Student Identificati Number	on	200079X970	SSID		Not Eligible	e for Spec Ed Service
Student BENITAR	HA HA	REL	D		Date of Birth:	14-FEB-2015
Last		First	MI Section A: M	leeting Information		
	Perti	nent Dates			Type of Me	eting
Date of Initial IEP Team	Meeting	07-MAR-20	19			
Date of Present Meeting	-	07-MAR-20		<ul> <li>Initial</li> </ul>		Amendment of IEP dated
annual Review to be co		07-MAR-20				
Jext Three Year Review		07-MAR-20	19	<ul> <li>Annual Review</li> <li>Three Year Review</li> </ul>		) Early Start Transition ) Expulsion Analysis
onducted by				Other		) Individual Transition Plan
Three Year Review or E vas conducted on	valuation	07-MAR-20	19			
ransition to Kindergart onducted by	en to be					
ocation of Meeting	Ν	Melvin Preschoo	ol Asmt.	District Name	Los Angeles	Unified School Distri
			Section B: S	tudent Information		
Date of Birth	14-FEB-20	15	Age	4	Grade	-1
Gender	• Male	Female	Limited English Proficient Student	◯ <sub>Yes</sub> ◯ <sub>No</sub>	Ethnic Code	White
ocation of the Psych			Student has no Psych Folder			
ocation of the Cum older			Student has no Cum Folder			
Iome Language			Student Language		Alternate Mod Communicatio	
lome Address of tudent	20600 VE	NTURA BL #2	309			
City	WOODLA	ND HILI CA	ZIP Code	91364		
lome Telephone	(818) 239-0	5612	Daytime Telephone		Emergency Tel	lephone
chool of Attendance	Sp Ed Inf/I	Pre (1017)	Location Code	1017		
chool of Residence	Serrania A	ve Ces	Location Code	6606		
lame of arent/Guardian	Hila Agran	ti	Telephone			
ddress	same					
City	same	CA	ZIP Code			
urogate Parent			Telephone			
ttends CURRENT SC	HOOL as a r	esult of one	Preschool Program	▼		
s the student living in a lome (FFH)?	Family Foste	r 🖲 N	o 🔾 Yes	FFH#		
s FFH Provider related	to student?	0 N	o O Yes	Relationship		
icensed Children's Inst	itution	• N	o O Yes	LCI Name		
				LCI#		
out of the home placem	ent made by	○ R	egional Center	O Department of Mental	Health	Department of Children's Service
child's family living wit	hin LAUSD's		uperior Court o 🖲 Yes	O Other		
oundaries?				ve educational decision-makir		$\bigcirc$ No $\bigcirc$ Yes

Student	BENITAH HAREL	D			Date of Birth 14-	FEB_2015	Monting Data	07-MAR-2019
Student	Last First		MI		Date of Birth 14-	FEB-2015	Meeting Date	07-IMAR-2019
			Sectio	on C: Lang	uage Acquisition	_		
anguage Cl	lassification:				Start Date:			
arent Waive	er:	O Yes	O No		Reclassification	Date:		
lementary l level:	English Language Development				Start Date:			
econdary E Level:	nglish Language Development				Start Date:			
Communicat	tion Observation Matrix Level:				Start Date:			
			Section D:	Goal Achie	vement from Current	IEP		
			Achi					
	example - Reading)	)	Yes	No	If No, explain the re	ason the goal/obje	ctive was not achieve	ed
1			0	0				
	Objective 1 met		$\bigcirc$	$\bigcirc$				
	Objective 2 met		$\bigcirc$	$\bigcirc$				
2			$\bigcirc$	$\bigcirc$				
	Objective 1 met		$\bigcirc$	$\bigcirc$				
	Objective 2 met		$\bigcirc$	$\bigcirc$				
3			$\bigcirc$	$\bigcirc$				
	Objective 1 met		$\bigcirc$	$\bigcirc$				
	Objective 2 met		0	0				
4			0	0				
	Objective 1 met		0	0				
	Objective 2 met		0	0				
5			0	0				
	Objective 1 met	)	0	0				
	Objective 2 met		0	0				
6								
0	Objective 1 met		0	0				
	Objective 1 met		0	0				
7	Objective 2 met	)	$\bigcirc$	0				
7			0	$\bigcirc$				
	Objective 1 met		$\bigcirc$	$\bigcirc$				
	Objective 2 met		$\bigcirc$	$\bigcirc$				
8			$\bigcirc$	$\bigcirc$				
	Objective 1 met		$\bigcirc$	$\bigcirc$				
	Objective 2 met		$\bigcirc$	$\bigcirc$				
9			$\bigcirc$	$\bigcirc$				
	Objective 1 met		$\bigcirc$	$\bigcirc$				
	Objective 2 met		0	0				
10			Õ	0				
	Objective 1 met		0	0				
	Objective 2 met		0	0				

Last       First       MI         Section E: Present Level of Performance         Formance Area:       HEALTH         essment/Monitoring Process Used:       AVH SCREENING         e/District Assessment Results:	Last       First       MI Section E: Present Level of Performance         Formance Area:       HEALTH         essment/Monitoring Process Used:       AVH SCREENING         e/District Assessment Results:	Last       First       MI         Section E: Present Level of Performance         formance Area:       HEALTH         wessment/Monitoring Process Used:       AVH SCREENING         te/District Assessment Results:	Last       First       MI         Section E: Present Level of Performance         formance Area:       HEALTH         sessment/Monitoring Process Used:       AVH SCREENING         te/District Assessment Results:	Last       First       MI         Section E: Present Level of Performance         rmance Area:       HEALTH         ssment/Monitoring Process Used:       AVH SCREENING         District Assessment Results:	os Angeles Unified Scho Student BENITAH	HAREL	,	D			1	Date of Bi	rth 14-FEB	3-2015	Meetir	ng Date 07-M
Normance Area:       HEALTH         essment/Monitoring Process Used:       AVH SCREENING         e/District Assessment Results:	Image: Area:       HEALTH         essment/Monitoring Process Used:       AVH SCREENING         e/District Assessment Results:	formance Area: HEALTH AVH SCREENING AVH SCREENING te/District Assessment Results: Ternt Performance/Assessment Summary (include student strengths, student needs and impact of disability on student performance): EALTH SUMMARY: Harel is a 3 years and 11 months old child with no current medical diagnosis. Mother reported no significant prenatal, birth or wobom history. EALTH SUMMARY: Harel is a 3 years and 11 months old child with no current medical diagnosis. Mother reported no significant prenatal, birth or negular diet with good appetite. History of 10 ear infections till 2 years of age. Treated with antibiotics and resolved. Ear tube placement on both ears pril 2018. TRENGTHS: Passed vision screening via sure sight 02/09/2019. Passed LAUSD audio screening 02/09/2019. Last physicals November 2018. TRENGTHS: Passed vision screening via sure sight 02/09/2019. Passed LAUSD audio screening 02/09/2019. Last physicals November 2018. TRENGTHS: Passed vision screening via sure a of need. MPACT OF DISABILITY: Health does not impact Harel's participation, access and performance in the educational program. CCOMMODATIONS/MODIFICATIONS: None based on health. ioleta R. Martinez RN Credentialed School Nurse ebruary 09, 2019 formance Area: terDistrict Assessment Results:	formance Area: HEALTH AVH SCREENING AVH SCREENING te/District Assessment Results: Ternt Performance/Assessment Summary (include student strengths, student needs and impact of disability on student performance): EALTH SUMMARY: Harel is a 3 years and 11 months old child with no current medical diagnosis. Mother reported no significant prenatal, birth or whoom history. EALTH SUMMARY: Harel is a 3 years and 11 months old child with no current medical diagnosis. Mother reported no significant prenatal, birth or negular differ with good appetite. History of 10 ear infections till 2 years of age. Treated with antibiotics and resolved. Ear tube placement on both ears pril 2018. TRENGTHS: Passed vision screening via sure sight 02/09/2019. Passed LAUSD audio screening 02/09/2019. Last physicals November 2018. TRENGTHS: Passed vision screening via sure sight 02/09/2019. Passed LAUSD audio screening 02/09/2019. Last physicals November 2018. TRENGTHS: Passed vision screening via sure a of need. MPACT OF DISABILITY: Health does not impact Harel's participation, access and performance in the educational program. CCOMMODATIONS/MODIFICATIONS: None based on health. ioleta R. Martinez RN Credentialed School Nurse ebruary 09, 2019 formance Area: te/District Assessment Results: te/District Assessment Results:	mmance Area:       HEALTH         ssment/Monitoring Process Used:       AVH SCREENING         /District Assessment Results:	Last	Fir	st				and Larva	l of Doufo				
essment/Monitoring Process Used:       AVH SCREENING         e/District Assessment Results:	essment/Monitoring Process Used: AVH SCREENING e/District Assessment Results: acDistrict Assessment Results: acDistrict Assessment Summary (include student strengths, student needs and impact of disability on student performance): acDistrict Assessment Summary (include student strengths, student needs and impact of disability on student performance): acDistrict Summary (include student strengths, student needs and impact of disability on student performance): acDistrict with good appetite. Sit alone at 7 months; Crawled at 7 months; Walked at 11 months; say words at 2 years and 3 months old; potty trained at 2 ars and 8 months. n regular dist with good appetite. History of 10 ear infections till 2 years of age. Treated with antibiotics and resolved. Ear tube placement on both ears sril 2018. (Stoth%) Healthy weight. TRENGTHS: Passed vision screening via sure sight 02/09/2019. Passed LAUSD audio screening 02/09/2019. Last physicals November 2018. (REAS OF NEED: Physical health is not an area of need. PACT OF DISABILITY: Health does not impact Harel's participation, access and performance in the educational program. (CCOMMODATIONS/MODIFICATIONS: None based on health.) ioleta R. Martinez RN Credentialed School Nurse ebruary 09, 2019	AVH SCREENING AV	AVH SCREENING AV	AVH SCREENING  ALTH SUMMARY: Harel is a 3 years and 11 months old child with no current medical diagnosis. Mother reported no significant prenatal, birth or born history.  Veolopmental milestones: Sit alone at 7 months; Crawled at 7 months; Walked at 11 months; say words at 2 years and 3 months old; potty trained at 2 s and 8 months.  regular diet with good appetite. History of 10 ear infections till 2 years of age. Treated with antibiotics and resolved. Ear tube placement on both ears i 2018.  RENGTHS: Passed vision screening via sure sight 02/09/2019. Passed LAUSD audio screening 02/09/2019. Last physicals November 2018.  RENGTHS: Passed vision screening via sure sight 02/09/2019. Passed LAUSD audio screening 02/09/2019. Last physicals November 2018.  RENGTHS: Passed vision screening via sure sight 02/09/2019. Passed LAUSD audio screening 02/09/2019. Last physicals November 2018.  EAS OF NEED: Physical health. Not on any routine medication. No known allergy to food or medications. Ambulate well without state.  EAS OF NEED:	erformance Area:		HEALTH	[	Section	I E: Fres	ent Leve	I OI FEIIO	rmance			
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Treated with antibiotics and resolved. Ear tube placement on both ears il 2018. nies asthma, other serious illnesses, injuries, accidents and overnight hospitalizations. Last physicals Nov. 2018. Height: 40 inches (50th%) Weight: 35 (50th%) Healthy weight RENGTHS: Passed vision screening via sure sight 02/09/2019. Passed LAUSD audio screening 02/09/2019. Last physicals November 2018. nunizations up to date. Good general health. Not on any routine medication. No known allergy to food or medications. Ambulate well without stance. EAS OF NEED: Physical health is not an area of need. PACT OF DISABILITY: Health does not impact Harel's participation, access and performance in the educational program. COMMODATIONS/MODIFICATIONS: None based on health. bleta R. Martinez RN Credentialed School Nurse ruary 09, 2019 rmance Area: ssment/Monitoring Process Used: (District Assessment Results:	rrent Performance/Assessi	ment Summar	y (include :	student	t strengtl	ns, student	needs and	l impact of	disability o	n student perfe	ormance):	
cormance Area:	ebruary 09, 2019 formance Area: essment/Monitoring Process Used: e/District Assessment Results:	ebruary 09, 2019 formance Area: sessment/Monitoring Process Used: te/District Assessment Results:	ebruary 09, 2019 formance Area: sessment/Monitoring Process Used: te/District Assessment Results:	bruary 09, 2019       rmance Area:       ssment/Monitoring Process Used:       /District Assessment Results:	wborn history. Developmental milestones: ars and 8 months. On regular diet with good a pril 2018. Denies asthma, other serior s (50th%) Healthy weight TRENGTHS: Passed visi nmunizations up to date. C sistance. REAS OF NEED: Physic MPACT OF DISABILITY	Sit alone at 7 appetite. Histo us illnesses, in t on screening v Good general l cal health is no 7: Health does	months; C ry of 10 ea juries, acci via sure sig nealth. Not ot an area o not impact	Crawlec ar infec idents a ht 02/0 on any f need. t Harel	d at 7 mc ctions till and over 09/2019. y routine 's partici	onths; Walk 2 years of night hosp Passed LA medicatio pation, acc	xed at 11 r `age. Trea italization AUSD aud n. No kno	months; say ted with an is. Last phy io screenir wn allergy	y words at 2 ntibiotics and ysicals Nov. ng 02/09/201 t to food or n	years and 3 m d resolved. Ea 2018. Height: 9. Last physic nedications. A	onths old; po r tube placem 40 inches (50 als Novembe mbulate well	tty trained at 2 aent on both ear 0th%) Weight: 3 ar 2018.
essment/Monitoring Process Used: e/District Assessment Results:	essment/Monitoring Process Used: e/District Assessment Results:	te/District Assessment Results:	te/District Assessment Results:	/District Assessment Results:	Violeta R. Martinez RN Cr February 09, 2019	edentialed Scl	100l Nurse									
e/District Assessment Results:	e/District Assessment Results:	te/District Assessment Results:	te/District Assessment Results:	/District Assessment Results:	rformance Area:											
					essment/Monitoring Proc	ess Used:										
ent Performance/Assessment Summary (include student strengths, student needs and impact of disability on student performance):	Int Performance/Assessment Summary (include student strengths, student needs and impact of disability on student performance):	Int Performance/Assessment Summary (include student strengths, student needs and impact of disability on student performance):	nt Performance/Assessment Summary (include student strengths, student needs and impact of disability on student performance):	nt Performance/Assessment Summary (include student strengths, student needs and impact of disability on student performance):												
							y (include :	student	t strengtl	ns, student	needs and	l impact of	disability of	n student perfe	ormance):	
							y (include :	student	t strengtl	ns, student	needs and	l impact of	ີ disability or	n student perfe	ormance):	
							y (include :	studen	t strengtl	hs, student	needs and	l impact of	`disability or	n student perf	ormance):	
							y (include :	studen	t strengtl	hs, student	needs and	l impact of	`disability or	n student perf	ormance):	
							y (include :	studen	t strengtl	ns, student	needs and	l impact of	`disability or	n student perf	ormance):	
							y (include :	studen	t strengtl	ns, student	needs and	l impact of	`disability or	n student perfo	prmance):	
							y (include	studen	t strengtl	hs, student	needs and	l impact of	`disability or	n student perf	ormance):	
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							y (include	studen	t strengtl	hs, student	needs and	l impact of	`disability or	n student perf	ormance):	
							y (include	studen	t strengtl	ns, student	needs and	l impact of	`disability or	n student perfé	prmance):	
							y (include	studen	t strengtl	hs, student	needs and	l impact of	`disability or	n student perf	prmance):	
							y (include	studen	t strengtl	hs, student	needs and	l impact of	`disability or	n student perf	prmance):	
							y (include	studen	t strengt	hs, student	needs and	l impact of	`disability or	n student perf	prmance):	

8		ol District				in Energy	101111001	RAM (IEP)			
	BENITAH	HAREL		D			Date of Birth	14-FEB-2015	Meetii	ng Date 07-1	MAR-2019
	Last	Firs	st	MI		Procont I av	el of Perforn	anco			
rformance.	Area:		Cognitiv	e/Processir		Tesent Lev					
	Aonitoring Proc	ess Used:			0	vation. Interv	views, Record	Review			
	Assessment Re				,	,	,				
rrent Perfo	rmance/Assessi	ment Summary	y (include	student str	engths, stud	dent needs an	d impact of di	sability on studen	t performance):		
		•			0				ge, based on perform	nance on the	
									tal Profile Third Ed		
	ile as examined ge skills were n					ea of visual r	eception skills	, fine motor skills	, and receptive lang	uage, while	
No potentia	l factors were d	etermined to i	mpact the	validity of	f the assess	ment findings					
Educational	l Impact: A gen	eral ability/cog	gnition im	pact was n	ot identified	d at this time.					
rformance	Area:		School F	Readiness							
sessment/N	Monitoring Proc	ess Used:	Alternati	ve Assessn	nent, Obser	vation, Interv	views, Record	Review			
	Assessment Re										
rrent Perfo	rmance/Assessi	ment Summary	y (include	student str	engths, stud	dent needs an	d impact of di	sability on studen	t performance):		
	e on the Mullen								age and experience on the Developmer		
	nstrates strengt ersonal informa			n as copying	g lines, mat	tching shapes	by two prope	rties, rote countin	g to 7, labeling pict	ures, and	
No areas of	need were note	d in the areas	of pre-aca	idemic area	as at this tin	ne.					
Educationa	Impact: An aca	ademic perfori	mance/scl	nool readine	ess impact v	was not ident	ified at this tin	ne.			

Los Angeles Unified School Student BENITAH	HAREL		D		Dat	e of Birth 14	-FEB-2015	Meeting	g Date 07-MAR-2019
Last	First	t	MI						<b>, 2</b> (0, 1.1.1.1.201)
erformance Area:	ſ	Motor S		ction E: Pre	sent Level of	f Performanc	e		)
Assessment/Monitoring Process				ont Obcomiet	ion Intomiou	s, Record Revi	AW		)
tate/District Assessment Resul		Alternat	Ive Assessin	ient, Observat	ion, mierview	s, Recold Revi	lew		)
Current Performance/Assessment		(include	student stre	mathe studen	t needs and in	mact of disabil	ity on student perfs	rmance).	)
Overall, Harel's motor skills ar						ipact of disabil	ity on student perio	Jimanee).	
Based on mother's responses of walking on tiptoes for 10 feet, No areas of need/challenge wo Educational Impact: A motor	on the Devel buckling hir ere identified	lopmenta mself in o d in the a	Il Profile 3, 1 car seat, and area of moto	Harel evidenc l jumping ove r skills at this	es the following a number of	ng strengths: G things in his pa	ross and fine moto ath.	r skills were ac	lequate for
erformance Area:	ſ	Social-F	motional Sk	rills					]
Assessment/Monitoring Process					ion. Interview	s, Record Revi	ew		)
state/District Assessment Resul		/ Internat				5, 100010 1001			)
urrent Performance/Assessmen		(include	student stre	engths, studen	t needs and in	pact of disabil	ity on student perfo	ormance):	)
Overall, Harel's social-emotior				-		-		,	
Weaknesses were identified in with peers without supervision Educational Impact: A social-	the area of , or know th	expresses social-er at some	s the desire f notional ski things belor	ng to other peo	with peers. e, as cannot ve ople and asks j	rbally express		others feel, pla	y group games
Weaknesses were identified in with peers without supervision	the area of , or know th	expresses social-er at some	s the desire f notional ski things belor	for playtime v lls at this time ng to other peo	with peers. e, as cannot ve ople and asks j	rbally express		others feel, pla	y group games
Weaknesses were identified in with peers without supervision	the area of , or know th	expresses social-er at some	s the desire f notional ski things belor	for playtime v lls at this time ng to other peo	with peers. e, as cannot ve ople and asks j	rbally express		others feel, pla	y group games
Weaknesses were identified in with peers without supervision	the area of , or know th	expresses social-er at some	s the desire f notional ski things belor	for playtime v lls at this time ng to other peo	with peers. e, as cannot ve ople and asks j	rbally express		others feel, pla	y group games
Weaknesses were identified in with peers without supervision	the area of , or know th	expresses social-er at some	s the desire f notional ski things belor	for playtime v lls at this time ng to other peo	with peers. e, as cannot ve ople and asks j	rbally express		others feel, pla	y group games
Weaknesses were identified in with peers without supervision	the area of , or know th	expresses social-er at some	s the desire f notional ski things belor	for playtime v lls at this time ng to other peo	with peers. e, as cannot ve ople and asks j	rbally express		others feel, pla	y group games
Weaknesses were identified in with peers without supervision	the area of , or know th	expresses social-er at some	s the desire f notional ski things belor	for playtime v lls at this time ng to other peo	with peers. e, as cannot ve ople and asks j	rbally express		others feel, pla	y group games
Weaknesses were identified in with peers without supervision	the area of , or know th	expresses social-er at some	s the desire f notional ski things belor	for playtime v lls at this time ng to other peo	with peers. e, as cannot ve ople and asks j	rbally express		others feel, pla	y group games
Weaknesses were identified in with peers without supervision	the area of , or know th	expresses social-er at some	s the desire f notional ski things belor	for playtime v lls at this time ng to other peo	with peers. e, as cannot ve ople and asks j	rbally express		others feel, pla	y group games
Weaknesses were identified in with peers without supervision	the area of , or know th	expresses social-er at some	s the desire f notional ski things belor	for playtime v lls at this time ng to other peo	with peers. e, as cannot ve ople and asks j	rbally express		others feel, pla	y group games
Weaknesses were identified in with peers without supervision	the area of , or know th	expresses social-er at some	s the desire f notional ski things belor	for playtime v lls at this time ng to other peo	with peers. e, as cannot ve ople and asks j	rbally express		others feel, pla	y group games
Weaknesses were identified in with peers without supervision	the area of , or know th	expresses social-er at some	s the desire f notional ski things belor	for playtime v lls at this time ng to other peo	with peers. e, as cannot ve ople and asks j	rbally express		others feel, pla	y group games
Weaknesses were identified in with peers without supervision	the area of , or know th	expresses social-er at some	s the desire f notional ski things belor	for playtime v lls at this time ng to other peo	with peers. e, as cannot ve ople and asks j	rbally express		others feel, pla	y group games
Weaknesses were identified in with peers without supervision	the area of , or know th	expresses social-er at some	s the desire f notional ski things belor	for playtime v lls at this time ng to other peo	with peers. e, as cannot ve ople and asks j	rbally express		others feel, pla	y group games
Weaknesses were identified in with peers without supervision	the area of , or know th	expresses social-er at some	s the desire f notional ski things belor	for playtime v lls at this time ng to other peo	with peers. e, as cannot ve ople and asks j	rbally express		others feel, pla	y group games
Weaknesses were identified in with peers without supervision	the area of , or know th	expresses social-er at some	s the desire f notional ski things belor	for playtime v lls at this time ng to other peo	with peers. e, as cannot ve ople and asks j	rbally express		others feel, pla	y group games
Weaknesses were identified in with peers without supervision	the area of , or know th	expresses social-er at some	s the desire f notional ski things belor	for playtime v lls at this time ng to other peo	with peers. e, as cannot ve ople and asks j	rbally express		others feel, pla	y group games
Weaknesses were identified in with peers without supervision	the area of , or know th	expresses social-er at some	s the desire f notional ski things belor	for playtime v lls at this time ng to other peo	with peers. e, as cannot ve ople and asks j	rbally express		others feel, pla	y group games

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				INDIV	IDUAL	IZED EDUC	ATION PROGR	AM (IEP)		Page
-	s Unified Schoo									
Student	BENITAH	HAREL	•	D			Date of Birth	14-FEB-2015	Meeting Date	07-MAR-2019
	Last	1115	L			: Present L	evel of Perform	ance		
formance	Area:	(	Adaptive	Skills						
sessment/l	Monitoring Proces	ss Used:	Alternativ	e Assessi	nent, Ob	oservation, Int	erviews, Record I	Review		
te/District	Assessment Resu	ılts:								
rent Perfo	ormance/Assessme	ent Summary	(include	student str	rengths,	student needs	and impact of dis	ability on student perf	formance):	
verall, Ha	rel's self-help/ada	ptive behavio	or is found	to be in t	he avera	ge range, per	mother's report.			
ays a simj	nother's responses ble computer gam f weakness were in	e, and uses a	knife for s	spreading	butter of	r jam.	ollowing strength	s: cares for his own bo	owel movements with	out help,
ducationa	l Impact: A self-h	elp/adaptive	behavior i	mpact wa	s not ide	entified at this	time.			
ormance	Area:	(								
essment/l	Monitoring Proces	ss Used:								
	Assessment Resu									
rent Perfo	ormance/Assessme	ent Summary	(include	student sti	rengths,	student needs	and impact of dis	ability on student perf	formance):	

Los Angeles	s Unified Schoo	l District		INDIVIDU	JALIZED I	EDUCATI	ION PROGI	RAM (IEP	)			Page
0	BENITAH	HAREL		D		I	Date of Birth	14-FEB	2015	Meeti	ng Date 07-MA	AR-2019
	Last	Firs	st	MI Section	on E: Pres	ent Level	l of Perforn	nance				
Performance	Area:		Commu	nication								
Assessment/N	Monitoring Proces	s Used:	Chart re	eview, observati	ion, parent i	nterview/r	eporting, for	mal/inform	al Dx			
state/District	Assessment Resu	ilts:										
urrent Perfo	ormance/Assessme	ent Summar	y (include	e student streng	gths, student	needs and	l impact of di	sability on	student perfo	ormance):		
	UND: Harel is a cation Services. F											
the followin	HS: Harel exhibit ag sounds: /m, n, p erpreter stated she	o, b, t, d, k, g	, l, v, s, v	v, h, j, h, st/. M	other reporte	ed being a	ble to unders	tand Harel				
Scales of Ea expressive 1 Picture Voca	to the Psycho-Edu arly Learning (MS anguage skills we abulary 4th Editio n of the administra	EL) was rep re also asses n (EOWPV	oorted to sed using Γ-4) for in	be in the below g the Receptive nformational pu	average rar One Word urposes due	nge recepti Picture Vo to Harel n	vely and in t cabulary 4th	he very low Edition (R	range expre OWPVT-4) a	ssively. Rece and Expressiv	eptive and ve One Word	
(continue	)											
erformance	Area:											
ssessment/N	Monitoring Proces	s Used:	Chart re	eview, observati	ion, parent i	nterview/r	eporting, for	mal/inform	al Dx			
tate/District	Assessment Resu	ılts:										
Harel demo Harel demo pictures, ob he was note purposes su A review of Harel does n	bal request, unders nstrated the ability postrated expressiv- jects, and categori d to expressively ch as requesting, b f Harel's records a not appear to have	y to identify vely using a ies. In Englis use up to 4-v labeling, des and informal any issues	action we variety o sh, he exp words in cribing, c tasks rev with fluer	ords and object f nouns, adjecti pressively was length of phrass commenting, ar yeal no indication ncy at this time	t function of ives, verbs, j observed us es and/or se nd asking/an on of the exi	f objects. pronouns, ing up to 3 ntences. H iswering q istence of J	and articles. B-words in lea farel uses his uestions. physical cond	He demons ngth of phra expressive litions that	trated the ab uses and/or so language for should preve	ility to label entences; how a variety of ent the produce	a variety of wever, in Hebrew communicative ction of a voice.	v,
	eks, atypical repetion	itions, and/o	r prolong	ations.								
IMPACT C observation appropriate	OF DISABILITY ( , elicitations, and at this time and an	formal/infor	mal asses	ssments, Harel's	s communic	ation abili	ties, languag	e, articulati	on, voice, an	d fluency app	bear to be age	
needs, pre-l	neracy, socializati											

Last       First       MI         Section F: Eligibility         f applicable, areas discussed related to disability or suspected disability:         Health, general (cognitive) ability, pre-academic performance, language, social-emotional, motor, and self         For Initial IEP, interventions attempted prior to determining eligibility:         Private Preschool         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         Obes not meet eligibility criteria for Special Education Services (Initial IEP).         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 I         This is a Final IEP, the student remains eligible for Special Education Services until the Effective Date I	or, and self-help/adaptive deve	Meeting Date 07-MA	AR-2019
Section F: Eligibility         f applicable, areas discussed related to disability or suspected disability:         Health, general (cognitive) ability, pre-academic performance, language, social-emotional, motor, and self         or Initial IEP, interventions attempted prior to determining eligibility:         Private Preschool         ligible as a student with the disability of:         'ode:         Not Applicable,         Blind or         Partially Sighted         didtional Low Incidence Eligibility (only for VI, DBL, DEA, HOH, or severe OI):         'ode:         Not Applicable,         Blind or         Partially Sighted         'odditional Low Incidence Eligibility (only for VI, DBL, DEA, HOH, or severe OI):         'ode:         Not Applicable,         Blind or         Partially Sighted         'Does not meet eligibility criteria for Special Education Services (Initial IEP).         'r         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 I inal IEP Reason:	or, and self-help/adaptive deve	velopment	
f applicable, areas discussed related to disability or suspected disability: Health, general (cognitive) ability, pre-academic performance, language, social-emotional, motor, and self or Initial IEP, interventions attempted prior to determining eligibility: Private Preschool ligible as a student with the disability of: 'code: Not Applicable, Not Applicable, Mot Applicable, Not Applicable, Mot Applicable, Not Applicable, Mot Applicab	or, and self-help/adaptive deve	velopment	
Health, general (cognitive) ability, pre-academic performance, language, social-emotional, motor, and self or Initial IEP, interventions attempted prior to determining eligibility: Private Preschool ligible as a student with the disability of: ode: Not Applicable, Not Applicable, This is a Final IEP, the student remains eligible for Special Education Services until the Effective Date I inal IEP Reason: Final IEP Reason: Not Applicable for Special Education Services until the Effective Date I State Intervention Services Intervention Ser	ctive Date below. P Effective Date: primarily due to:	velopment	
Private Preschool  Iligible as a student with the disability of: Iligible for Special Education Services (Review IEP). Iligible (Effective Date): Iligible for Special Education Services until the Effective Date I inal IEP Reason: Iligible for Special Education Services (Final IEP Effective Date I inal IEP Reason: Iligible for Special Education Services until the Effective Date I inal IEP Reason: Iligible for Special Education Services until the Effective Date I inal IEP Reason: Iligible for Special Education Services until the Effective Date I inal IEP Reason: Iligible for Special Education Services until the Effective Date I inal IEP Reason: Iligible for Special Education Services until the Effective Date I inal IEP Reason: Iligible for Special Education Services Until III IEP Reason: Iligible for Special Education Services Until IIII IEP Reason: Iligible for Special Education Services Until IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	P Effective Date:		
rivate Preschool          ligible as a student with the disability of:         ode:         @Not Applicable,         Blind or         Partially Sighted         dditional Low Incidence Eligibility (only for VI, DBL, DEA, HOH, or severe OI):         ode:         @Not Applicable,         Blind or         Partially Sighted         Does not meet eligibility criteria for Special Education Services (Initial IEP).         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 I inal IEP Reason:	P Effective Date:		
Private Preschool	P Effective Date:		
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         • Not Applicable,         • Blind or         • Partially Sighted         • Does not meet eligibility criteria for Special Education Services (Initial IEP).         r         • 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 I inal IEP Reason:	P Effective Date:		
Code: <ul> <li>Not Applicable,</li> <li>Blind or</li> <li>Partially Sighted</li> </ul> Additional Low Incidence Eligibility (only for VI, DBL, DEA, HOH, or severe OI): Code: <ul> <li>Not Applicable,</li> <li>Blind or</li> <li>Partially Sighted</li> </ul> <li>Does not meet eligibility criteria for Special Education Services (Initial IEP). <ul> <li>or</li> <li>No Longer Eligible for Special Education Services (Review IEP).</li> <li>No Longer Eligible (Effective Date):</li> </ul> </li> <li>This is a Final IEP, the student remains eligible for Special Education Services until the Effective Date I Final IEP Reason:</li>	P Effective Date:		
Code: <ul> <li>Not Applicable,</li> <li>Blind or</li> <li>Partially Sighted</li> </ul> Additional Low Incidence Eligibility (only for VI, DBL, DEA, HOH, or severe OI): Code: <ul> <li>Not Applicable,</li> <li>Blind or</li> <li>Partially Sighted</li> </ul> <li>Does not meet eligibility criteria for Special Education Services (Initial IEP).</li> <li>or</li> <li>No Longer Eligible for Special Education Services (Review IEP).</li> <li>No Longer Eligible (Effective Date):</li> This is a Final IEP, the student remains eligible for Special Education Services until the Effective Date I Final IEP Reason: Final IEP Reason:	P Effective Date:		
Code:       Image:	P Effective Date:		
<ul> <li>Not Applicable,</li> <li>Blind or</li> <li>Partially Sighted</li> <li>Additional Low Incidence Eligibility (only for VI, DBL, DEA, HOH, or severe OI):</li> <li>Code: <ul> <li>Not Applicable,</li> <li>Blind or</li> <li>Partially Sighted</li> </ul> </li> <li>Does not meet eligibility criteria for Special Education Services (Initial IEP). <ul> <li>r</li> <li>No Longer Eligible for Special Education Services (Review IEP).</li> <li>No Longer Eligible (Effective Date):</li> </ul> </li> <li>This is a Final IEP, the student remains eligible for Special Education Services until the Effective Date I inal IEP Reason: <ul> <li>Final IEP Effective</li> </ul> </li> </ul>	P Effective Date:		
Additional Low Incidence Eligibility (only for VI, DBL, DEA, HOH, or severe OI):         Code:            • Not Applicable,             • Not Applicable,             • Does not meet eligibility criteria for Special Education Services (Initial IEP).             r             No Longer Eligible for Special Education Services (Review IEP).             No Longer Eligible (Effective             This is a Final IEP, the student remains eligible for Special Education Services until the Effective Date I       inal IEP Reason:	P Effective Date:		
Code:       Image: Code im	P Effective Date:		
<ul> <li>Not Applicable,</li> <li>Blind or</li> <li>Partially Sighted</li> </ul> Does not meet eligibility criteria for Special Education Services (Initial IEP). r 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 I inal IEP Reason:	P Effective Date:		
<ul> <li>Does not meet eligibility criteria for Special Education Services (Initial IEP).</li> <li>No Longer Eligible for Special Education Services (Review IEP).</li> <li>No Longer Eligible (Effective</li></ul>	P Effective Date:		
No Longer Eligible for Special Education Services (Review IEP).         No Longer Eligible (Effective	P Effective Date:		
No Longer Eligible for Special Education Services (Review IEP).         No Longer Eligible (Effective	P Effective Date:		
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 I inal IEP Reason:	P Effective Date:		
No Longer Eligible (Effective Date):         This is a Final IEP, the student remains eligible for Special Education Services until the Effective Date inal IEP Reason:         Final IEP Reference	P Effective Date:		
inal IEP Reason: Final IEP Effective	P Effective Date:		
inal IEP Reason: Final IEP Effective	P Effective Date:		
	primarily due to:		
he IEP Team has considered and agrees that the educational needs of the student are not primarily			
Social Maladjustment Temporary Physical Disability	_	ick of instruction in reading	
Lack of instruction in math		nvironmental, Cultural or Econ	omic Facto

				Page 9 of 12
Los Angeles Unified Schoo	l District	INDIVIDUA	LIZED EDUCATION PROGRAM (IEP)	Fage 9 01 12
Student BENITAH	HAREL	D	Date of Birth 14-FEB-2015	Meeting Date 07-MAR-2019
Last	First	MI	edural Safeguards and Follow-up Actions	
A Parent's Guide to Speci	al Education Serv		redural Rights & Safeguards was provided to the p	parent in his/her primary language.
			t the beginning of the IEP Team meeting.	
The parent/guardian was in	formed of his/her r	ight to a written tran	slation of the IEP.	
Is the parent/guardian requestir	ng translation servio	ces? • Yes	O No	
If yes, the parent/guardian h	nas requested a writ	tten translation of the	e IEP in Hebrew	
Specify the Individual Page	s to be translated:			
Special Requests:				
For students who are 17 ye 18 years of age, unless the	ars old, the student court has determine	t and parent(s)/guard ed otherwise.	ian(s) have been informed that the educational decis	sion-making rights will transfer to the student at
		THIS SPAC	E DELIBERATELY LEFT BLANK.	
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MI tion Q: Parent Par g. hey would not be able g time and place. notifications and the n to proceed without <b>18-21) Agreement</b> e components of a pro /student (18-21) agree e IEP.	Method         Phone         Phone         I (PARENT) acknowledge         request.       (Parentile)         to Components of the         oposed IEP. The District version is so as to not delay provided         THE SPECIFIC EXCEPT	B-2015 Meet t Parent Notificatio Whom ecse ecse that the IEP meeting was r rent initials here ONLY if Proposed IEP vill ding instruction and serv	When 07-FEB-2019 20-FEB-2019 rescheduled to this date at my the PARENT requested that the
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e IEP. e proposed IEP WITH	THE SPECIFIC EXCEP		vices.
e proposed IEP WITH		TION(S) stated below:	
ny of the components of		FION(S) stated below:	
orm of dispute resolut			
	-	es (Including Procedura	l Rights and Safeguards).
Parent Concern	s and Comments		
		Date	07-MAR-2019
18-21 years age 18-21	O Surrogate Parent	Emancipated Min	
and Commence and and in a d	the IEP process. I underst	and that my completion	of the form is voluntary and
Survey regarding			
	18-21 years age 18-21		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.

Rights and Safeguards)" explaining my rights as a parent.	A.	Regarding your child's current IEP:	Yes	No	Does Not Apply
3.       I received notice of the IEP meeting.	1.	I am satisfied with the IEP meeting.			
4.       I received "The IEP and You" handbook with the notice of the IEP meeting.	2.	I feel that the IEP accurately reflects the decisions made at the IEP meeting.			
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.       Image: Content of Content o	3.	I received notice of the IEP meeting.			
Rights and Safeguards)" explaining my rights as a parent.	4.	I received "The IEP and You" handbook with the notice of the IEP meeting.			
7.       I feel I was treated as an equal and important part of the IEP team.	5.				
8. The participants at the IEP meeting were prepared and informed.	6.	The IEP meeting was held in an appropriate setting.			
9. Placements for my child, including the general education setting, were discussed and decided upon. <ul> <li>Related services were discussed and decided upon, if relevant.</li> <li>If my child is 14 years old or older, an Individualized Transition Plan (ITP) was developed with my child's</li> <li>At the end of the IEP meeting the decisions were summarized.</li> <li>If I needed an oral interpretation of the IEP team meeting an interpreter was provided.</li> </ul> 13. If I needed an oral interpretation of the IEP team meeting an interpreter was provided. <ul> <li>If 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.</li> <li>If the interpreter stayed for the duration of the IEP team meeting.</li> <li>If the interpreter of the IEP meeting before it was over, another staff member served as the interpreter and the interpreter and the interpreter left the IEP meeting before it was over, another staff member served as the interpreter and the interpreter and the interpreter left the IEP meeting before it was over, another staff member served as the interpreter and the interpreter and the interpreter deft the IEP meeting before it was over, another staff member served as the interpreter and the interpreter and the interpreter deft the IEP meeting the IEP, translation services were offered.</li> </ul> 19. I am aware that, if I and dissatisfied with the adequacy of the translated IEP, I can contact the site administrator or call the Division of Special Education at (213) 241-6701. <li>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.</li>	7.	I feel I was treated as an equal and important part of the IEP team.			
10. Related services were discussed and decided upon, if relevant.	8.	The participants at the IEP meeting were prepared and informed.			
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. <ul> <li>At the end of the IEP meeting the decisions were summarized.</li> <li>If I needed an oral interpretation of the IEP team meeting an interpreter was provided.</li> <li>If i needed an oral interpretation of the IEP team meeting enabled me to participate and make an informed decision regarding my child's IEP during the IEP meeting.</li> <li>The interpretation Was adequate.</li> <li>If the interpreter left the IEP meeting before it was over, another staff member served as the interpreter and the interpretation was adequate.</li> <li>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.</li> <li>If an eaver 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.</li> <li>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.</li> <li>B. Regarding your child's previous IEP (if relevant):</li> <li>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.)</li> </ul>	9.	Placements for my child, including the general education setting, were discussed and decided upon.			
and my concerns in mind.       Image: Section 1.1         12. At the end of the IEP meeting the decisions were summarized.       Image: Section 1.1         13. If I needed an oral interpretation of the IEP team meeting an interpreter was provided.       Image: Section 1.1         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.       Image: Section 1.1         15. The interpreter stayed for the duration of the IEP team meeting.       Image: Section 1.1         16. If the interpreter left the IEP meeting before it was over, another staff member served as the interpreter and the interpretation was adequate.       Image: Section 1.1         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.       Image: Section 1.1         18. If I needed a written translation of the IEP, translation services were offered.       Image: Section 1.1       Image: Section 1.1         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.       Image: Section 1.1       Image: Section 1.1         19. 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.)       Image: Section 1.1       Image: Section 1.1         19. I am satisfied that my child received the services described on th	10.	Related services were discussed and decided upon, if relevant.			
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can file a complaint with the Educational Equity Compliance Office at (213) 241-7682.          □         □         □	16.				
<ul> <li>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.</li> <li>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.</li> <li>B. Regarding your child's previous IEP (if relevant):</li> <li>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.)</li> </ul>	17.				
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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.)					
(If your answer to this question is "No", please write concerns below.)	1.1.1.1				
Additional Comments	20.				
Additional Comments					
Additional Comments					
			1	Addition	al Comments

Is there anything more you would like to ask us or tell us? Please write below or call the Parent Resource Network at 1-800-933-8133. Please fold along dotted lines with the address showing. Seal and mail. Postage is pre-paid. Again, Thank you! NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES BUSINESS REPLY MAIL FIRST-CLASS MAIL PERMIT NO. 33798 LOS ANGELES CA 90051 POSTAGE WILL BE PAID BY ADDRESSEE ATTN PARENT RESOURCE NETWORK LOS ANGELES UNIFIED SCHOOL DISTRICT PO BOX 613307 LOS ANGELES CA 90099-4093 ԱվովեուՄուսիվուներվելուներուՄերուՄ \_\_\_\_\_ PARENT INPUT SURVEY English -

		econvened Meetingate
Student BENITAH HAREL D	Date of Birth 14-FEB-2015	Meeting Date 07-MAR-2019
Last First MI		
Section	R: Names and Signatures (Signatures on File)	
Team Member	Print Name	Signature
arent/Guardian	Hila Agranti	
arent/Guardian		
rudent Age 18 - 21 years		
rudent Under Age 18 years		
urrogate Parent		
oster Parent		
amily Foster Home Provider		
dministrator		
dministrative Designee	Michelle Farish	
pecial Education Teacher	Valerie Brekke	
eneral Education Teacher	Martha Martinez	
chool Psychologist		
chool Nurse		
elated Service Staff LAS	Shannon Broussalian	
elated Service Staff		
elated Service Staff		
terpreter	Zion Avdi	
gn Language Interpreter		
gency Representative		
gency Representative		
gency Representative		
ther		

				INDIVIE	DUALIZED EDUC	ATION PROGRAM (IEP)		Page 12 of 12			
Los Angeles Student	Unified Sc BENITAH Last	HAF		D MI		Date of Birth 14-FEB-2015	Meeting Date	07-MAR-2019			
						VIRONMENT ANALYS	IS				
					leted By the IEP T Student's Current	Feam at the IEP Team Meeting Placement Type:					
O General	Education	Class/Gener	al Educatio	on Site		O Special Day Program/Genera	al Education Site				
O Special	Day Progra	m/Special E	ducation C	lenter		Nonpublic School					
O Home/H	lospital or F	Residential C	Care Facilit	у							
DIRECT	IONS: Com	plete the in	formation			iscussion regarding placement from at indicates YES.	m the beginning at S	Step A until the team			
Placement in setting with	n a more res the use of s commodatic nnot be pro	strictive sett upplementa ons and mod vided.	ing should ry aids and lifications i	only occur if l services can s not the sole	the nature or seven not be achieved sa justification for p	s with disabilities be educated in the erity of the student's disability is su utisfactorily. The lack of current av elacement in a more restrictive setting ons in the student's IEP be made a	ich that placement in ailability of a studer ing, unless there is a	n a less restrictive nt's required supports, a compelling reason			
Step A.	classroom/setting?										
	O Yes	No	to the question below.								
	○ Yes ○ No If not currently available, can the required supports, services, accommodations and/or modifications be made availab in a general education classroom/setting? If YES, all required supports, services, accommodations and/or modification must be provided within a reasonable timeline. If the answer is NO, please articulate why in the box below. Then go the 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?										
	O Yes	🔘 No	If the answer is YES, then a special day program on a general education site is the appropriate placement. If the is NO, go to the question below.								
	O Yes	O No	If not currently available, can the required supports, services, accommodations and/or modifications be made availa in a special day program on a general education site? If YES, all required supports, services, accommodations and/o 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.								
	1										

2019					Individualized Education	Program (IEP)						
	<b>T 1 1 1 1 1</b>		• .	INDIVIDUAL	IZED EDUCATION PROG	RAM (IEP)						
	BENITAH HAI		REL	D	Date of Bir	th 14-FEB-2015	Meeting	07-MAR-2019				
	Last		First	MI			Date					
		ANNUA			TIVE ENVIRONME By the IEP Team at the IEF		Continued)					
Step C.	Can the supports, services, accommodations and/or modifications in the student's IEP be made available in a special school setting?											
	O Yes	🔘 No	If the ans below.	wer is YES, then a special school setting is the appropriate placement. If the answer is NO, go to the question								
	O Yes	O No	No f 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?											
	O Yes	🔘 No	If the answer is YES, then a home/hospital setting is the appropriate placement. If the answer is NO, go to the question below.									
	O Yes	O 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?											
	O Yes	🔘 No		rrently available, an n this setting.	rticulate in the IEP what su	pports, accommodations	and/or modifica	tions are required for				