

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Identification Number 031212F064

Eligible (OHI)

Student COHEN HODAYA MI

Date of Birth 12-MAR-2012

Section A: Meeting Information

Table with columns: Pertinent Dates, Type of Meeting. Includes fields for meeting dates, review types, and location.

Section B: Student Information

Form containing student details: Date of Birth, Age, Grade, Gender, Ethnic Code, Location of folders, Home Language, Home Address, City, Telephone, School of Attendance, Parent/Guardian info, and placement details.

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 **COHEN**

HODAYA

Date of Birth **12-MAR-2012**

Meeting Date **24-OCT-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: (example - Reading)	Achieved		If No, explain the reason the goal/objective was not achieved
	Yes	No	
1. _____	<input type="radio"/>	<input type="radio"/>	INITIAL
Objective 1 met	<input type="radio"/>	<input type="radio"/>	
Objective 2 met	<input type="radio"/>	<input type="radio"/>	
2. _____	<input type="radio"/>	<input type="radio"/>	
Objective 1 met	<input type="radio"/>	<input type="radio"/>	
Objective 2 met	<input type="radio"/>	<input type="radio"/>	
3. _____	<input type="radio"/>	<input type="radio"/>	
Objective 1 met	<input type="radio"/>	<input type="radio"/>	
Objective 2 met	<input type="radio"/>	<input type="radio"/>	
4. _____	<input type="radio"/>	<input type="radio"/>	
Objective 1 met	<input type="radio"/>	<input type="radio"/>	
Objective 2 met	<input type="radio"/>	<input type="radio"/>	
5. _____	<input type="radio"/>	<input type="radio"/>	
Objective 1 met	<input type="radio"/>	<input type="radio"/>	
Objective 2 met	<input type="radio"/>	<input type="radio"/>	
6. _____	<input type="radio"/>	<input type="radio"/>	
Objective 1 met	<input type="radio"/>	<input type="radio"/>	
Objective 2 met	<input type="radio"/>	<input type="radio"/>	
7. _____	<input type="radio"/>	<input type="radio"/>	
Objective 1 met	<input type="radio"/>	<input type="radio"/>	
Objective 2 met	<input type="radio"/>	<input type="radio"/>	
8. _____	<input type="radio"/>	<input type="radio"/>	
Objective 1 met	<input type="radio"/>	<input type="radio"/>	
Objective 2 met	<input type="radio"/>	<input type="radio"/>	
9. _____	<input type="radio"/>	<input type="radio"/>	
Objective 1 met	<input type="radio"/>	<input type="radio"/>	
Objective 2 met	<input type="radio"/>	<input type="radio"/>	
10. _____	<input type="radio"/>	<input type="radio"/>	
Objective 1 met	<input type="radio"/>	<input type="radio"/>	
Objective 2 met	<input type="radio"/>	<input type="radio"/>	

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District


Student COHEN HODAYA **Date of Birth** 12-MAR-2012 **Meeting Date** 24-OCT-2017

Section E: Present Level of Performance

Performance Area:

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

Woodcock Johnson IV Scoring

Test Areas	SS	Classification
Broad Reading	72	low
Letter-Word Identification	60	very low
Passage Comprehension	82	low average
Sentence Reading Fluency	82	low average
Word Attack	79	low

Strengths: Hodaya is able to sing most of the ABC song. Hodaya is able to state her first name and name's of her siblings. Hodaya is able to state primary and secondary colors. Hodaya is able to state the basic parts of the human body. Hodaya will participate in group reading activities.


Needs: Hodaya's broad reading is in the low to low average range. Hodaya is not yet able to identify or recite letters in the alphabet. She has not shown the ability to follow words from left to write or top to bottom. She is currently unable to tell words apart from letters. She has not yet learned that letters stand for sounds. She is unable to read Kindergarten sight words. Hodaya's is currently testing at well below benchmark on the beginning of year DIBELS assessment.

Impact of Disability: Hodaya's eligibility of OHI impacts her ability to read on grade level which affects her ability to progress and be involved in the general education reading 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): 

Woodcock Johnson IV Scoring

Test Areas	SS	Classification
Broad Written Language	68	very low
Spelling	76	low
Writing Samples	74	low
Sentence Writing Fluency	83	low average

Strengths: Hodaya will trace words and letters when instructed. Hodaya will attempt all writing assignments. When tracing Hodaya will write moving left to right and top to bottom.

Needs: Hodaya's broad writing is in the low to low average range. Hodaya is unable to write letters or words to write about experiences or people. Hodaya has not yet shown an ability to write upper or lower case letters independently, with proper spacing. Hodaya is unable to follow most 1 and 2 step directions.

Impact of Disability: Hodaya's eligibility of OHI impacts her ability write on grade level which affects her ability to progress and be involved in the general education writing curriculum.

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HODAYA

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Section E: Present Level of Performance

Performance Area: Mathematics

Assessment/Monitoring Process Used: work samples, observation, WJ4, teacher survey

State/District Assessment Results:

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

Woodcock Johnson IV Scoring		
Test Areas	SS	Classification
Broad Mathematics	75	low
Math Calculations	81	Low Average
Applied Problems	73	low
Math Facts Fluency	79	low

Strengths: Hodaya has shown the ability to count to 5, using fingers and words. Hodaya is able to count out objects when working, one on one. Hodaya has shown the ability to trace the numbers 1-10. Hodaya will attempt all math assignments.


Needs: Hodaya's broad math scores are in the low to low average range. Hodaya has not shown the ability to count, recognize or put together numbers independently. She has not yet learned the skill of identifying or sorting objects by common characteristics. Hodaya has not yet learned her days of the week or primary shapes. Hodaya has not shown the ability to understand simple addition or subtraction problems.

Impact of Disability: Hodaya's eligibility of OHI impacts her ability to solve grade level math which affects her ability to progress and be involved in the general education mathematics curriculum.

Performance Area: ELD

Assessment/Monitoring Process Used: work samples, observation, teacher survey

State/District Assessment Results: CELDT-1 September 2017

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

Strengths: Hodaya will attempt to be an active participant in group discussions. Hodaya will stay will tasks until completed, with assistance form staff. Hodaya will participate in small groups and large groups.

Needs: Hodaya has not shown the ability to offer opinions in conversations or expand on group topics. Hodaya does not demonstrate active listening in the classroom. Hodaya has not yet learned the ability to draw, dictate or write short literary texts. She has to use a expanding list of verbs, nouns or prepositional phrases.

Impact of Disability: Hodaya's eligibility of OHI impacts her ability to progress and be involved in the general education English Language Development curriculum.

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Section E: Present Level of Performance

Performance Area: Health

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

Health Summary: 5years and 6 months old female student. Mother reports uneventful pregnancy and no prenatal, birth or newborn complications. Her developmental milestones were delayed for both motor and speech. Unable to follow directions for eye test. Per mother no vision concerns.

Strengths: Passed audio screening on 10/09/17. No history of serious illness, injury, accident, surgery or hospitalization; no daily medications or known health problems. Physical exam done on 10/02/17.

Area of need: Health is not an area of need. Impact of Disability: Health does not impact the student's participation, performance, and access in the educational program. Accommodations: None N.Tomar R.N. 10/02/17

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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Date of Birth 12-MAR-2012

Meeting Date 24-OCT-2017

Section E: Present Level of Performance

Performance Area:	Language
Assessment/Monitoring Process Used:	PLS-5, CASL, speech/language sample, parent and teacher interview, observation
State/District Assessment Results:	n/a


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

Background: Hodaya, a 5 year 5 month old student enrolled in a general education class at Nestle Ave. Charter Elementary, was referred for a language and speech assessment as part of comprehensive initial IEP assessments. Referral was made by parent request. Hodaya is a client of Regional Center. She received a psychological assessment dated 06/08/2017 and currently receives ABA services in the home. Hodaya's primary language is Hebrew and she has been learning English since August 2017 when enrolling at Nestle. This assessment was conducted and parent was interviewed with the support of a Hebrew interpreter.

Strengths: Hodaya appears to demonstrate some functional communication skills to express wants/needs in the classroom setting consistent with her level of exposure to English. Her teacher reported Hodaya has made progress in her ability to communicate since enrolling at Nestle. During her assessment, Hodaya showed excellent participation and appeared to try to the best of her ability.

Needs: Based upon informal assessment with interpreter, Hodaya has difficulty with age-level skills in her primary language, Hebrew. Expressively, she has difficulty producing age-appropriate sentences with clear meaning and precise vocabulary to describe pictures. She often has difficulty responding to questions appropriately. It is recommended to monitor Hodaya's articulation skills. There has not been enough time to observe if Hodaya is making adequate progress in her ELD program.
Continued below.

Performance Area:	Language
Assessment/Monitoring Process Used:	PLS-5, CASL, speech/language sample, parent and teacher interview, observation
State/District Assessment Results:	n/a

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

Continued from above.

Hodaya has a history of articulation and language difficulty in her primary language. Her first word was delayed at the age of 2.5 years. Per her mother, Hodaya can be difficult to understand and while she tries to participate in conversations the conversations break down when she is not understood. Per Hebrew interpreter, Hodaya's sentences did not contain age-appropriate grammar and were frequently unclear in meaning. It is recommended for Hodaya to continue to develop her English language skills including vocabulary, grammar, and length of utterance through participation in her language arts curriculum and English language development program.

Impact of disability: Delays in the area of expressive language in Hodaya's primary language may impact her ability to access and participate in her educational curriculum, specifically related to using age-appropriate vocabulary and grammar, responding to questions on topic, and participating in conversations. Hodaya needs more time in the classroom and more exposure to English to develop her English language skills. She appears to have made some progress in functional communication skills since enrolling at Nestle in August 2017, which is when she began learning English. Due to her history of speech and language difficulties and her current difficulty with age-appropriate language skills in her primary language, the IEP team will discuss if Hodaya requires LAS services to access her educational curriculum at this time or if her needs can be met in the classroom setting.
Marianne Fried, MS, CCC-SLP

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Meeting Date 24-OCT-2017

Section E: Present Level of Performance

Performance Area: Cognition/Psychological Processing

Assessment/Monitoring Process Used: Psycho-Educational assessment which include alternative means

State/District Assessment Results:

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

Areas of Strength:

Information from the psycho-educational assessment suggests she is functioning within the broad low average range of ability. Hodaya's skills are significantly inconsistent. Hodaya gets along with others and appears to be a happy child. She has a desire to do well. Hodaya is cooperative and enthusiastic in the classroom and on the yard. Hodaya has friends and is easily able to get along with both the boys and the girls in her classroom. She tries exceptionally hard to do what is requested of her. She works better with adults she is familiar with. Hodaya also works well with prompts and recognition of her attempts. On the Mullen she performed within the average range. She was only able to compete on subtest of the CAS (Simultaneous Processing) she scored within the average range.

Areas of Need:

On the DP3 completed by her parent suggests low average scores in the area of social emotional functioning and physical. Below average scores were reported in cognition and communication and below average scores were noted in adaptive behaviors. It appears the parent is reporting significantly lower scores than are reported and observed in the school setting. In the area of visual perception she was able to obtain a score within the low average range.


Impact of Disability:

Hodaya demonstrates a persistent pattern of inattention and that adversely affects her educational performance. Hodaya often fails to give close attention to details. She makes careless mistakes in her schoolwork; She has difficulty sustaining attention during lectures, conversations or play activities.

Performance Area: Cognition/Psychological Processing CONTINUED

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

She does not seem to listen when spoken to directly. She frequently fails to follow through on instructions and fails to finish his school work. She will fidget and squirms in her seat. She often leaves her seat in situations when remaining seated is expected. Hodaya will often run about or climbs in situations where it is inappropriate. These behaviors may impede Hodaya's ability to access her general education curriculum without special education supports.

Supports:

Hodaya should be offered a quiet place in which to take her exams free of distractions. Offering her cues and reminders to initiate her work may be helpful in activating her around demands and responsibilities. Reducing the number of items on a page and being attune to avoiding too much visual clutter may be helpful for Hodaya. A reduction in Hodaya's work load might also be considered as long as he understands a concept; perhaps focusing on quality of work versus quantity is a better formula for her. Hodaya should always be provided preferential seating by being placed strategically in the classroom (close to the teacher, on an aisle) and next to positive peer role models who are tolerant and helpful. Hodaya should be provided reasonable breaks and allowed movement as needed. Frequent home-school communication should occur on a consistent basis. Goodness of teacher fit should be considered each year when possible. When possible, class notes and outlines should be provided to her as he may be slower to write and copy as well as may miss some information due to attentional weaknesses. Teachers should monitor her closely for his output and cue her to remain on task and to be aware of time. Providing specific motivators is central as well as nonverbal signals especially for her that will help to re-direct her to task.

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Meeting Date 24-OCT-2017

Section E: Present Level of Performance

Performance Area: Social Emotional

Assessment/Monitoring Process Used: Parent & Teacher interview, BASC, Conners 3, ASRS

State/District Assessment Results:

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

Areas of Strength:

In the area of social emotional functioning in the school setting the classroom teacher reports Hodaya gets along with others and appears to be a happy child. She has a desire to do well. Hodaya is cooperative and enthusiastic in the classroom and on the yard. Hodaya has friends and is easily able to get along with both the boys and the girls in her classroom. Hodaya is able to raise her hand and ask for the teacher to show her how to start a project. Hodaya shares her crayons and supplies if she thinks a student needs it. She enjoys the morning activities and has very quickly caught on to the classroom routine. She likes to sing and participate in both small and large group settings. She gets very proud of herself when she correctly responds to a question. Her teacher reports no tantrums have been observed or reported by any staff member in the class or on the yard.


Areas of Need:

Based on Hodaya's teacher rated the area of Atypicality, Attention Problems; and Social Skills in the at-Risk range which may or may not be problematic. The teacher rated the areas of Functional Communication, and Activities of Daily Living in the Clinically Significant range indicating significant concerns in these areas. Teacher endorsed the following statements as "Almost Always" "Quickly joins in group activities; and is unclear when presenting ideas. The Autism Spectrum Rating Scale was completed by Hodaya's parent, and teacher to assess for characteristics of Autism. Results of parent information suggest she demonstrates no Very Elevated scores. Elevated scores were noted in Sensory Sensitivity.

Performance Area: Social Emotional CONTINUED

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

Teacher information indicates no Very Elevated scores. Elevated scores were noted in Attention. Based on all rating scales, autistic like behaviors are not being reported and/or observed in the home and school setting.

On the BASC Hodaya's rated the areas of Atypicality, Attention Problems, Social Skills, and Adaptability in the At-Risk range, which may or may not indicate a problem in these areas. The areas of Activities of Daily Living and Functional Communication in the Clinically Significant range suggesting significant concerns in these areas. . Parent endorsed the following statements as "Almost Always" "Needs help tying shoes; Needs help using zippers, needs help bathing self; Has trouble fastening buttons on clothing; and Speaks in short phrases that area hard to understand;

Impact of Disability: Hodaya demonstrates a persistent pattern of inattention and that adversely affects her educational performance. Hodaya often fails to give close attention to details. She makes careless mistakes in her schoolwork; She has difficulty sustaining attention during lectures, conversations or play activities. She does not seem to listen when spoken to directly. She frequently fails to follow through on instructions and fails to finish his school work. She will fidget and squirms in her seat. She often leaves her seat in situations when remaining seated is expected. These behaviors may impede Hodaya's ability to access her general education curriculum without special education supports.

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Date of Birth 12-MAR-2012

Meeting Date 24-OCT-2017

Section E: Present Level of Performance

Performance Area: Social Emotional CONTINEUD

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

Supports:

Hodaya should be offered a quiet place in which to take her exams free of distractions. Offering her cues and reminders to initiate her work may be helpful in activating her around demands and responsibilities. Reducing the number of items on a page and being attune to avoiding too much visual clutter may be helpful for Hodaya. A reduction in Hodaya's work load might also be considered as long as he understands a concept; perhaps focusing on quality of work versus quantity is a better formula for her. Hodaya should always be provided preferential seating by being placed strategically in the classroom (close to the teacher, on an aisle) and next to positive peer role models who are tolerant and helpful. Hodaya should be provided reasonable breaks and allowed movement as needed. Frequent home-school communication should occur on a consistent basis. Goodness of teacher fit should be considered each year when possible. Hodaya should be allowed to use the lap top in the classroom for writing assignments.. When possible, class notes and outlines should be provided to her as he may be slower to write and copy as well as may miss some information due to attentional weaknesses. Teachers should monitor her closely for his output and cue her to remain on task and to be aware of time. Providing specific motivators is central as well as nonverbal signals especially for her that will help to re-direct her to task.

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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Date of Birth 12-MAR-2012

Meeting Date 24-OCT-2017

Section E: Present Level of Performance

Performance Area: Private Report: The North Los Angeles County Regional Center

Assessment/Monitoring Process Used: Anna Levi, Psy.D

State/District Assessment Results:

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

A psychological assessment was completed/referred from The North Los Angeles County Regional Center. The psychological assessment was completed by Anna Levi, Psy.D. Her summary is as follows: 'Hodaya appeared to have two sustained deficits, which does not meet the DMS-5 criteria for the diagnosis of Autism Spectrum Disorder. She appears to meet the criteria for Social/pragmatic Communication Disorder due to difficulty with social use of language and idiosyncratic language. There is a significant impact on her functioning in the areas of communication, daily living and social skills. Hodaya has a DSM-V Diagnoses: 315.38 F80.89 Social (pragmatic) communication disorder V62.89 R41.83 Borderline intellectual functioning

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):

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student

Date of Birth

Meeting Date

Section F: Eligibility

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

Parent has concerns regarding language and speech, academics, social emotional functioning, tantrums and difficulty with peers.

For Initial IEP, interventions attempted prior to determining eligibility:

Hodaya has been participating in Speech improvement and learning center.

Eligible as a student with the disability of:

Code:

Not Applicable, Blind or Partially Sighted

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

Code:

Not Applicable, Blind or Partially Sighted

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

or

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

No Longer Eligible (Effective Date):

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

Final IEP Reason:

Final IEP Effective Date:

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Date of Birth Meeting Date

Section G: Annual Goals and Objectives

Performance Area:

Annual Goal #

Hodaya will demonstrate basic knowledge of one-to-one letter-sound correspondences by producing the primary sounds or many of the most frequent sounds for 20 consonant when reading words in isolation and in text as measured by informal assessment or observation in 1 out of 2 trials with 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:

Hodaya will demonstrate basic knowledge of one-to-one letter-sound correspondences by producing the primary sounds or many of the most frequent sounds for 10 consonant when reading words in isolation and in text as measured by informal assessment or observation in 1 out of 2 trials with 60% accuracy.

Date to be achieved MO/YR

Incremental objective #2 related to the goal:

Hodaya will demonstrate basic knowledge of one-to-one letter-sound correspondences by producing the primary sounds or many of the most frequent sounds for 15 consonant when reading words in isolation and in text as measured by informal assessment or observation in 1 out of 2 trials with 70% 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"/>

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 #

Hodaya will use a combination of drawing, dictating, and/or writing to state an opinion about a book or a topic as measured by student work samples in 2 out of 3 trials with 70% 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:

Hodaya will use a combination of drawing, dictating, and/or writing to state an opinion about a book or a topic as measured by student work samples in 1 out of 2 trials with 50% accuracy.

Date to be achieved MO/YR

Incremental objective #2 related to the goal:

Hodaya will use a combination of drawing, dictating, and/or writing to state an opinion about a book or a topic as measured by student work samples in 2 out of 3 trials with 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"/>

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 #

Hodaya will begin to speak with a few words or sentences that are grade appropriate with 70% accuracy in 4 out of 5 trials as measured by observation.

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:

Hodaya will begin to speak with a few words or sentences, using some English phonemes and rudimentary English grammatical forms (e.g., single words or phrases) with 60% accuracy in 3 out of 5 trials as measured by observation.

Date to be achieved MO/YR

Incremental objective #2 related to the goal:

Hodaya will independently use common social greetings and simple repetitive phrases (e.g., 'Thank you.', 'You're welcome.') with 70% accuracy in 3 out of 5 trials as measured by observation.

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 Date: <input type="text"/>	2nd Reporting Period Date: <input type="text"/>	3rd Reporting Period Date: <input type="text"/>	4th Reporting Period (Secondary Only) Date: <input type="text"/>	Goal Achievement
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 #

Hodaya will count to 100 by tens as measured by informal assessment in 2 out of 3 trials with 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:

Hodaya will count to 40 by tens as measured by informal assessment in 2 out of 3 trials with 60% accuracy.

Date to be achieved MO/YR

Incremental objective #2 related to the goal:

Hodaya will count to 80 by tens as measured by informal assessment in 2 out of 3 trials with 70% 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"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student COHEN HODAYA **Date of Birth** 12-MAR-2012 **Meeting Date** 24-OCT-2017

Section G: Annual Goals and Objectives

Performance Area: Communication

Annual Goal # GB

Hodaya will respond to questions on topic, participate in simple conversational exchanges for 2-3 turns on topic, and repair communication when she is not understood, in 4/5 opportunities, while participating in oral language activities in the classroom or small group setting, given minimal prompts/cues.

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

Methods of Evaluation:

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

Incremental objective #1 related to the goal:

Hodaya will respond to questions about pictures on-topic, in 4/5 opportunities, given models and maximum prompts/cues.

Date to be achieved _____ MO/YR

Incremental objective #2 related to the goal:

Hodaya will initiate comments and questions and respond to peers or adults and respond on-topic to participate in 2 conversational exchanges, in 4/5 opportunities, given moderate prompts/cues.

Date to be achieved _____ MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

1st Reporting Period	2nd Reporting Period	3rd Reporting Period	4th Reporting Period	Goal Achievement
Date: _____	Date: _____	Date: _____	(Secondary Only) 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: _____

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 #

Social Awareness: During DIS counseling Hodaya will learn and model positive social skills (ex. positive communication, conversation skills-including active listening, negotiating, and developing positive assertions), to interact effectively with others in the academic and social settings in 3 out of 5 trials as observed by DIS provider or school staff.

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:

Hodaya will learn and model positive social skills, including appropriate conversation skills, active listening, negotiating, and developing positive assertions which she can then apply when interacting with peers and adults in the academic and social settings in 3 out of 5 trials.

Date to be achieved MO/YR

Incremental objective #2 related to the goal:

Hodaya will apply at least two of the learned social skills when interacting with peers and adults in the academic and social settings in 4 out of 5 trials as observed by DIS provider or school staff.

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 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.

CELDT - (Variations, Accommodations or Modifications identified below are applicable)

CELDT Subject
ELD

Variations:

- Extra time on a test within a testing day
- Test individual student separately, provided that a test examiner directly supervises the student

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student	COHEN	HODAYA		Date of Birth	12-MAR-2012	Meeting Date	24-OCT-2017
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Section N: Procedural Safeguards and Follow-up Actions

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

Is the parent/guardian requesting translation services? Yes No

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

Specify the Individual Pages to be translated:

Special Requests:

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

THIS SPACE DELIBERATELY LEFT BLANK.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student **Date of Birth** **Meeting Date**

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
	Work Visit	K.Wyatt	17-OCT-2017
	Work Visit	K.Wyatt	17-OCT-2017
<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**

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!

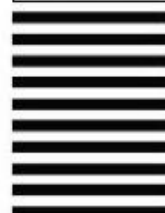


NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

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="Mrs Cohen"/>	
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="Karen Mullin"/>	
Administrative Designee	<input type="text"/>	
Special Education Teacher	<input type="text" value="Russell Wise"/>	
General Education Teacher	<input type="text" value="Ms. St. John"/>	
School Psychologist	<input type="text" value="Cynthia Freeman"/>	
School Nurse	<input type="text" value="Nidhi Tomar"/>	
Related Service Staff <input type="text" value="LAS Therpaist"/>	<input type="text" value="Marianne Fried"/>	
Related Service Staff <input type="text"/>	<input type="text"/>	
Related Service Staff <input type="text"/>	<input type="text"/>	
Interpreter	<input type="text"/>	
Sign Language Interpreter	<input type="text"/>	
Agency Representative	<input type="text"/>	
Agency Representative	<input type="text"/>	
Agency Representative	<input type="text"/>	
Other <input type="text"/>	<input type="text"/>	
Other <input type="text"/>	<input type="text"/>	
Other <input type="text"/>	<input type="text"/>	
Other <input type="text"/>	<input type="text"/>	

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student

Date of Birth

Meeting Date

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

Student's Current Placement Type:

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

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

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

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

Date of Birth

Meeting Date

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

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

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 COHEN HODAYA **Date of Birth** 12-MAR-2012 **Meeting Date** 24-OCT-2017

		Effective With this IEP	Future Changes Related to this IEP
		As of Date:	
Eligibility: (from Page 4)	Eligible (OHI)		
	<i>Final IEP Reason</i> <i>Final IEP Effective Date:</i>		//
Curriculum		General Education	
Placement	Type of School	District Resident School	
	Name of School	NESTLE AVE CHARTER	
Instructional Setting	Setting	General Education	
	Program	GE	
	Special Day Minutes/Wk		
	Addresses Goals	3(ELD),1(Reading),2(Written Language),4(Mathematics),(Communication),(Social Emotional)	//
Additional Factors	Low Incident Support	None	
	Assistive Technology Support	No	
	Transportation	None	
	Extended School Year/Intersession	Yes <input type="radio"/> No <input checked="" type="radio"/>	
	Parent Counseling and Training (PCT)	Yes <input type="radio"/> No <input checked="" type="radio"/>	
	ESY Transportation		
Accommodation, Modifications, Supports	Instructional Accommodations	Model language to get needs and wants met. Positive reinforces Visual cues Adult guidance/prompts Language models Redirect to task Adult prompts Engaging materials Visual aids Peer model when appropriate	//
	Instructional Modifications		//
	Other Supports, 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-	Do the Parent and the District (local educational agency) agree that a reassessment is unnecessary?	Yes <input checked="" type="radio"/> No <input type="radio"/>	
	If the Parent does not agree,		

year comprehensive reassessment.)	specify the area(s) to be reassessed.	
Comments, as appropriate		
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 COHEN HODAYA **Date of Birth** 12-MAR-2012 **Meeting Date** 24-OCT-2017

Effective With This IEP

**Future Changes
Related To This IEP**

Service 1

10
Language/Speech

This service addresses the following
goals:

(Communication)

Start Date: Effective on Signature Date
End Date:
Service applies to: Regular
Frequency: 1-5
Interval: Monthly
Minutes/Interval: 60
Minutes/Interval (Pullout from Gen Ed): 60
Service Delivery Model: Direct Service (Collaborative)*
Area: School-Based
Responsible Personnel: Licensed/Credentialed Provider

*

Service 2

RSP
RSP

This service addresses the following
goals:

3(ELD)
4(Mathematics)

Start Date: Effective on Signature Date
End Date:
Service applies to: Regular
Frequency: 1-5
Interval: Weekly
Minutes/Interval: 80
Minutes/Interval (Pullout from Gen Ed): 80
Service Delivery Model: Direct Service (By a Single Provider)*
RSP Area: Math
Responsible Personnel: Resource Specialist Teacher

*

Service 3

RSP
RSP

This service addresses the following
goals:

Start Date: Effective on Signature Date
End Date:
Service applies to: Regular
Frequency: 1-5
Interval: Weekly

Individualized Education Program (IEP)

1(Reading) Minutes/Interval: 120
 2(Written Language) Minutes/Interval (Pullout from Gen Ed): 0
 3(ELD)
 Service Delivery Model: Direct Service (By a Single Provider)*
 RSP Area: Literacy/ELA/ELD
 Responsible Personnel: Resource Specialist Teacher

*

Service 4

04

Counseling and Guidance

This service addresses the following goals:

(Social Emotional)

Start Date: Effective on Signature Date
 End Date:
 Service applies to: Regular
 Frequency: 1-5
 Interval: Weekly
 Minutes/Interval: 20
 Minutes/Interval (Pullout from Gen Ed): 20
 Service Delivery Model: Direct Service (By a Single Provider)*
 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	7 %	

Part 4 - Additional Discussion (This section is optional)

IEP Team is in consensus that Hodaya meets eligibility for special education in Other Health Impairment (OHI), specifically in the area of Attention. The IEP team has discussed a continuum of placement options and agree that the Least Restrictive Learning Environment (LRE) is the General Education Program with Resource Specialist Support(RSP) and the related services of Language and Speech (LAS) and Pupil Counseling (PUC).

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 (OHI) **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)
04	Counseling and Guidance	Effective on Signature Date	Regular	Weekly	1-5	~	20	Social Emotional
10	Language/Speech	Effective on Signature Date	Regular	Monthly	1-5	School-Based	60	Communication
RSP	RSP	Effective on Signature Date	Regular	Weekly	1-5	RSP-Math	80	ELD, Mathematics
RSP	RSP	Effective on Signature Date	Regular	Weekly	1-5	RSP-Literacy/ELA/ELD	120	Reading, Written Language, ELD

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.