

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Identification Number 082009M013

Eligible (SLD)

Student CHEMELNIKER AMIT MI

Date of Birth 20-AUG-2009

Section A: Meeting Information

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

Section B: Student Information

Form containing student details: Date of Birth (20-AUG-2009), Age (8), Grade (2), Gender (Male), Ethnic Code (White), Home Address (24363 WELBY WY, WEST HILLS, CA 91307), School of Attendance (Haynes Ces), and Parent/Guardian (Luciana Ganach).

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student CHEMELNIKER AMIT Date of Birth 20-AUG-2009 Meeting Date 30-MAY-2018

Section C: Language Acquisition

Language Classification: English Only Start Date: 13-AUG-2013 Reclassification Date:

Parent Waiver: Yes No

Elementary English Language Development Level: Start Date:

Secondary English Language Development Level: Start Date:

Communication Observation Matrix Level: Start Date:

Section D: Goal Achievement from Current IEP

Table with columns: Goal for (example - Reading), Achieved (Yes/No), and If No, explain the reason the goal/objective was not achieved. Rows include Reading, Writing, Mathematics, and Counseling with sub-objectives.

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student CHEMELNIKER

AMIT

Date of Birth 20-AUG-2009


Meeting Date 30-MAY-2018

## Section E: Present Level of Performance

Performance Area: Reading

Assessment/Monitoring Process Used: Informal

State/District Assessment Results: DIBELS EOY/Intensive: Fluency 47 (87); Accuracy 90 (97); Retell 39 (27)

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

Strengths: Per DIBELS data, Amit has improved in all early literacy skills assessed this year. Proficiency in Nonsense Word Fluency (NWF) is measured by scores on two indicators: Correct Letter Sounds (CLS) and Whole Words Read (WWR). On the Beginning of Year (BOY) assessment, Amit's score in CLS was 8 (Well Below Benchmark, which was 54), and his score in WWR was 3 (Well Below Benchmark, which was 13). On his most recent progress monitoring probe, Amit scored 60 in CLS and 20 in WWR. Oral Reading Fluency has also increased, from 0 at BOY to 47 words per minute (WPM) on his End-of-Year (EOY) assessment. Accuracy was 0% at BOY and 90% at EOY. In addition, Retell Fluency at EOY was Above Benchmark (27) at 39 words per minute. Amit actively uses visual cues (e.g. sound-spelling cards; posters) in the classroom to assist with decoding. He is approaching 90% accuracy in recognizing/reading grade-appropriate irregularly spelled Dolch sight words, and he has learned to consistently recognize closed, silent -e, and open syllable patterns in words in isolation. With minimal prompting and/or cueing, he can read decodable books with instructional level accuracy (above 90%).


Needs: Although he has made progress in reading, Amit's fluency (47 WPM) is still Well Below the grade level benchmark of 87 WPM. He has difficulty decoding in context words with unfamiliar vowel team, variant vowel, or vowel-r patterns, and words with inflectional endings (e.g. -ed). In addition, although Amit applies decoding strategies with minimal prompting/cueing, multisyllabic words are challenging both in isolation and in text. On his most recent report card, Amit's grade in Foundational Reading Skills was 2 (Progressing Toward Meeting Grade Level Standards).

Impact of disability: Amit's SLD eligibility impairs his reading decoding and fluency skills, which impacts his progress and involvement in the general education curriculum.

Performance Area: Written Language

Assessment/Monitoring Process Used: Informal

State/District Assessment Results:

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

Strengths: Per teacher, with guidance and support from adults, Amit produces writing in which the development and organization are appropriate to task and purpose. He is able to write routinely for a range of discipline-specific tasks, and to recall information from experiences or gather information from provided sources to answer a question. Amit is also able to write informative texts and opinion pieces.

Needs: Per teacher, Amit inconsistently strengthens his writing, as needed, by revising and editing. Although he seems to enjoy written assignments, he is reluctant to make changes to his work once he's completed a first draft. On his most recent report card, his grades in Language Conventions and Effective Expression through Writing were 2s (Progressing Toward Meeting Grade Level Standards).

Impact of disability: Amit's SLD eligibility impairs his revising and editing skills, which impacts his progress and involvement in the general education curriculum.

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Los Angeles Unified School District

Student CHEMELNIKER

AMIT

Date of Birth 20-AUG-2009

Meeting Date 30-MAY-2018

Section E: Present Level of Performance

Performance Area: Mathematics

Assessment/Monitoring Process Used: Informal

State/District Assessment Results:

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

Strengths: Per teacher, Amit demonstrates understanding of place value to 1000. He can count or skip count (by twos, fives, or tens) within 1000, and he is able to read and write numbers to 1000 using base-ten numerals, number names, and expanded form. Amit has met his annual IEP goal to fluently add numbers up to a sum of 20 with 80% accuracy. Per teacher, he can fluently add or subtract within 20 using mental strategies. He is able to determine whether a group of up to 20 objects has an odd or even number of items, and he can use addition to find the total number of objects arranged in rectangular arrays with up to 5 rows and 5 columns. Amit is also able to add within 100 using the standard algorithm.

Needs: Amit has difficulty subtracting within 100 using strategies based on place value, properties of operations, and/or the relationship between addition and subtraction. A review of curriculum-based assessments and student work samples indicated that he is not regrouping when needed, and that he often adds when subtracting is required. On his most recent report card, Amit's grade in Number & Operations in Base Ten was 2 (Progressing Toward Meeting Grade Level Standards).

Impact of disability: Amit's SLD eligibility impairs his computational skills, which impacts his progress and involvement in the general education curriculum.

Performance Area:

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

[Empty text area for current performance/assessment summary]

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

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Student CHEMELNIKER

AMIT

Date of Birth 20-AUG-2009

Meeting Date 30-MAY-2018

Section E: Present Level of Performance

Performance Area: Social-emotional/Counseling

Assessment/Monitoring Process Used: Teacher report, observations, and counseling sessions.

State/District Assessment Results:

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

Strengths: Amit has demonstrated satisfactory progress in his ability to cope more effectively when confronted with challenging tasks. He responds well when given additional time to process his emotions and recover from a setback. He also responds well to verbal prompts from his teacher. Amit has good self-awareness and is motivated to do well. He understands what triggers him and is good at self-reflecting.

Areas of Need: Amit continues to have difficulty regulating his emotions. He cries and becomes upset easily when he feels he can't do something, if his routine changes unexpectedly, and when confronted with a challenging task.

Impact of Disability: Amit's Specific Learning Disability negatively impact his educational performance and ability to access the general education curriculum.

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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**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: SLD Specific Learning Disability

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

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

Student    Date of Birth  Meeting Date

**Section G: Annual Goals and Objectives**

Performance Area:

Annual Goal #

Given a list of 10 regular, multisyllabic words, Amit will decode the words in isolation and/or in text with 90% accuracy in 2/3 trials, as measured by informal and/or curriculum-based assessment.

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:**

Given a list of 10 regular, multisyllabic words, Amit will decode the words in isolation and/or in text with 70% accuracy in 2/3 trials, as measured by informal and/or curriculum-based assessment.

Date to be achieved   MO/YR

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

Given a list of 10 regular, multisyllabic words, Amit will decode the words in isolation and/or in text with 80% accuracy in 2/3 trials, as measured by informal and/or curriculum-based assessment.

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    Date of Birth  Meeting Date

**Section G: Annual Goals and Objectives**

Performance Area:

Annual Goal #

With minimal prompts/cues from an adult, Amit will orally read on-level text at 80 words per minute with 90% accuracy in 2/3 trials, as measured by informal and/or curriculum-based assessment.

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

**Methods of Evaluation:**

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

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

With minimal prompts/cues from an adult, Amit will orally read on-level text at 60 words per minute with 90% accuracy in 2/3 trials, as measured by informal and/or curriculum-based assessment.

Date to be achieved   MO/YR

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

With minimal prompts/cues from an adult, Amit will orally read on-level text at 70 words per minute with 90% accuracy in 2/3 trials, as measured by informal and/or curriculum-based assessment.

Date to be achieved   MO/YR

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

**EXPLANATION OF MARKS**

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

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

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

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Student    Date of Birth  Meeting Date

**Section G: Annual Goals and Objectives**

Performance Area:

Annual Goal #

With guidance and support from peers and adults, Amit will use visual supports (e.g. graphic organizers, checklists) to develop and strengthen his writing as needed by planning, revising, and editing, such that he scores a 3 on the rubric in 2/3 trials, as measured by student work samples and informal and/or curriculum-based assessment.

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

**Methods of Evaluation:**

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

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

With guidance and support from peers and adults, Amit will use visual supports (e.g. graphic organizers, checklists) to develop and strengthen his writing as needed by planning, such that he scores at least 2 on the rubric in 2/3 trials, as measured by student work samples and informal and/or curriculum-based assessment.

Date to be achieved   MO/YR

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

With guidance and support from peers and adults, Amit will use visual supports (e.g. graphic organizers, checklists) to develop and strengthen his writing as needed by revising and editing, such that he scores at least 2 on the rubric in 2/3 trials, as measured by student work samples and informal and/or curriculum-based assessment.

Date to be achieved   MO/YR

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

**EXPLANATION OF MARKS**

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

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

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

Student    Date of Birth  Meeting Date

**Section G: Annual Goals and Objectives**

Performance Area:

Annual Goal #

Given 10 problems, Amit will subtract from a total number no greater than 1000 using strategies and algorithms based on place value and properties of operations with 70% accuracy in 2/3 trials, as measured by student work samples and informal and/or curriculum-based assessment.

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:**

Given 10 problems, Amit will subtract from a total number no greater than 1000 using strategies and algorithms based on place value and properties of operations with 50% accuracy in 2/3 trials, as measured by student work samples and informal and/or curriculum-based assessment.

Date to be achieved   MO/YR

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

Given 10 problems, Amit will subtract from a total number no greater than 1000 using strategies and algorithms based on place value and properties of operations with 60% accuracy in 2/3 trials, as measured by student work samples and informal and/or curriculum-based assessment.

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
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If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please explain: <input type="text"/>

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

Student    Date of Birth  Meeting Date

**Section G: Annual Goals and Objectives**

Performance Area:

Annual Goal #

Amit will develop a plan to respond to frustrating situations or tasks and use this plan in 4 out of 5 trials per 5 with minimal adult support as measured by Teacher report.

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:**

Amit will identify frustrating situations or tasks in school in 1 out of 5 trials per 5 with minimal adult support as measured by Teacher report.

Date to be achieved   MO/YR

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

Amit will develop a plan to respond to frustrating situations or tasks and practice (role play) this plan in 3 out of 5 trials per 5 with minimal adult support as measured by Teacher report.

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 CHEMELNIKER

AMIT

Date of Birth 20-AUG-2009

Meeting Date 30-MAY-2018

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

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

**Student will participate in Regular State and District Assessments.***(Designated Supports and/or Accommodations identified below are applicable)***CAASPP Subject**

ELA and Math

## Designated Supports:

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

## Accommodations:

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

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Los Angeles Unified School District

Student	CHEMELNIKER	AMIT		Date of Birth	20-AUG-2009	Meeting Date	30-MAY-2018
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**Section N: Procedural Safeguards and Follow-up Actions**

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

Is the parent/guardian requesting translation services? Yes  No

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

Specify the Individual Pages to be translated:

Special Requests:

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

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**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

**Student** CHEMELNIKER AMIT  **Date of Birth** 20-AUG-2009  **Meeting Date** 30-MAY-2018

**Section Q: Parent Participation and Consent**

Parent Participation	Parent Notification		
<input checked="" type="radio"/> Parent/Student (18-21) has participated in the IEP meeting. <input type="radio"/> Parent/Student (18-21) indicated before the meeting that they would not be able to attend. <input type="radio"/> Parent/Student (18-21) was notified 3 times of the meeting time and place. Parent/Student (18-21) did not respond to any of the meeting notifications and the meeting was held without the Parent/Student (18-21) present.. <input type="radio"/> Parent/Student (18-21) did not attend and gave permission to proceed without them if they did not attend.	Method	Whom	When
	Student	A. Valenzuela	16-MAY-2018
<i>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.)</i>			

**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**

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

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

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

**Signature(s)** \_\_\_\_\_ / \_\_\_\_\_ **Date** 6-JUN-2018

### 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!



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

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

POSTAGE WILL BE PAID BY ADDRESSEE

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



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

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

Reconvened Meeting Date

Student

Date of Birth

Meeting Date

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

Team Member	Print Name	Signature
Parent/Guardian	<input type="text" value="Luciana Ganach"/>	
Parent/Guardian	<input type="text"/>	
Student Age 18 - 21 years	<input type="text"/>	
Student Under Age 18 years	<input type="text"/>	
Surrogate Parent	<input type="text"/>	
Foster Parent	<input type="text"/>	
Family Foster Home Provider	<input type="text"/>	
Administrator	<input type="text" value="Anna Valenzuela"/>	
Administrative Designee	<input type="text"/>	
Special Education Teacher	<input type="text" value="Dana Dwyer"/>	
General Education Teacher	<input type="text" value="Tracy Olivia"/>	
School Psychologist	<input type="text" value="Michelle Morales"/>	
School Nurse	<input type="text"/>	
Related Service Staff <input type="text"/>	<input type="text"/>	
Related Service Staff <input type="text"/>	<input type="text"/>	
Related Service Staff <input type="text"/>	<input type="text"/>	
Interpreter	<input type="text"/>	
Sign Language Interpreter	<input type="text"/>	
Agency Representative	<input type="text"/>	
Agency Representative	<input type="text"/>	
Agency Representative	<input type="text"/>	
Other <input type="text"/>	<input type="text"/>	
Other <input type="text"/>	<input type="text"/>	
Other <input type="text"/>	<input type="text"/>	
Other <input type="text"/>	<input type="text"/>	

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

Student

Date of Birth

Meeting Date

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

Student's Current Placement Type:

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

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

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

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

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

Los Angeles Unified School District

Student CHEMELNIKER

AMIT

Date of Birth 20-AUG-2009

Meeting Date 30-MAY-2018

**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** CHEMELNIKER AMIT **Date of Birth** 20-AUG-2009 **Meeting Date** 30-MAY-2018

		Effective With this IEP	Future Changes Related to this IEP
<b>As of Date:</b>			
<b>Eligibility:</b> (from Page 4)	<b>Eligible (SLD)</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>	District Resident School	
	<b>Name of School</b>	HAYNES CES	
<b>Instructional Setting</b>	<b>Setting</b>	General Education	
	<b>Program</b>	GE	
	<b>Special Day Minutes/Wk</b>		
	<b>Addresses Goals</b>	3(Written Language),2(Reading Fluency),5(Counseling),4(Mathematics),1(Reading Decoding)	//
<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>	preferential seating near adult or point of instruction; repeat, rephrase, simplify, or clarify directions, as needed; shorten assignments, as appropriate, to reward quality over quantity; provide additional prompts/ cues, as needed; provide extra time and/or smaller setting within or outside of classroom to complete assignments/tests, if needed; offer structured choice during non-preferred activities; adult or peer assistance with transitioning to general education activity when returning to classroom; provide time (10+ minutes) to process emotions and recover; prompt to use previously learned social-emotional skills when faced with a difficult task/situation; homework assignments modified as appropriate, for student's ability level; adult to assist with writing down homework assignments	//
	<b>Instructional Modifications</b>		//
	<b>Other Supports,</b>		

	including Non-Academic and Extra-curricular Activities		
Preparation for Three Year Review IEP (At the second Annual Review IEP Meeting, the team must discuss and document the decision to conduct or not conduct a three-year comprehensive reassessment.)	Do the Parent and the District (local educational agency) agree that a reassessment is unnecessary?	Yes <input type="radio"/> <input type="radio"/> No	
	If the Parent does not agree, specify the area(s) to be reassessed.		
<b>Comments, as appropriate</b>			
Low Incidence Equipment			
Assistive Technology Equipment			
Participation in General Education			

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

**Student** CHEMELNIKER AMIT  **Date of Birth** 20-AUG-2009  **Meeting Date** 30-MAY-2018

**Effective With This IEP**

**Future Changes  
Related To This IEP**

Service 1

**04**

**Counseling and Guidance**

This service addresses the following goals:

5(Counseling )

Start Date: Effective on Signature Date

End Date:

Service applies to: Regular

Frequency: 1-10

Interval: Monthly

Minutes/Interval: 120

Minutes/Interval (Pullout from Gen Ed): 120

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

Responsible Personnel: Licensed/Credentialed Provider

\*

Service 2

**RSP**

**RSP**

This service addresses the following goals:

4(Mathematics)

Start Date: Effective on Signature Date

End Date:

Service applies to: Regular

Frequency: 1-5

Interval: Weekly

Minutes/Interval: 90

Minutes/Interval (Pullout from Gen Ed): 90

Service Delivery Model: RSP: Direct Instruction Services\*

RSP Area: Math

Responsible Personnel: Resource Specialist Teacher  
General Education Teacher  
Other Provider(s)

\*

Service 3

**RSP**

**RSP**

This service addresses the following goals:

1(Reading Decoding)

Start Date: Effective on Signature Date

End Date:

Service applies to: Regular

Frequency: 1-5

Interval: Weekly

Minutes/Interval: 180

2(Reading Fluency)  
3(Written Language)

Minutes/Interval (Pullout from Gen Ed):

180

Service Delivery Model: RSP: Direct Instruction Services\*

RSP Area: Literacy/ELA/ELD

Responsible Personnel: Resource Specialist Teacher  
General Education Teacher  
Other Provider(s)

\*

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	19 %	

Part 4 - Additional Discussion (This section is optional)
Parent requests Occupational Therapy and vision therapy assessment to address concerns with visual motor skills as identified in IEE (dated 08/01/17).



**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

Student    Date of Birth  Meeting Date

**FAPE Summary Grid**

**Program:** GE **Setting:** General Education  
**Eligibility:** Eligible (SLD) **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)	No Consent
04	Counseling and Guidance	Effective on Signature Date	Regular	Monthly	1-10	~	120	Counseling	--
RSP	RSP	Effective on Signature Date	Regular	Weekly	1-5	RSP-Math	90	Mathematics	--
RSP	RSP	Effective on Signature Date	Regular	Weekly	1-5	RSP-Literacy/ELA/ELD	180	Reading Decoding, Reading Fluency, Written Language	--

**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.