

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Identification Number 200114X099 SSID 9951881062

Eligible (SLI)

Student BERKLEY ELIAHU MI
Last First MI

Date of Birth: 09-OCT-2016

Section A: Meeting Information

Pertinent Dates	Type of Meeting
Date of Initial IEP Team Meeting: 02-DEC-2019	<input type="radio"/> Initial <input type="radio"/> Amendment of IEP dated
Date of Present Meeting: 01-MAR-2021	<input type="radio"/> Annual Review <input type="radio"/> Early Start Transition
Annual Review to be conducted by: 09-DEC-2021	<input type="radio"/> Three Year Review <input type="radio"/> Expulsion Analysis
Next Three Year Review will be conducted by: 01-DEC-2022	<input type="radio"/> Other <input type="radio"/> Individual Transition Plan
Three Year Review or Evaluation was conducted on: 02-DEC-2019	
Transition to Kindergarten to be conducted by:	

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

Section B: Student Information

Date of Birth: 09-OCT-2016 Age: 4 Grade: -1
 Gender: Male Female Limited English Proficient Student: Yes No Ethnic Code: White
 Location of the Psych Folder: Student has no Psych Folder:
 Location of the Cum Folder: TELFAIR AVE EL Student has no Cum Folder:
 Home Language: American Sign Language Student Language: American Sign Language Alternate Mode of Communication:
 Home Address of Student: P.O. Box 86 Van Nuys Ca, 91408
 City: Van Nuys CA ZIP Code: 91408
 Home Telephone: (818) 724-7680 Daytime Telephone: (310)367-1831 Emergency Telephone:
 School of Attendance: Telfair Ave El Location Code: 7068
 School of Residence: Fenton Avenue (Chart Location Code: 3747
 Name of Parent/Guardian: Telephone:
 Address: City: CA ZIP Code:
 Surogate Parent: Telephone:
 Attends CURRENT SCHOOL as a result of one of the following: Special Education Placement
 Is the student living in a Family Foster Home (FFH)? No Yes FFH#:
 Is FFH Provider related to student? No Yes Relationship:
 Licensed Children's Institution: No Yes LCI Name:
 LCI#:
 Out of the home placement made by: Regional Center Department of Mental Health Department of Children's Services
 Superior Court Other
 Child's family living within LAUSD's boundaries? No Yes
 If the student is 18 years old or older or is an emancipated minor, does he/she have educational decision-making rights? No Yes

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

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Date of Birth

Section C: Language Acquisition

Language Classification: Start Date:

Withdrawal by Parent Request: Yes No Reclassification Date:

ELPAC Performance Level and Performance Descriptor: Test Date:

Alternate ELPAC Performance Level and Performance Descriptor (VCCALPS): Test Date:

Section D: Goal Achievement from Current IEP

Goal for: (example - Reading)		Achieved		If No, explain the reason the goal/objective was not achieved
		Yes	No	
1	<input type="text" value="Social Emotional"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
Category	<input type="text"/>			
	Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
2	<input type="text" value="Social Emotional"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="Goal needs to be modified."/>
Category	<input type="text"/>			
	Objective 1 met	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
	Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
3	<input type="text" value="Communication"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
Category	<input type="text"/>			
	Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
4	<input type="text" value="Communication"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
Category	<input type="text"/>			
	Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
5	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Category	<input type="text"/>			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
6	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Category	<input type="text"/>			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
7	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Category	<input type="text"/>			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
8	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Category	<input type="text"/>			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
9	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Category	<input type="text"/>			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
10	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Category	<input type="text"/>			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student BERKLEY

ELIAHU

Date of Birth 09-OCT-2016

Meeting Date 01-MAR-2021

Last

First

MI

Section E: Present Level of Performance

Performance Area:

Social Emotional

Category:



Assessment/Monitoring Process Used:

DRDP, Observation

State/District Assessment Results:

DRDP

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

Strengths: Eliahu greets his peers during Zoom and answers 'good morning' when his name comes on the screen. Often times he greets his peers with their names. Although he is muted, I can see him mouthing their name and waving. During Zoom he was observed playing with other children at the daycare. He laughed with them, pointed at something and shared a toy. He has expressed that he likes waffles and when asked who he likes sharing waffles with he answered 'I eat them all by myself.' During Question of the Day, 'Which building do you like best?' He said, 'I like the one with mommy and daddy. The white big one. I want the one with mommy and daddy.' Eliahu was expressing to everyone that he misses his parents. During a thanksgiving activity he was asked what he was thankful for and he answered with 'mommy, daddy' and his siblings names which I wasn't able to hear clearly. One morning when greeting Eliahu, he responded with 'Good morning, I like to see you again!' He used very kind words. During a small group Zoom he noticed a baby on the screen and asked 'what's your boy's name?' as he smiled at him.

Needs: Before school closures, Eliahu will get upset when things didn't go his way and struggled with expressing how he was feeling in moments of anger. Eliahu will work on identifying and labeling own feelings and their causes, (e.g., Child says 'I'm mad at those boys because they won't play with me.').

Impact of disability: Due to Eliahu's eligibility of Speech and Language Impairment, his social emotional development may be impacted, therefore, he is unable to access the core curriculum in a general education class setting.

Data and progress reporting are based upon Welligent documentation prior to the March 16, 2020 COVID-19 school closures and after March 16, 2020 during informal observations during remote learning. This data may not be reflective of Eliahu's present level as of the date of today's IEP.

Performance Area:

Language Development

Category:



Assessment/Monitoring Process Used:

DRDP, Observation

State/District Assessment Results:

DRDP

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

Strengths: Eliahu speaks very clearly and in complete sentences. For example, 'my favorite color is blue and red. Blue and red make purple.' 'I want the blue square' 'Let me have two windows, I want two of them.' He shows understanding of a wide variety of phrases or sentences and is able to answer the question of the day every day. When new information is presented he is able to answer questions. For example, during a building activity he was able to name a measuring tape, a hammer, and a screw. He carries out multi-step requests that involve a familiar activity or situation. When playing a Zoom hunt he is able to hunt for items of a certain colors and shapes. We once hunted for items that made him happy, a favorite toy, and something his favorite color. Eliahu uses phrases and sentences with a variety of word forms, sometimes with errors. For example, during Question of the Day, 'How many windows are in your home?' He got up from his chair, looked around, discussed with the adult in the room (ex: 'Hmm in the bathroom there's a mirror.') and was eager to share! He responded with, 'We have five windows.' He looked at his fingers and began to count, '1-2-3-4-5.' Eliahu engages in brief conversations with a shared focus. During speech he participated in a letter hunt and when asked to find something that begins with the letter 'B' he answered 'B-B-B is for baby' and said, 'I found a book'.

Needs: There are times when the questions need to be asked for a second time for him to answer on topic. For example, when asked, 'Where is the little pig going to go next?' He replied with, 'Running out of the sticks, stick house.' When he was asked the question again, he answered, 'Went to his brothers house.' When reading a book about buildings, he was asked 'What do you think these people are doing?' he answered 'mommy and daddy.' He described what he saw, however, he did not answer the question. When he was asked again, he answered, 'They're building a house.'

Impact of Disability: Due to Eliahu's eligibility of SLI, his language development may be impacted, therefore, he is unable to access the core curriculum in a general education class setting.

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Student Date of Birth Meeting Date

Last

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Section E: Present Level of Performance

Performance Area:

Category:

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: Eliahu is aware of cause and effect. Back in the classroom he often enjoyed playing in our transportation area where he would push cars of a ramp and wait for it at the bottom. He engages in sustained explorations. When exploring over 5 slides of building structures he answered questions about their features and which building he liked the most. Eliahu records information in simple ways (e.g., drawings, models, words dictated to an adult) about observations or investigations. When learning about buildings we drew our favorite building and he added shapes, colors and was able to tell his peers and teachers what he drew.

Needs: There are no needs in the area of cognitive development.

Impact of Disability: No impact.

Performance Area:

Category:

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:

Gross Motor: Back in March 2020 when last observed in person, Eliahu ran with long strides showing arm and leg opposition. He was manipulating the apparatus well and riding a tricycle. Eliahu was also observed jumping, throwing a ball, catching a ball with two hands and kicking a ball.

Fine motor: In March 2020, Eliahu was observed manipulating playdough, interlocking legos and picking up small objects from the table. He holds his writing tool using a pincer grasp. He is able to trace his name as well as draw recognizable shapes.

Needs: There are no needs in the area of physical development.

Impact of Disability: No Impact.

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MI

Date of Birth 09-OCT-2016

Meeting Date 01-MAR-2021

Section E: Present Level of Performance

Performance Area:

Literacy Development

Category:

Assessment/Monitoring Process
Used:

DRDP, Observation

State/District Assessment Results:

DRDP

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

Strengths: Eliahu recognizes more than half the letters in the alphabet. He can spell his name with minimal errors as well as copy his name. He looks at books page by page, or participates, from beginning to end, in listening to stories, singing songs, or playing rhyming games. Eliahu makes comments or asks questions about text presented in books or the environment. For example, when reading a book about buildings, he was asked what shape he saw, he answered, 'This is a cylinder, it looks like a can.' Eliahu demonstrates understanding that print and symbols carry meaning. During our show and tell activity, he brought his favorite book and pointed to the title as he said 'ABC Book'.

Needs: There are no needs in the area of Literacy Development.

Impact of Disability: No impact.

Performance Area:

Mathematical Development

Category:

Assessment/Monitoring Process
Used:

DRDP, Observation

State/District Assessment Results:

DRDP

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

Strengths: Eliahu knows how to rote count up to fifteen with minimal errors. He can also count one to one correspondence with very minimal support. Eliahu knows how to continue an AB pattern independently. He recognizes shapes such as circle, triangle, square, rectangle, star, oval, cylinder, and heart. Eliahu identifies small quantities without counting, up to three. He shows understanding of some measurable properties (e.g., size, length, weight, capacity) or uses words (e.g., 'big,' 'heavy') to describe some measurable properties. He described a building using the words 'big and tall'. During a speech activity he described a basket presented in the presentation as 'huge'. He can sort objects accurately into two or more groups based on one attribute. For example, during a pet color activity he was able to sort the animals by color and by size.

Needs: There are no needs in the area of Mathematical Development.

Impact of Disability: No impact.

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Date of Birth 09-OCT-2016

Meeting Date 01-MAR-2021

Section E: Present Level of Performance

Performance Area: HEALTH UPDATE

Category: [dropdown arrow]

Assessment/Monitoring Process Used: PARENT INTERVIEW / REVIEW OF SCHOOL HEALTH RECORDS

State/District Assessment Results: [empty box]

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

LAUSD school facilities are closed at this time due to the COVID-19 pandemic. As a result, a physical health assessment was not performed as a part of this INITIAL TRIENNIAL IEP. At this time, health information was gathered from a review of available documents and conference with parent/guardian. When the school facility reopens and normal operations resume as the District transitions from distance learning, a Health Assessment will be conducted and an Amendment IEP Team Meeting will be held regarding accommodations, support, and health services for this student while on campus during school hours.

HEALTH SUMMARY: Health Assessment was completed on 02/02/2021 with information provided by Mother (LALONI), and a review of school health records.

STRENGTHS: Good general health and development. Per mother, student passed vision and hearing screening conducted during wellness check last (SEPTEMBER 2020) performed at their healthcare provider. Mother also stated that student is responsive to regular conversations and responding to questions appropriately with no hearing and vision issues. No history of other serious illness, injury, accident, surgery, or hospitalization in past 3 years; no daily medications or known health problems.

AREA OF NEED: Physical health is not an area of need.

IMPACT OF DISABILITY: Physical health does not impact the student's participation, performance, and access in the educational program.

ACCOMMODATIONS/RECOMMENDATIONS: None

Irenee Marie I. Legaspi, RN-BSN
 Credentialed School Nurse
 02/02/2021

Performance Area: [empty box]

Category: [dropdown arrow]

Assessment/Monitoring Process Used: [empty box]

State/District Assessment Results: [empty box]

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

[empty box]

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MI

Date of Birth Meeting Date

Section E: Present Level of Performance

Performance Area:

Category:

Assessment/Monitoring Process
Used:

State/District Assessment Results:

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

Data and progress reporting is based upon Welligent documentation prior to the March 16, 2020 COVID-19 school facility closures. This data may not be reflective of student's present level as of the date of today's IEP and does not imply regression.

Strengths: Based on observations and data collected prior and during remote learning, Eliahu is able to participate in all activities with minimal to no adult modeling or redirecting. He participates and completes all tasks presented by either imitating target sounds, engages in dancing, names target pictured words, traces letters in the air, sings along and answers simple questions during all speech activities. He demonstrates good speech intelligibility (clarity) in spontaneous speech. His teacher reported she estimated she understands about 90% of his speech which is indicative of good and expected speech skills for a child his age. He communicates using spontaneous phrases and complete sentences to make statements, answer questions, share his ideas and state wants and needs. Eliahu can verbally direct adults while delivering a clear message, for example: he was very specific to how he wanted to design his house during a building activity, he directed the SLP on how to build his house while using sentences: 'Blue. I want the blue walls. Yay blue!' 'It's a rectangle' (to name the shape), 'Red and blue. Blue roof. I love it!' 'I need a door. Two doors. Front door and back door. Black and green. The other side.' (to request 2 doors and which colors) 'Two windows. That side, next to the green door.' 'I want you to move the stairs. I want two stairs. In front of the green door and in front of the black door.' 'Tomato. I want the apple tree. The apple tree is going to be longer' (to request which tree he wanted). Eliahu is used as a peer model for other students because of his verbal skills. He demonstrates goal achievement as he met both communication goals while only needing moderate to minimal prompting:

Performance Area:

Category:

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: Based on data and observations prior and during remote learning, at times he needs prompts to lengthen his sentences when he answers in short phrases. His teacher reported that he needs prompts to answer questions because sometimes his answers are off topic; however, when asked the questions again, he will answer correctly. Teacher reported that it is questioned whether or not this can be due to the distractions from looking at the screen while he is being asked the question.

Educational Impact: Eliahu's disability and challenges with his language impairment affects his ability to successfully communicate with others which impacts his involvement and progress in the general education curriculum.

Hazel Perdomo, M.S., CCC-SLP
3/1/2021

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Last First MI

Date of Birth 09-OCT-2016

Meeting Date 01-MAR-2021

Section F: Eligibility

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

[Empty text box for disability discussion]

For Initial IEP, interventions attempted prior to determining eligibility:

[Empty text box for interventions]

Eligible as a student with the disability of:

Code: SLI Speech Or Language Impairment

- Not Applicable, Blind or Partially Sighted

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

Code: [Empty]

- Not Applicable, Blind or Partially Sighted

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

or

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

No Longer Eligible (Effective Date): [Empty]

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

Final IEP Reason: [Empty] Final IEP Effective Date: [Empty]

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

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Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

Eliahu will respond appropriately and accurately to questions regarding a given story or during language based activities in 8/10 opportunities, given moderate to minimal prompts, cues and models, as measured by teacher and therapist data.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

Eliahu will respond appropriately and accurately to questions regarding a given story or during language based activities in 6/10 opportunities, given moderate to minimal prompts, cues and models, as measured by teacher and therapist data.

Incremental objective #2 related to the goal:

Eliahu will respond appropriately and accurately to questions regarding a given story or during language based activities in 6/10 opportunities, given moderate to minimal prompts, cues and models, as measured by teacher and therapist data.

Date to be achieved: MO/YR

Date to be achieved: MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

4 GOAL MET OR EXCEEDED

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

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

1 NO PROGRESS

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

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Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

Eliahu will identify and label own feelings and their causes, (e.g.,Child says 'I'm mad at those boys because they won't play with me.') on 4 occasions during a school week.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

With verbal prompts Eliahu will identify and label own feelings and their causes, (e.g.,Child says 'I'm mad at those boys because they won't play with me.') on 2 occasions during a school week.

Incremental objective #2 related to the goal:

With fading verbal prompts Eliahu will identify and label own feelings and their causes, (e.g.,Child says 'I'm mad at those boys because they won't play with me.') on 3 occasions during a school week.

Date to be achieved: MO/YR

Date to be achieved: MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

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Section 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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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.

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Date of Birth 09-OCT-2016

Meeting Date 01-MAR-2021

Section Q: Parent Participation and Consent

Parent Participation

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

Parent Notification

Table with 3 columns: Method, Whom, When. Row 1: Phone, HEIDI, 22-FEB-2021

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

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

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

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

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

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

Parent Concerns and Comments

Signature(s)

Signature(s)

Date

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

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

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

Signature(s)

Signature(s)

Date 1-MAR-2021

PARENT INPUT SURVEY

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

ALL INFORMATION IS CONFIDENTIAL

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

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

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

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

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

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

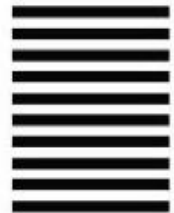


NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

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

POSTAGE WILL BE PAID BY ADDRESSEE

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



PARENT INPUT SURVEY
English

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Reconvened Meeting Date

Student
Last First MI

Date of Birth

Meeting Date

Section R: Names and Signatures (Signatures on File)

Team Member	Print Name	Signature
Parent/Guardian	<input type="text" value="Victoria Berkley-Cohen-unable to si"/>	<input type="text"/>
Parent/Guardian	<input type="text"/>	<input type="text"/>
Student Age 18 - 21 years	<input type="text"/>	<input type="text"/>
Student Under Age 18 years	<input type="text"/>	<input type="text"/>
Surrogate Parent	<input type="text"/>	<input type="text"/>
Foster Parent	<input type="text" value="Laloni Bradford"/>	<input type="text" value="LB"/>
Family Foster Home Provider	<input type="text"/>	<input type="text"/>
Administrator	<input type="text" value="Nury Arrivillaga"/>	<input type="text" value="Nury Arrivillaga"/>
Administrative Designee	<input type="text"/>	<input type="text"/>
Special Education Teacher	<input type="text" value="Cristal Monterroso"/>	<input type="text"/>
General Education Teacher	<input type="text" value="Adriana Ponce"/>	<input type="text"/>
School Psychologist	<input type="text"/>	<input type="text"/>
School Nurse	<input type="text"/>	<input type="text"/>
Related Service Staff <input type="text" value="LAS"/>	<input type="text" value="Hazel Perdomo"/>	<input type="text" value="Hazel Perdomo"/>
Related Service Staff <input type="text"/>	<input type="text"/>	<input type="text"/>
Related Service Staff <input type="text"/>	<input type="text"/>	<input type="text"/>
Interpreter	<input type="text"/>	<input type="text"/>
Sign Language Interpreter	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Other <input type="text" value="Student SLP"/>	<input type="text" value="Aline Tchorbajian"/>	<input type="text" value="Aline Tch"/>
Other <input type="text" value="Hathaway Sycamores-Behavioral Special!"/>	<input type="text" value="Marnesha Hall-unable to sign"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
Last First MI

Date of Birth

Meeting Date

LEAST RESTRICTIVE ENVIRONMENT ANALYSIS

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

Student's Current Placement Type:

<input type="radio"/> General Education Class/General Education Site	<input checked="" 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. After reaching the Step that indicates YES, it is also required to complete Step F.

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

Step A. Can the supports, services, accommodations and/or modifications in the student's IEP be made available in a general education classroom/setting?

Yes 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.

Yes 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?

Yes 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.

Yes 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.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
Last

First

MI

Date of
Birth

Meeting
Date

ANNUAL LEAST RESTRICTIVE ENVIRONMENT ANALYSIS (Continued)

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

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

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
Last

First

MI

Date of
Birth

Meeting
Date

ANNUAL LEAST RESTRICTIVE ENVIRONMENT ANALYSIS (Continued)

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 1 - Eligibility, Placements and Supports

Student
 Last First MI

Date of Birth

Meeting Date

		Effective With this IEP	Future Changes Related to this IEP
		As of Date: <input type="text"/>	<input type="text"/>
Eligibility: (from Page 4)		Eligible (SLI)	
	Final IEP Reason Final IEP Effective Date:		
Curriculum		<input type="text" value="General Education"/>	<input type="text"/>
Placement	Type of School	<input type="text" value="District Resident School"/>	<input type="text"/>
	Name of School	<input type="text" value="TELFAIR AVE EL"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Instructional Setting	Setting	<input type="text" value="Special Education"/>	<input type="text"/>
	Program	<input type="text" value="PAL"/>	<input type="text"/>
	Special Day Minutes/Wk	<input type="text" value="1360"/>	<input type="text"/>
	Addresses Goals	<input type="text" value="1(Receptive Language),2(Social Emotional)"/>	<input type="text"/>
Additional Factors	Low Incident Support	<input type="text" value="None"/>	<input type="text"/>
	Assistive Technology Support	<input type="text" value="No"/>	<input type="text"/>
	Transportation	<input type="text" value="None"/>	<input type="text"/>
	Extended School Year/Intersession	<input type="radio"/> Yes <input checked="" type="radio"/> No	
	Parent Counseling and Training (PCT)	<input checked="" type="radio"/> Yes <input type="radio"/> No	
	ESY Transportation	<input type="text"/>	
Accommodation, Modifications, Supports	Instructional Accommodations	<input type="text" value="verbal prompts"/>	<input type="text"/>
	Instructional Modifications	<input type="text"/>	<input type="text"/>
	Other Supports, including Non-Academic and Extra-curricular Activities	<input type="text"/>	<input type="text"/>
Preparation for Three Year Review IEP (At the second Annual Review IEP Meeting, the team must discuss and document the decision to conduct or not conduct a three-year comprehensive reassessment.)	Do the Parent and the District (local educational agency) agree that a reassessment is unnecessary?	<input type="radio"/> Yes <input type="radio"/> No	
	If the Parent does not agree, specify the area(s) to be reassessed.	<input type="text"/>	<input type="text"/>
Comments, as appropriate			
Low Incidence Equipment	<input type="text"/>		
Assistive Technology Equipment	<input type="text"/>		

**Participation in
General Education**

outdoor play and mainstreaming twice a week

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student
 Last First MI

Date of Birth Meeting Date

		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

	Effective With this IEP	Future Changes Related to this IEP
% of Time per Week outside of General Education	<input type="text" value="85"/>	

Part 4 - Additional Discussion (This section is optional)

The data used for this meeting was captured before school closures due to the IEP and since then using the Distance Learning Plan. Parent participated via zoom, in addition, she had a sign language interpreter via the phone, however interpreter may not provide name but did provide: interpreter 6518, purple video relay. Parent shared that she doesn't agree with distance learning for her child. Dr. Arrivillaga understands the concerns and that as soon as we are allowed to be in person, we will be happy to work with Eliahu, but for the moment, we must continue with this format.

Ms. Ponce, general education teacher, participated

Ms. Perdomo, SLP, shared about student's progress towards his goals, future goals and services. Services will remain the same and goals were updated. Concerns reported by foster parent were responding to questions on topic.

Ms. Marnesha Hall, behavior specialist from Hathaway Sycamore participated with parent permission.

Ms. Laloni Bradford, foster parent, participated in IEP meeting with parent permission.

Ms. Aline Tchorbajian, student speech language pathologist, participated with parent permission.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student
 Last First MI

Date of Birth Meeting Date

FAPE Summary Grid

Program:	PAL	Setting:	Special Education						
Eligibility:	Eligible (SLI)	Curriculum:	General Education						
Transportation:	None	Low Incident Support:	None						
Date District Received Parent Signature:									
Service Code	Service Desc	Start Date	Service Applies To	Interval	Frequency	Area	Total Minutes	Addresses Goal(s)	No Consent

Alternative Remote/Distance Learning Services During Emergency Conditions

If instruction or services, or both, cannot be provided to the pupil either at the school or in person for more than 10 school days due to emergency conditions caused by fire, flood, impassable roads, epidemic, earthquake, imminent major safety hazard as determined by local law enforcement, a transportation services strike by nonschool entity, or other official order issued to meet a state of emergency or war, the IEP will be provided by one or more of the means stated below, to the greatest extent possible in light of the emergency circumstances and District policy.

Means of Delivery, to greatest extent possible ("x" all that could apply for student, depending on emergency circumstances):

	Teacher-posted lessons, asynchronous (online or other media)	Virtual class meetings, synchronous	Personalized learning tools (virtual or paper packets, as available)	Scheduled teacher appointments (virtual or in-person, as available)	Scheduled email check-ins (parent or student)	Virtual office hours (drop-in; parent or student)
Specialized Academic Instruction and Related Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Supplementary Aids and Services (provided in general education classes and other general ed environments)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

As soon as practicable following the determination that instruction or services, or both, cannot be provided either at the school or in person for more than 10 days due to a qualifying state of emergency, the parent will be notified as to the specific means by which the student's IEP will be provided, in light of the emergency circumstances present at that time. The IEP will be provided by alternative means as necessitated during the period of emergency conditions, only.

Comments above do not constitute a change to the District's offer of FAPE or IEP. Because the nature of any future emergency cannot be known in advance, the specific means by which the IEP shall be provided in a future emergency will be determined at the time, in light of the circumstances.

For IEP Team Information

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

**INDIVIDUALIZED EDUCATION PROGRAM
SPEECH LANGUAGE IMPAIRMENT (SLI) ELIGIBILITY CERTIFICATION**

Los Angeles Unified School District

ATTACHMENT A

Student

Date of Birth

Meeting Date

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.