

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

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Student Identification Number 111313F008

Eligible (SLI)

Student BULGARO LEA MI

Date of Birth 13-NOV-2013

Section A: Meeting Information

Table with columns: Pertinent Dates, Type of Meeting. Includes fields for meeting dates, types (Initial, Annual Review, etc.), and location (Preschool Assessment Center @ Melvin).

Section B: Student Information

Form containing student details: Date of Birth (13-NOV-2013), Age (3), Grade (-1), Gender (Female), Ethnic Code (Unknown), Location of Psych Folder (SUPPORT UNIT NORTH), Home Language, Home Address (14234 DELANO ST #1), City (VAN NUYS), Telephone, School of Attendance (Sp Ed Inf/Pre (1017)), Name of Parent/Guardian (Shavit & Gadi Bulgaro), Address (14234 DELANO ST #1), City (VAN NUYS), Surrogate Parent, Attends CURRENT SCHOOL as a result of one of the following: Preschool Program, Is the student living in a Family Foster Home (FFH)?, Relationship, Licensed Children's Institution, Out of home placement made by, Child's family living within LAUSD's boundaries?, If the student is 18 years old or older or is an emancipated minor, does he/she have educational decision-making rights?



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Student **BULGARO**

LEA

Date of Birth **13-NOV-2013**

Meeting Date **12-JAN-2017**

**Section C: Language Acquisition**

Language Classification: Start Date: Reclassification Date:

Parent Waiver: Yes  No

Elementary English Language Development Level: Start Date:

Secondary English Language Development Level: Start Date:

Communication Observation Matrix Level: Start Date:

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

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

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**Student** BULGARO LEA

**Date of Birth** 13-NOV-2013


**Meeting Date** 12-JAN-2017

**Section E: Present Level of Performance**

Performance Area: Language-Receptive

Assessment/Monitoring Process Used: PLS5, Observations, Parent Interview, and Language Sample

State/District Assessment Results: N/A

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

**Background:** Lea currently receives speech and language therapy twice weekly for 60-minute sessions through the regional center.

**Strengths:** Lea's oral motor function is adequate and does not hinder her ability for successful speech production. The PLS 5 reveals the following strengths in receptive language, identifies basic body parts, identifies things you wear, and understands the verbs eat, drink, and sleep in context.


**Needs:** Lea demonstrates a need for language and speech services in the area of language. She needs to follow two-step directions.

**Impact of Disability:** Lea's current language skills may negatively impact her ability to access the general education curriculum appropriately and effectively.

Performance Area: Language-Expressive

Assessment/Monitoring Process Used: PLS5, Observations, Parent Interview, and Language Sample

State/District Assessment Results: N/A

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

**Background:** Lea currently receives speech and language therapy twice weekly for 60-minute sessions through the regional center.

**Strengths:**The PLS 5 reveals the following strengths in the area of expressive language, Lea exhibits the following strengths, uses at least five words, uses gestures and vocalizations to request objects, and demonstrates joint attention. Lea's voice (pitch and tone) is appropriate for her age and gender. Her fluency is also appropriate; she does not demonstrate any dysfluent (stuttering) speech.

**Needs:** Lea demonstrates a need for language and speech services in the area of language. She needs to use two to three word phrases to communicate her needs and wants.

**Impact of Disability:** Lea's current language skills may negatively impact her ability to access the general education curriculum appropriately and effectively.

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Student BULGARO LEA

Date of Birth 13-NOV-2013

Meeting Date 12-JAN-2017

Section E: Present Level of Performance

Performance Area: Health

Assessment/Monitoring Process Used: parent interview

State/District Assessment Results:

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

Parent has declined LAUSD Health asmt: Parent has no concerns with student?s health. Per phone interview with mother on 11/16/16, Lea was born at 40 weeks (plus a few days) gestation via vaginal delivery. Mother was not able to recall birth weight in pounds; however, found paperwork documenting 3.430 grams (possibly kilograms). There were no complications before, during, or after delivery. There are no reports of hospitalizations or surgeries, no allergies to food or medications, no concerns with vision or hearing, and no medical diagnosis. She will be seeing her pediatrician on 11/30/16. Parent concerns are with delays in language development. She received Language and Speech services twice weekly through the Regional Center for 3 months until she turned 3 years of age. Parent reports that she has made progress in language since receiving those services.

Performance Area:

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

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**Student** BULGARO LEA

**Date of Birth** 13-NOV-2013


**Meeting Date** 12-JAN-2017

**Section E: Present Level of Performance**

Performance Area: Cognitive Ability

Assessment/Monitoring Process Used: Mullen, DP 3, observation, interview

State/District Assessment Results:

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

At this time it is difficult to provide an accurate estimate of Lea's cognitive functioning as she did not participate in many of the tasks presented. However, based information gathered via observation and interview on the Developmental Profile Third Edition (DP3), Lea's cognitive functioning falls in the low average range.

Lea's profile as examined on the MSEL reflects comparatively stronger skills in visual reception, falling in the average range. Her performance on fine motor tasks was in the below average range. In terms of receptive language tasks, Lea identified 7 body parts, understood the preposition 'in', and identified one action word in pictures (sleeping). She was observed to attend to words and movements and understand simple verbal input and gestures and commands. Challenges appear to be evident in the area of expressive language.


Potential factors impacting the validity of the findings include: attention challenges and self-directed and refusal behaviors. Due to the aforementioned factors, Lea's performance may represent an underestimate of her true ability.

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

Performance Area: School Readiness

Assessment/Monitoring Process Used: Mullen, DP 3, observation, interview

State/District Assessment Results:

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

Overall, Lea's current functioning in school readiness is fairly developing as expected given the student's chronological age, based on performance on the Mullen Scales of Early Learning (MSEL) and information gathered via observation and interview on the Developmental Profile Third Edition (DP3).

Lea demonstrates relative strengths in general fund (identifying and labeling body parts, providing her first name) pre-mathematics (differentiation of shapes and sizes); pre-reading (attending to a book and naming items in a book), and pre-writing.

No areas of significant need were identified at this time.

Educational Impact: An academic performance/school readiness impact was not identified at this time.

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Student BULGARO LEA

Date of Birth 13-NOV-2013

Meeting Date 12-JAN-2017

Section E: Present Level of Performance

Performance Area: Language/Communication

Assessment/Monitoring Process Used: Mullen, DP 3, observation, interview

State/District Assessment Results:

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

Lea lives in a predominantly Hebrew speaking home. Reportedly, Lea has a speaking vocabulary of approximately of 50 words. Familiar and unfamiliar listeners understand about 70-80 percent of her speech. Lea usually communicates with the use of words but is not combining words into phrases at this time.

Overall, Lea's language skills are found to be in the low average range to the below average range.

Based on the mother's responses on the Developmental Profile 3, Lea evidences the following relative strengths: imitating a sentence of two or more words, following two verbal step directions, verbalizing the names of people who are not seen every week, and understanding non-verbal gestures.

Lea evidences the following needs/challenges: using an age appropriate speaking vocabulary, combining words into phrases, and consistently answering simple questions. Furthermore, the language and speech therapist indicates that Lea demonstrates a need for language and speech services in the area of language. She needs to use two to three word phrases to communicate her needs and wants.

Educational Impact: Refer to the IEP team meeting for educational impact and recommendations.

Performance Area: Motor

Assessment/Monitoring Process Used: Mullen, DP 3, observation, interview

State/District Assessment Results:

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

Overall, Lea's motor skills are found to be in the average range.

Based on the mother's responses on the Developmental Profile 3, Lea evidences the following relative strengths: walking upstairs and down stairs with alternating feet, throwing a ball to an adult who is standing five feet away, stacking at least 8 blocks, purposefully building a bridge with three blocks, and copying an up and down straight line. Due to attention challenges and self-directed and refusal behaviors, her performance on the Fine Motor scale on the MSEL appears to be an underestimate of her true abilities. Mother reports that Lea copies a horizontal line and a circle. She was observed manipulating small objects with ease.

No needs/challenges were identified.

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

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Student BULGARO LEA

Date of Birth 13-NOV-2013

Meeting Date 12-JAN-2017

Section E: Present Level of Performance

Performance Area: Social Emotional

Assessment/Monitoring Process Used: Mullen, DP 3, Connor BEH, observation, interview

State/District Assessment Results:

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

Overall, Lea's social emotional status is found to be in the average range. Based on informal interviews and the mother's responses on formal rating scales, Lea evidences the following relative strengths: age appropriate approachability, adaptability, mood, social engagement, and play skills. Throughout the assessment Lea demonstrated challenges in attending to, participating, and complying with adult directed activities. However, these relative challenges are not reported to be pervasive within the home setting. Educational Impact: A social emotional status impact was not identified at this time.

Performance Area: Adaptive Behavior

Assessment/Monitoring Process Used: Mullen, DP 3, Connors, observation, interview

State/District Assessment Results:

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

Overall, Lea's self-help/adaptive behavior is found to be in the average range. Based on the mother's responses on the Developmental Profile 3, Lea evidences the following relative strengths: using utensils for self-feeding, dressing, basic hygiene, and use of technology. Furthermore, mother reports that Lea demonstrates safety awareness. No needs/challenges were identified. Educational Impact: A self-help/adaptive behavior impact was not identified at this time.



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Student BULGARO LEA

Date of Birth 13-NOV-2013

Meeting Date 12-JAN-2017

Section F: Eligibility

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

health, general ability, academic function, motor ability, language and speech, social/emotional, self-help adaptive

For Initial IEP, interventions attempted prior to determining eligibility:

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:

Not Applicable, Blind or Partially Sighted

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

or

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

No Longer Eligible (Effective Date):

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

Final IEP Reason:

Final IEP Effective Date:

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

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

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**Student** BULGARO LEA

**Date of Birth** 13-NOV-2013

**Meeting Date** 12-JAN-2017

**Section G: Annual Goals and Objectives**

Performance Area: Language-Receptive

Annual Goal # 1 GB

Lea will follow two-step directions, given minimal verbal and visual prompts, in 4 out of 5 opportunities or 80% accuracy.

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

**Methods of Evaluation:**

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

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

Lea will follow two-step directions, given minimal verbal and visual prompts, in 2 out of 5 opportunities or 40% accuracy.

Date to be achieved **May** 2017 MO/YR

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

Lea will follow two-step directions, given minimal verbal and visual prompts, in 3 out of 5 opportunities or 60% accuracy.

Date to be achieved **September** 2017 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) Date:	Goal Achievement
Date: _____	Date: _____	Date: _____	_____	
Progress Mark: _____	Progress Mark: _____	Progress Mark: _____	Progress Mark: _____	Objective 1 Met: <input type="radio"/> Yes <input type="radio"/> No
Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Objective 2 Met: <input type="radio"/> Yes <input type="radio"/> No
If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other _____	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other _____	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other _____	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other _____	If "No" please explain: _____

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Student

Date of Birth

Meeting Date

**Section G: Annual Goals and Objectives**

Performance Area:

Annual Goal #

Lea will use two to three word phrases to communicate her needs and wants when answering wh-questions, given minimal verbal and visual prompts, in 4 out of 5 opportunities or 80% accuracy.

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

**Methods of Evaluation:**

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

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

Lea will use two to three word phrases to communicate her needs and wants when answering wh-questions, given minimal verbal and visual prompts, in 2 out of 5 opportunities or 40% accuracy.

Date to be achieved   MO/YR

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

Lea will use two to three word phrases to communicate her needs and wants when when answering wh-questions, given minimal verbal and visual prompts, in 3 out of 5 opportunities or 60% accuracy.

Date to be achieved   MO/YR

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

**EXPLANATION OF MARKS**

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

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

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**Student** BULGARO

LEA

**Date of Birth** 13-NOV-2013

**Meeting Date** 12-JAN-2017

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

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

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

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Student	BULGARO	LEA		Date of Birth	13-NOV-2013	Meeting Date	12-JAN-2017
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Section N: Procedural Safeguards and Follow-up Actions

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

Is the parent/guardian requesting translation services? Yes  No

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

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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Student BULGARO

LEA

Date of Birth 13-NOV-2013

Meeting Date 12-JAN-2017

Section Q: Parent Participation and Consent

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

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

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

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

Parent/Student (18-21) **AGREES** to all components of the IEP.

Parent/Student (18-21) **AGREES** to all components of the proposed IEP **WITH THE SPECIFIC EXCEPTION(S)** stated below:

Assessment

Specify

\_\_\_\_\_

Eligibility

Specify

\_\_\_\_\_

Instructional Setting

Specify

\_\_\_\_\_

Services

Specify

\_\_\_\_\_

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

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

Parent Concerns and Comments

\_\_\_\_\_

Signature(s) \_\_\_\_\_ / \_\_\_\_\_ Date 12-JAN-2017

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

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

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

Signature(s) \_\_\_\_\_ / \_\_\_\_\_ Date 12-JAN-2017

### PARENT INPUT SURVEY

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

**ALL INFORMATION IS CONFIDENTIAL**

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

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

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

B. Regarding your child's previous IEP (if relevant):	Yes	No	Does Not Apply
20. I am satisfied that my child received the services described on the previous IEP. (If your answer to this question is "No", please write concerns below.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Comments			

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

Handwriting lines for providing feedback.

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

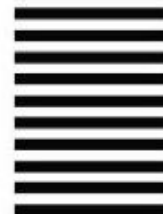


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LOS ANGELES UNIFIED SCHOOL DISTRICT  
PO BOX 513307  
LOS ANGELES CA 90099-4093



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





Individualized Education Program (IEP)  
**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

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Reconvened Meeting Date

Student  LEA

Date of Birth

Meeting Date

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

Team Member	Print Name	Signature
Parent/Guardian	<input type="text" value="Shavit Bulgaro"/>	
Parent/Guardian	<input type="text" value="Gadi Bulgaro"/>	
Student Age 18 - 21 years	<input type="text"/>	
Student Under Age 18 years	<input type="text"/>	
Surrogate Parent	<input type="text"/>	
Foster Parent	<input type="text"/>	
Family Foster Home Provider	<input type="text"/>	
Administrator	<input type="text"/>	
Administrative Designee	<input type="text" value="Sofia Klotzman"/>	
Special Education Teacher	<input type="text" value="Cindy Kwan"/>	
General Education Teacher	<input type="text" value="Martha Martinez"/>	
School Psychologist	<input type="text"/>	
School Nurse	<input type="text"/>	
Related Service Staff <input type="text" value="LAS"/>	<input type="text" value="Danita Clark"/>	
Related Service Staff <input type="text"/>	<input type="text"/>	
Related Service Staff <input type="text"/>	<input type="text"/>	
Interpreter	<input type="text" value="Mary Jane Shubow"/>	
Sign Language Interpreter	<input type="text"/>	
Agency Representative	<input type="text"/>	
Agency Representative	<input type="text"/>	
Agency Representative	<input type="text"/>	
Other <input type="text"/>	<input type="text"/>	
Other <input type="text"/>	<input type="text"/>	
Other <input type="text"/>	<input type="text"/>	
Other <input type="text"/>	<input type="text"/>	

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

Student

Date of Birth

Meeting Date

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

Student's Current Placement Type:

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

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

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

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

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

Los Angeles Unified School District

Student BULGARO

LEA

Date of Birth 13-NOV-2013

Meeting Date 12-JAN-2017

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

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

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 1 - Eligibility, Placements and Supports

Student  LEA   Date of Birth  Meeting Date

		Effective With this IEP	Future Changes Related to this IEP
	<b>As of Date:</b>	<input type="text" value="12-JAN-2017"/>	
<b>Eligibility:</b> (from Page 4)		<b>Eligible (SLI)</b>	
	<i>Final IEP Reason</i> <i>Final IEP Effective Date:</i>		//
<b>Curriculum</b>		General Education	
<b>Placement</b>	<b>Type of School</b>	Preschooler Non-LAUSD/Not Headstart	
	<b>Name of School</b>	SP ED INF/PRE (1989) VAN NUYS EL	
<b>Instructional Setting</b>	<b>Setting</b>	DIS Only - Preschooler	
	<b>Program</b>	GE	
	<b>Special Day Minutes/Wk</b>		
	<b>Addresses Goals</b>	1(Language-Receptive),2(Language-Expressive)	//
<b>Additional Factors</b>	<b>Low Incident Support</b>	None	
	<b>Assistive Technology Support</b>	No	
	<b>Transportation</b>	None	
	<b>Extended School Year/Intersession</b>	Yes <input type="radio"/> No <input checked="" type="radio"/>	
	<b>Parent Counseling and Training (PCT)</b>	Yes <input type="radio"/> No <input checked="" type="radio"/>	
	<b>ESY Transportation</b>		
<b>Accommodation, Modifications, Supports</b>	<b>Instructional Accommodations</b>	extra response time, visual and gestural cues	//
	<b>Instructional Modifications</b>		//
	<b>Other Supports, including Non-Academic and Extra-curricular Activities</b>		//
<b>Preparation for Three Year Review IEP (Complete at second annual review IEP Meeting)</b>	<b>Is formal assessment needed to re-establish eligibility?</b>	Yes <input type="radio"/> No <input type="radio"/>	
	<b>If yes, specify area(s) to be reassessed</b>		//
<b>Comments, as appropriate</b>			
<b>Low Incidence Equipment</b>			
<b>Assistive Technology Equipment</b>			
<b>Participation in General Education</b>			

Individualized Education Program (IEP)  
**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student    Date of Birth  Meeting Date

**Effective With This IEP**

**Future Changes Related To This IEP**

Service 1

Start Date: Effective on Signature Date  
12-Jan-2017

**10**

End Date:

**Language/Speech**

Service applies to: Regular

Frequency: 1-5

This service addresses the following goals:

Interval: Weekly

1(Language-Receptive)

Minutes/Interval: 60

2(Language-Expressive)

Minutes/Interval (Pullout from Gen Ed): 0

Service Delivery Model: Direct Service (By a Single Provider)\*

Area: School-Based

Responsible Personnel: Licensed/Credentialed Provider

\*

Notes:

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

Part 3 - Percentage of Time Outside of General Education		
	Effective With this IEP	Future Changes Related to this IEP
% of Time per Week outside of General Education	<input type="text" value=".0"/> %	

Part 4 - Additional Discussion (This section is optional)
<p>The IEP team discussed the ILEAP program at Alta California Elementary as well as DIS-LAS at the school of residence to address Lea's language needs. Parent feels that it would not be possible to bring Lea to the afterschool program. Therefore, the IEP team recommends DIS-LAS service at the school of residence, Van Nuys El at the time/frequency on the service grid.</p>

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

IEP Page 12 a b c d of 19

Student    Date of Birth  Meeting Date

**FAPE Summary Grid**

**Program:** GE **Setting:** DIS Only - Preschooler  
**Eligibility:** Eligible (SLI) **Curriculum:** General Education  
**Transportation:** None **Low Incident Support:** None

Service Code	Service Desc	Start Date	Service Applies To	Interval	Frequency	Area	Total Minutes	Addresses Goal(s)
10	Language/Speech	Effective on Signature Date	Regular	Weekly	1-5	School-Based	60	Language-Receptive, Language-Expressive

**For IEP Team Information**

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

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

ATTACHMENT A

Student: LEA BULGARO

Date of Birth: 13-NOV-2013

Meeting Date: 12-JAN-2017

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

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

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

**Step 1b. Interventions Not Applicable**

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

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

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

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

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

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

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

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

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

**If the student is eligible, the IEP Team must consider service delivery models based on the student's identified needs and appropriate placement in the least restrictive environment. Additionally, the IEP team should also include teacher and parent participation in the implementation of goals and supports and accommodations to ensure achievement of goals and objectives in a time-efficient manner and carry-over to multiple communication contexts.**



