes/No), and If No, explain the reason the goal/objective was not achieved. Rows 1-10 with Objective 1 and 2 met.

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Student BASHAN

SHIR

Date of Birth 18-MAR-2014

Meeting Date 06-JUN-2017

Section E: Present Level of Performance

Performance Area: Health

Assessment/Monitoring Process Used: Health assessment

State/District Assessment Results:

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

Shir is 3 years old product of full term pregnancy with no prenatal/birth/newborn complications and no lengthy hospital stay following delivery.

His developmental milestones were reported to occur within the following timelines: he sat at 10 months, crawled at 8 months, walked at 23 months, and said the first word at 18 months.

The parent ?s concern is his speech delay. He received early intervention services from North LA County regional center.

His current height is 39 inches. His weight is 32 lbs.

Strength: He passed the district vision screening using the LEA puzzle (05/22/2017)). He passed the district hearing screening ( 05/22/2017 ). He ambulates with no assistance. He eats regular meals and has good appetite. He uses spoon/fork when eating with no assistance. He does not have current medical diagnosis and no history of serious/chronic illness, injury, accident, surgery, hospitalization, allergy.

Areas of need: Health is not an area of need.

Impact of Disability:  
His health does not adversely affect his participation, performance, and access in the educational program.

Accommodation: None in the area of health.

Annabelle Turla, RN, MSN  
05/22/2017

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):

[Empty text box for current performance/assessment summary]

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Student BASHAN

SHIR

Date of Birth 18-MAR-2014


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## Section E: Present Level of Performance

Performance Area: Cognitive/Processing

Assessment/Monitoring Process Used: Alternative Assessment, Observation, Interviews, Record Review

State/District Assessment Results:

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

Overall, Shir's current functioning in cognition/general ability is estimated to be in average to below average range, based on performance on the Mullen Scales of Early Learning (MSEL) and information gathered via observation and interview on the Developmental Profile Third Edition (DP3).

Shir's profile as examined on the MSEL reflects relatively stronger skills in the areas of visual reception skills and expressive language skills. His fine motor skills and receptive language skills were determined to be in the below average range.


No potential factors were determined to impact the validity of the findings.

Educational Impact: A general ability/cognition impact was not identified at this time.

Performance Area: School Readiness

Assessment/Monitoring Process Used: Alternative Assessment, Observation, Interviews, Record Review

State/District Assessment Results:

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

Overall, Shir's current functioning in school readiness is generally developing as expected in many areas, given his chronological age and school experience to date, based on performance on the Mullen Scales of Early Learning (MSEL) and information gathered via observation and interview on the Developmental Profile Third Edition (DP3). There are aspects with regard to communication needs that may be impacting his ability to access a preschool curriculum.

Shir demonstrates some strengths in aspects of general fund of information skills as labeling body parts, matching shapes, and labeling some colors. Areas of weakness were identified in the some tasks that involve communication skills such as, giving his last name and gender, and answering situational questions. He was able to copy a lines and match by shape. As such, Shir evidences some weaknesses in the area of academic performance at this time, however no clear impact was identified.

Educational Impact: An academic performance/school readiness impact was not clearly identified at this time, although Shir's communication weaknesses may have an adverse effect on his ability to access a preschool curriculum. Please refer to the Speech and Language therapist for further information regarding communication skills.

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## Section E: Present Level of Performance

Performance Area: Motor Skills

Assessment/Monitoring Process Used: Alternative Assessment, Observation, Interviews, Record Review

State/District Assessment Results:

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

Overall, Shir's motor skills are found to be in the average range, per mother's responses.

Based on mother's responses on the Developmental Profile 3, Shir evidences the following strengths: Gross and fine motor skills were adequate for using scissors, catching a ball thrown by an adult from a 5 foot distance, and walking up and down stairs alternating feet.


No areas of impact were identified in the area of motor skills at this time, although this was an area of concern voiced by his teacher.

Educational Impact: A motor skill impact was not identified at this time.

Performance Area: Social-Emotional Skills

Assessment/Monitoring Process Used: Alternative Assessment, Observation, Interviews, Record Review

State/District Assessment Results:

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

Overall, Shir's social-emotional skills are found to be within the average range, per mother's responses.

Based on mother's responses on formal rating scales, Shir evidences the following strengths: verbally expresses awareness of how others feel, names a familiar friend, and shows toileting needs by asking or gesturing.

No areas of significant need or challenge were identified in the area of social-emotional skills.

Educational Impact: A social-emotional impact was not identified at this time. Identified weaknesses may be related to his emerging language skills and difficulty communicating with peers until recent emergence of language.

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Section E: Present Level of Performance

Performance Area: Adaptive Skills

Assessment/Monitoring Process Used: Alternative Assessment, Observation, Interviews, Record Review

State/District Assessment Results:

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

Overall, Shir's self-help/adaptive behavior is found to be in the average range.

Based on mother's responses on the Developmental Profile 3, Shir evidences the following strengths: plays a simple computer game, urinates in the toilet without adult assistance, and puts on his shoes.

Areas of weakness were identified in the area of Self-Help/Adaptive Behavior skills such as taking off a T-shirt, washing/drying his hands and face independently, and dressing himself, however no impact was noted in the areas of self-help and adaptive skills.

Educational Impact: A self-help/adaptive behavior impact was not identified at this time.

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):

[Empty text area for current performance/assessment summary]

**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): 

Strengths: Based on parent report, teacher report, and observations, Shir is demonstrating age-appropriate skills in receptive and expressive language. He consistently demonstrates progress in school and at home in the area of language. He is able to follow directions, identify common objects and dearly concepts, and demonstrates emerging skills in answering wh- questions. In the area of expressive language, Shir uses an expressive vocabulary with 'too many words to count', including nouns, verbs, and modifiers. He uses words more than gestures and is combining 4-5 words to make sentences. He is able to name colors, body parts, clothing, and animals. He is able to name self and gender. He uses sentences to tell his needs such as, 'Mommy, I want to eat. Make me eggs and pasta too'. He is using expressive language for a variety of communication intent, including :questions, greetings, to request, and to call attention. In the area of social language, he demonstrates age appropriate skills. His oral structures appeared within normal limits and did not impede his ability for successful speech production. In the area of speech production, Shir is able to produce age-appropriate sounds at word level. There are no concerns regarding voice quality or fluency.

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): 

Needs: In the area of articulation and phonological functioning, he is presenting with delay. Based on mother report, translator and assessor's observations, his speech intelligibility is judged to be approximately 60% in unknown context or with unfamiliar listeners, due to omissions and substitutions negatively impacting his connected speech. He needs to decrease omission of sounds and syllables to increase his speech intelligibility.

Impact: Shir's current communication skills may negatively impact his ability to access a general education preschool curriculum.



**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

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Date of Birth

Meeting Date

**Section F: Eligibility**

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

Health, general (cognitive) ability, pre-academic performance, language, social-emotional, motor, and self-help/adaptive development

Intellectual Disability, Speech/Language Impairment

For Initial IEP, interventions attempted prior to determining eligibility:

NLACRC exited  
In home  
LAS  
  
Private daycare

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

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

Student    Date of Birth  Meeting Date

**Section G: Annual Goals and Objectives**

Performance Area:

Annual Goal #

Shir will decrease omissions and sound substitutions, as demonstrated by production of age-appropriate sounds including (m, n, h, w, p, b, f, k, d, t, g ) in 4-5 word utterances with 90% accuracy while answering ?wh questions, relating personal experiences, and describing a story, during oral language activities on 3/5 occasions, given minimum cues (visual oe auditory) 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:**

Shir will decrease omissions and sound substitutions, as demonstrated by production of age-appropriate sounds including (m, n, h, w, p, b, f, k, d, t, g ) in 1-2 word utterances with 80% accuracy while answering ?wh questions, relating personal experiences, and describing a story, during oral language activities on 3/5 occasions, given moderate cues (visual and auditory) cues and models.

Date to be achieved   MO/YR

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

Shir will decrease omissions and sound substitutions, as demonstrated by production of age-appropriate sounds including (m, n, h, w, p, b, f, k, d, t, g ) in 3-4 word utterances with 80% accuracy while answering ?wh questions, relating personal experiences, and describing a story, during classroom routines and oral language activities on 3/5 occasions, given moderate cues

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"/>

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**Student** BASHAN SHIR  **Date of Birth** 18-MAR-2014  **Meeting Date** 06-JUN-2017

**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.

**DRDP-A** - (Adaptations identified below are applicable)

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Los Angeles Unified School District

Student	BASHAN	SHIR		Date of Birth	18-MAR-2014	Meeting Date	06-JUN-2017
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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 BASHAN SHIR Date of Birth 18-MAR-2014 Meeting Date 06-JUN-2017

Section Q: Parent Participation and Consent

Table with 2 main columns: Parent Participation and Parent Notification. Includes radio button options for meeting attendance and a table for notification details (Method, Whom, When).

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.

- Radio button options for agreement: 'AGREES to all components of the IEP.' and 'AGREES to all components of the proposed IEP WITH THE SPECIFIC EXCEPTION(S) stated below:' followed by checkboxes for Assessment, Eligibility, Instructional Setting, and Services.

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

Large empty box for parent concerns and comments.

Signature(s) / Date 06-JUN-2017. Radio button options: 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 6-JUN-2017

## 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!

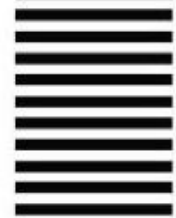


NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**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="Liron Bashan"/>	
Parent/Guardian	<input type="text"/>	
Student Age 18 - 21 years	<input type="text"/>	
Student Under Age 18 years	<input type="text"/>	
Surrogate Parent	<input type="text"/>	
Foster Parent	<input type="text"/>	
Family Foster Home Provider	<input type="text"/>	
Administrator	<input type="text"/>	
Administrative Designee	<input type="text" value="Michelle Farish"/>	
Special Education Teacher	<input type="text" value="Valerie Brekke"/>	
General Education Teacher	<input type="text" value="Leonor Gomez"/>	
School Psychologist	<input type="text"/>	
School Nurse	<input type="text"/>	
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 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 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 BASHAN

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Date of Birth 18-MAR-2014

Meeting Date 06-JUN-2017

**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    Date of Birth  Meeting Date

		Effective With this IEP	Future Changes Related to this IEP
	<b>As of Date:</b>	<input type="text" value="06-JUN-2017"/>	<input type="text"/>
<b>Eligibility:</b> (from Page 4)		<b>Eligible (SLI)</b>	
	<i>Final IEP Reason</i> <i>Final IEP Effective Date:</i>		//
<b>Curriculum</b>		General Education	
<b>Placement</b>	<b>Type of School</b>	Preschooler Non-LAUSD/Not Headstart	
	<b>Name of School</b>	SP ED INF/PRE (1989) MOSK EL	
<b>Instructional Setting</b>	<b>Setting</b>	General Education	
	<b>Program</b>	PPH	
	<b>Special Day Minutes/Wk</b>		
	<b>Addresses Goals</b>	1(Articulation)	//
<b>Additional Factors</b>	<b>Low Incident Support</b>	None	
	<b>Assistive Technology Support</b>	No	
	<b>Transportation</b>	None	
	<b>Extended School Year/Intersession</b>	Yes <input type="radio"/> No <input checked="" type="radio"/>	
	<b>Parent Counseling and Training (PCT)</b>	Yes <input type="radio"/> No <input checked="" type="radio"/>	
	<b>ESY Transportation</b>		
<b>Accommodation, Modifications, Supports</b>	<b>Instructional Accommodations</b>		//

		<p>Provide Shir with language stimulation activities/instruction, as well as sound discrimination activities/instruction for place and manner of articulation for target sounds (auditory bombardment and practice in small increments, such as sound-to-syllable to word-to-sentence to conversational levels, and encourage imitation).</p> <p>Match tasks/assignments to interests and ability levels. Provide ample opportunity and encouragement to use verbal expressions (e.g. greetings, sing-along activities, play activities/games, such as Simon Says, etc.), pair oral/verbal instructions with non-verbal visual feedback/gestures/cues, as needed. Provide a long response time. Provide opportunities to engage in adult-directed games and social interactions with adult/peer models of grammatical phrases/sentences, using clear speech with correct articulation of sounds. As needed, provide frequent direct/indirect cues, models, and explanations (repeated instructions) on how to self-monitor and produce age-appropriate language independently.</p>	
	<b>Instructional Modifications</b>		
	<b>Other Supports, including Non-Academic and Extra-curricular Activities</b>		
<b>Preparation for Three Year Review IEP (Complete at second annual review IEP Meeting)</b>	<b>Is formal assessment needed to re-establish eligibility?</b>	<p>Yes <input type="radio"/> No <input checked="" type="radio"/></p>	
	<b>If yes, specify area(s) to be reassessed</b>		
<b>Comments, as appropriate</b>			
<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** BASHAN SHIR

**Date of Birth** 18-MAR-2014

**Meeting Date** 06-JUN-2017

**Effective With This IEP**

**Future Changes  
Related To This IEP**

**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**

	<b>Effective With this IEP</b>	<b>Future Changes Related to this IEP</b>
<b>% of Time per Week outside of General Education</b>	.0 %	

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

The committee discussed placement options, including LAS/DIS at Shir's school of residence, and recommends the phonological program (PHONO) because of age-appropriateness, social peer interaction, and parent involvement. The phonological program meets one time per week for 90 minutes and is a parent-participation program. Parent will provide transportation.

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

**Student** BASHAN SHIR  **Date of Birth** 18-MAR-2014 **Meeting Date** 06-JUN-2017

**FAPE Summary Grid**

<b>Program:</b>	PPH	<b>Setting:</b>	General Education
<b>Eligibility:</b>	Eligible (SLI)	<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)
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**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.

**Los Angeles Unified School District**  
**INDIVIDUALIZED EDUCATION PROGRAM**  
**SPEECH LANGUAGE IMPAIRMENT (SLI) ELIGIBILITY CERTIFICATION**

ATTACHMENT A

Student: SHIR BASHAN

Date of Birth: 18-MAR-2014

Meeting Date: 06-JUN-2017

This page is to be completed for initial IEPs, 3-year evaluations, or when a comprehensive speech-language evaluation has been conducted to determine whether SLI eligibility is appropriate.

**Complete Step 1a or 1b****Step 1a. General Education Interventions - Check items as completed**

- Intervention strategies implemented, including English Language Instruction or RtI2 prevention support (including but not limited to school staff development regarding language standards in the curriculum and referral for Special Education, consultation between the classroom teacher and school speech therapist for appropriate classroom accommodations, consultation with the SSPT that includes an EL expert if student is identified as an English Learner).
- Intervention support monitored over several weeks, and modified interventions as necessary based on student response.
- Interventions were not successful, student referred for special education assessment.
- Screening by a speech therapist or a student success team meeting (including a speech therapist) with the focus being speech and language concerns OR an appropriate screening for non-LAUSD enrolled preschoolers.

**Step 1b. Interventions Not Applicable**

- Interventions not applicable for non-LAUSD enrolled preschoolers or when determined unnecessary by the speech therapist.

**Step 2. Review of Pre-referral Information - Check items as applicable**

- The speech or language delay does not appear to be due to unfamiliarity with English.
- The delay does not appear to be due to a lack of instruction in English, dialectical factors or limited language experience.
- The delay does not appear to be due to environmental factors.
- The delay does not appear to be due to economic factors.
- The delay does not appear to be due to social or cultural factors.

**Step 3. Assessment - Check either A or B, and complete the remaining items**

- A.** Student has received an assessment by a school psychologist that gives an indication of where the student's general ability lies. (if a language impairment is suspected) **OR**
- B.** A psychological assessment is not required if the suspected area of disability is voice, fluency or articulation.
  - Student has received a health assessment that rules out whether an inability to communicate effectively is a result of a health or sensory condition.
  - A credentialed or licensed speech therapist has conducted a comprehensive evaluation, including assessment in the student's primary language, that consists of multiple measures of assessment, including but not limited to standardized test instruments (or alternate forms of assessment if necessary), formal speech/language sample, parent interview or checklist, teacher interview or checklist, and observation in various communication settings.

**Complete Step 4****Step 4. Determination of Eligibility of Speech Language Impairment (as the only identified special education eligibility)**

- A.** Student meets one or more of the following criteria (check each disorder that applies):
  - A language disorder, which has been identified in an assessment that includes use of two or more standardized tests in one or more of the following areas of language development: morphology, syntax, semantics, or pragmatics where the resulting scores are at least 1.5 S.D. below the mean or below the 7th percentile for the student's chronological age or developmental level and a 50-utterance representative spontaneous language sample where the student displays inappropriate or inadequate usage of receptive and/or expressive language. Note: When standardized tests are considered to be invalid for the specific student, the expected language performance level shall be determined by alternative means as specified on the assessment plan [5 CCR 3030 (c)(4)].
  - An articulation disorder (e.g., Pronunciation), which draws adverse attention, significantly interferes with communication and has been identified in an assessment that includes a conversational speech sample which reveals significant interference with communication and identifies single or multiple speech sound errors that are below the student's chronological age or developmental level.
  - A fluency disorder (e.g., Stuttering), which has been identified in an assessment that demonstrates that the flow of verbal expression adversely affects communication between the student and the listener in multiple communication settings and the dysfluency has persisted over time.
  - A voice disorder (e.g., Chronic Hoarseness, Pitch Variations), which has been identified in an assessment by a speech therapist after the etiology has been cleared by a Medical Doctor, in writing.
- B.** The impairment has a significant adverse affect on the student's academic performance.
- C.** The presenting Speech Language Impairment is not due to: social maladjustment, health factors, poor school attendance, environmental, economic, or social disadvantage, lack of instruction or the unfamiliarity with the English language.

**Complete Step 5****Step 5. Consideration for additional special education service(s): Complete A or B.**

- A.** In the event a student with eligibility of Speech Language Impairment is being considered for special education academic services and/or support, an updated District psychoeducational evaluation has been completed to determine that SLI is the overarching eligibility.
- B.** Student is not being considered for additional special education academic services and/or support.

**If the student is eligible, the IEP Team must consider service delivery models based on the student's identified needs and appropriate placement in the least restrictive environment. Additionally, the IEP team should also include teacher and parent participation in the implementation of goals**

**and supports and accommodations to ensure achievement of goals and objectives in a time-efficient manner and carry-over to multiple communication contexts.**