

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Identification Number SSID

Eligible (OHI)

Student
 Last First MI

Date of Birth:

Section A: Meeting Information

Pertinent Dates	Type of Meeting
Date of Initial IEP Team Meeting <input type="text" value="24-OCT-2017"/>	<input type="radio"/> Initial <input type="radio"/> Amendment of IEP dated <input type="text"/> <input checked="" type="radio"/> Annual Review <input type="radio"/> Early Start Transition <input type="radio"/> Three Year Review <input type="radio"/> Expulsion Analysis <input type="radio"/> Other <input type="radio"/> Individual Transition Plan
Date of Present Meeting <input type="text" value="18-OCT-2018"/>	
Annual Review to be conducted by <input type="text" value="18-OCT-2019"/>	
Next Three Year Review will be conducted by <input type="text" value="24-OCT-2020"/>	
Three Year Review or Evaluation was conducted on <input type="text" value="24-OCT-2017"/>	
Transition to Kindergarten to be conducted by <input type="text"/>	

Location of Meeting

District Name

Section B: Student Information

Date of Birth <input type="text" value="12-MAR-2012"/>	Age <input type="text" value="6"/>	Grade <input type="text" value="1"/>
Gender <input type="radio"/> Male <input checked="" type="radio"/> Female	Limited English Proficient Student <input checked="" type="radio"/> Yes <input type="radio"/> No	Ethnic Code <input type="text" value="White"/>
Location of the Psych Folder <input type="text" value="SUPPORT UNIT NOF"/>	Student has no Psych Folder <input type="checkbox"/>	
Location of the Cum Folder <input type="text" value="RIVERSIDE DR CS"/>	Student has no Cum Folder <input type="checkbox"/>	
Home Language <input type="text" value="Hebrew"/>	Student Language <input type="text" value="Hebrew"/>	Alternate Mode of Communication <input type="text"/>
Home Address of Student <input type="text" value="5240 WILKINSON AV"/>		
City <input type="text" value="N. HOLLYWOOL"/> CA	ZIP Code <input type="text" value="91607"/>	
Home Telephone <input type="text" value="(747) 529-5810"/>	Daytime Telephone <input type="text"/>	Emergency Telephone <input type="text"/>
School of Attendance <input type="text" value="Riverside Dr Cs"/>	Location Code <input type="text" value="6315"/>	
School of Residence <input type="text" value="Burbank Blvd El"/>	Location Code <input type="text" value="2630"/>	
Name of Parent/Guardian <input type="text"/>	Telephone <input type="text"/>	
Address <input type="text"/>		
City <input type="text"/> CA	ZIP Code <input type="text"/>	
Surogate Parent <input type="text"/>	Telephone <input type="text"/>	
Attends CURRENT SCHOOL as a result of one of the following <input type="text" value="Charter School Enrollment"/>		
Is the student living in a Family Foster Home (FFH)? <input type="radio"/> No <input type="radio"/> Yes	FFH# <input type="text"/>	
Is FFH Provider related to student? <input type="radio"/> No <input type="radio"/> Yes	Relationship <input type="text"/>	
Licensed Children's Institution <input type="radio"/> No <input type="radio"/> Yes	LCI Name <input type="text"/>	
	LCI# <input type="text"/>	
Out of the home placement made by <input type="radio"/> Regional Center <input type="radio"/> Superior Court	<input type="radio"/> Department of Mental Health <input type="radio"/> Department of Children's Services	
Child's family living within LAUSD's boundaries? <input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> Other <input type="text"/>	
If the student is 18 years old or older or is an emancipated minor, does he/she have educational decision-making rights? <input type="radio"/> No <input checked="" type="radio"/> Yes		

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

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Section C: Language Acquisition

Language Classification: Start Date:

Parent Waiver: Yes No Reclassification Date:

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="text" value="Communication"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
2 <input type="text" value="Reading"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
Objective 1 met	<input type="radio"/>	<input checked="" type="radio"/>	Not yet met Below 50%
Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
3 <input type="text" value="Writing"/>	<input type="radio"/>	<input type="radio"/>	Not yet met Below 50%
Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
4 <input type="text" value="Math"/>	<input type="radio"/>	<input type="radio"/>	Changed, must achieve counting by ones first
Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
5 <input type="text" value="ELD"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
6 <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
7 <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
8 <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
9 <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
10 <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student

COHEN

HODAYA

Date of Birth

12-MAR-2012

Meeting Date

18-OCT-2018

Last

First

MI

Section E: Present Level of Performance

Performance Area:

English Language Development

Assessment/Monitoring Process Used:

Informal assessments, Work Samples, Teacher observation

State/District Assessment Results:

CELDT JUNE 2017-2018-Beginning in all categories

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

Strengths: Hodaya will attempt to participate in collaborative conversations with diverse partners with prompting. Hodaya makes an effort to actively listen when spoken to in a range of social and academic contexts.

Needs: Hodaya has not shown the ability to offer opinions in conversations or expand on group topics. Hodaya struggles to demonstrate differences and similarities between Hebrew and English. Hodaya can produce basic English but exhibits frequent errors in pronunciation, grammar, and writing conventions that sometimes impede meaning.

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

Performance Area:

Reading

Assessment/Monitoring Process Used:

DIBELS Next, Informal assessments, Teacher observation

State/District Assessment Results:

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

Strengths: Informal assessments reveals, Hodaya is able to identify 22/26 upper case letters and 17/26 lower case letters of the alphabet. Hodaya can describe primary colors and identify shapes during story time. Hodaya will participate in group reading activities and enjoys having stories read to her.

Needs: Hodaya is not yet able to identify or recite all the letters in the alphabet. She has not shown the ability of identifying letter sounds. Hodaya is unable to read Kindergarten sight words. Hodaya' DIBELS score indicates she needs intensive support in all areas of the targeted beginning of the year goals including: first sound fluency, letter naming fluency, and nonsense word fluency. Hodaya's teacher reports that Hodaya's reading skills are far below grade level even with strategic teaching.

Impact of Disability: Hodaya's eligibility of Other Health Impairment impacts her ability to read on grade level which affects her ability to progress and be involved in the general education reading curriculum.

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Student Date of Birth Meeting Date

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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):

Background:

Hodaya's primary language and home language is Hebrew. She has been living in the United States with her parents since August 2016. Prior to this, she lived in Israel with her family. Hodaya began learning English at the beginning of the school year 2016-2017.

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. She has met her annual goal: 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. Objectives met: Hodaya will respond to questions about pictures on-topic, in 4/5 opportunities, given models and maximum prompts/cues. Objective 2 met: 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.

Continued below.

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):

Continued from above.

Needs:

Based upon a recent assessment with an 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. There has not been enough time to observe if Hodaya is making adequate progress in her ELD program.

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.

Hodaya is enrolled in the ELD program Level 1, per her CELDT test results from September 2017.

The following was reported regarding Hodaya's present levels of performance in ELD: 'Hodaya will attempt to be an active participant in group discussions. Hodaya will stay will tasks until completed, with assistance from staff. Hodaya will participate in small groups and large groups.'

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. She often does not understand what is expected of her in the classroom. She displays moderate difficulties with receptive and expressive vocabulary, expressing her ideas and feelings in a coherent manner, as well as following multi-step directions in the classroom.

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Section E: Present Level of Performance

Performance Area:

Language-Expressive

Assessment/Monitoring Process

Used:

State/District Assessment Results:

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

(continued)

Sample utterances: Today I went to Las Vegas. I want to do it by myself. You got a hamster?(to a peer)

I have ___ (potato) in my backpack. (trying to make peers in group laugh) I _ member (remember) he name David.

We're doing Math book but I don't know Math book.

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.

Andrea Piner, M.A., CCC-SP

Speech/Language Pathologist

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 E: Present Level of Performance

Performance Area:

Writing

Assessment/Monitoring Process Used:

Work samples, Informal Assessments, Teacher observation

State/District Assessment Results:

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

Strengths: Hodaya attempts all her writing assignments. Hodaya can copy most letters of the alphabet, copy words, write words, and simple phrases with visual support. Hodaya knows to write from left to right. Hodaya also makes an effort to stay within the lines on lined paper.

Needs: Hodaya struggles to independently draw, dictate, and write an opinion about a book or a topic. Hodaya will often say she does not know how to draw a picture or write a certain letter. Hodaya does not demonstrate the correct letter formation and spacing when given letters, words, and sentences from a written model. The teacher reports that Hodaya's writing expression, written language, and handwriting are below grade level.

Impact of Disability: Hodaya's eligibility of Other Health Impairment 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:

Math

Assessment/Monitoring Process Used:

Work samples, Informal Assessments, Teacher observation

State/District Assessment Results:

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

Strengths: Hodaya will attempt all math assignments. Hodaya has demonstrated the ability to count to 14. Hodaya has shown the ability to trace the numbers 1-20. Hodaya can add within 10 using support like dominos and manipulatives. Hodaya can describe most one dimensional shapes when prompted.

Needs: Hodaya has not yet learned the skill of writing numbers independently in order from 1-10. Hodaya struggles with counting and adding numbers past 10. Hodaya has not yet demonstrated the ability to identify, sort and classify objects by attributes (colors/size). Hodaya struggles to count and write numbers past ten. The teacher reports that Hodaya's basic math fluency and calculation skills are poor. The teacher also reports that Hodaya's struggles to make connections to previous math lessons.

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.

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Student COHEN HODAYA MI Date of Birth 12-MAR-2012 Meeting Date 18-OCT-2018
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Section E: Present Level of Performance

Performance Area: Behavior

Assessment/Monitoring Process Used: FBA, Adult observation, Data Collection, Record review

State/District Assessment Results:

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

Strengths: Hodaya is a sweet and friendly girl who always appears eager to be at school. Hodaya's teacher describes her as a positive, respectful student who tries to follow established class norms. Hodaya has good peer relationships and is supported by her classmates. She responds to and benefits from teacher redirection, especially during independent work time.
Needs: There are no behavior needs at this time.

Performance Area: FBA

Assessment/Monitoring Process Used: FBA, Adult observation, Data Collection, Record review

State/District Assessment Results:

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

FBA: Hodaya is a student at Riverside Drive Charter EL and is enrolled in a General Education first grade classroom for ELD students. This FBA is to determine whether Hodaya would benefit from additional support from BII and BID/BIC services. Hodaya has a diagnosis of OHI and currently receives RSP and speech services at school. In addition Hodaya receives in school counseling. Since coming to Riverside Drive Charter, Hodaya has not exhibited the noted target behaviors (off task). Given teacher prompting, Hodaya is easily able to get back on task and work through her assignments.
Hodaya can work independently when she is confident in a task and may require reteaching to finish an assignment. However, Hodaya does a great job of asking for assistance from an adult when she needs help with an assignment and remains on task after reteaching. She is a very well behaved girl, and easily follows teacher directions. She is a pleasure to have in the classroom and is a good role model for many of the other students in her class.
Needs: No needs at this time.

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Section E: Present Level of Performance

Performance Area:

Social Emotional- DIS Counseling

Assessment/Monitoring Process Used:

Informal, observation, teacher input, student

State/District Assessment Results:

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

Hodaya is a 1st grader at Riverside Dr. Elementary School. Hodaya has been receiving DIS counseling with this provider since the beginning of this school year, once a week for 20 minutes per session under the eligibility of Other Health Impairment (OHI). Hodaya's current DIS counseling goal is: 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.

Strengths: Hodaya is a very sweet, respectful, social and likeable girl. Hodaya comes to counseling willingly. She eagerly participates and engages in all social skills activities and discussions. Hodaya is very social and is eager to interact with peers and counselor. She has positive interactions with peers and counselor. She initiates conversation and participates in reciprocal conversations with peers and counselor. Hoday is respectful to others and she has become a good listener. Hodaya also is assertive, she asks questions and asks for help. She is able to express her feelings and make her needs and desires known. Hodaya is able to navigate her way around the school campus. Additionally, Hodaya has learned to generalize her skills to classroom and yard. According to Hodaya's teachers, Hodaya is a sweet and friendly girl who always appears eager to be at school. Hodaya's teacher describes her as a positive, respectful student who tries to follow established class norms. Hodaya has good peer relationships and is supported by her classmates. She responds to and benefits from teacher redirection, especially during independent work time. As such, Moreover, Hodaya has met her goal and no longer meets eligibility for DIS counseling.

Needs: None at this time

Impact of Disability: None at this time.

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: OHI Other Health Impairment

Not Applicable, Blind or Partially Sighted

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

Code: [Empty]

Not Applicable, Blind or Partially Sighted

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

or

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

No Longer Eligible (Effective Date): [Empty]

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

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

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

- Social Maladjustment, 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)

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Student COHEN HODAYA MI

Date of Birth 12-MAR-2012

Meeting Date 18-OCT-2018

Section G: Annual Goals and Objectives

Performance Area: English Language Developr Annual Goal #:

Hodaya will be understood in usage of consistent standard English by using grammatical forms, sounds, intonation, pitch, and modulation when asking/answering questions in 3/5 opportunities with 80% accuracy with minimal prompting.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

Hodaya will be understood in usage of consistent standard English by using grammatical forms, sounds, intonation, pitch, and modulation when asking/answering questions in 3/5 opportunities with 60% accuracy with moderate prompting.

Incremental objective #2 related to the goal:

Hodaya will be understood in usage of consistent standard English by using grammatical forms, sounds, intonation, pitch, and modulation when asking/answering questions in 3/5 opportunities with 70% accuracy with minimal prompting.

Date to be achieved: February 2019 MO/YR

Date to be achieved: June 2019 MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

Table with 5 columns: 1st Reporting Period, 2nd Reporting Period, 3rd Reporting Period, 4th Reporting Period (Secondary Only), Goal Achievement. Includes progress marks, goal achievement status (Yes/No), and reasons for 'No'.

if (frm.spanish_goal.value == "") {frm.spanish_goal.value = frm.goal.value;} if (frm.spanish_obj1.value == "") {frm.spanish_obj1.value = frm.objective_1.value;} if (frm.spanish_obj2.value == "") {frm.spanish_obj2.value = frm.objective_2.value;}

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Section G: Annual Goals and Objectives

Performance Area: Language Annual Goal #: 2

Given a structured language activity, Hodaya will use oral language to communicate with peers and adults in the school setting without conflict, with the opportunity to have ideas conveyed accurately, including asking questions with correct syntax, with 75% accuracy, with 3-5 verbal and/or visual cues in a structured small group setting, as measured by clinical tracking and 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:

Hodaya will ask a peer a question using correct syntax (word order) with 60% accuracy following 3-5 faded models and cues in a structured setting as measured by SLP tracking.

Incremental objective #2 related to the goal:

Hodaya will monitor body language (whole body listening, looking at speaker) and tone of voice (not too loud or too quiet) with initial modeling and 5-7 prompts/cues for focus, with 70% accuracy as measured by SLP tracking.

Date to be achieved: February 2019 MO/YR

Date to be achieved: June 2019 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

Table with 5 columns: 1st Reporting Period, 2nd Reporting Period, 3rd Reporting Period, 4th Reporting Period (Secondary Only), Goal Achievement. Rows include Date, Progress Mark, Is progress sufficient to meet annual goal?, If "No" please comment: (Needs More Time, Excess Absence/Tardy, Assignments Not Completed, Need to review/revise Goal, Other).

if (frm.spanish_goal.value == "") {frm.spanish_goal.value = frm.goal.value;} if (frm.spanish_obj1.value == "") {frm.spanish_obj1.value = frm.objective_1.value;} if (frm.spanish_obj2.value == "") {frm.spanish_obj2.value = frm.objective_2.value;}

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

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.

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

Date to be achieved: MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

4 GOAL MET OR EXCEEDED

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

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

1 NO PROGRESS

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

if (frm.spanish_goal.value == "") {frm.spanish_goal.value = frm.goal.value;} if (frm.spanish_obj1.value == "") {frm.spanish_obj1.value = frm.objective_1.value;} if (frm.spanish_obj2.value == "") {frm.spanish_obj2.value = frm.objective_2.value;}

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student COHEN HODAYA MI

Date of Birth 12-MAR-2012

Meeting Date 18-OCT-2018

Section G: Annual Goals and Objectives

Performance Area: Writing 1 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 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 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 60% accuracy.

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 70% accuracy.

Date to be achieved: February 2019 MO/YR

Date to be achieved: June 2019 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

Table with 5 columns: 1st Reporting Period, 2nd Reporting Period, 3rd Reporting Period, 4th Reporting Period (Secondary Only), Goal Achievement. Rows include Date, Progress Mark, and various checkboxes for goal achievement and comments.

if (frm.spanish_goal.value == "") {frm.spanish_goal.value = frm.goal.value;} if (frm.spanish_obj1.value == "") {frm.spanish_obj1.value = frm.objective_1.value;} if (frm.spanish_obj2.value == "") {frm.spanish_obj2.value = frm.objective_2.value;}

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
 Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Annual Goal #:

Hodaya will write recognizable letters of the entire alphabet independently on 5 occasions, during a school week with minimal adult prompting (1-3) at 80%.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

Hodaya will write recognizable letters of the entire alphabet independently on 3 occasions, during a school week with moderate adult prompting (3-4) at 60%.

Incremental objective #2 related to the goal:

Hodaya will write recognizable letters of the entire alphabet independently on 4 occasions, during a school week with minimal adult prompting (3-4) at 70%.

Date to be achieved: MO/YR

Date to be achieved: MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

4 GOAL MET OR EXCEEDED

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

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

1 NO PROGRESS

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

if (frm.spanish_goal.value == "") {frm.spanish_goal.value = frm.goal.value;} if (frm.spanish_obj1.value == "") {frm.spanish_obj1.value = frm.objective_1.value;} if (frm.spanish_obj2.value == "") {frm.spanish_obj2.value = frm.objective_2.value;}

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
 Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Annual Goal #:

Hodaya will count to 100 by ones 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
- Observation
- Other
- Norm Referenced
- Portfolio
- Criterion Referenced
- Work Samples
- Curriculum Based
- Informal

Incremental objective #1 related to the goal:

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

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

Date to be achieved: MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

if (frm.spanish_goal.value == "") {frm.spanish_goal.value = frm.goal.value;} if (frm.spanish_obj1.value == "") {frm.spanish_obj1.value = frm.objective_1.value;} if (frm.spanish_obj2.value == "") {frm.spanish_obj2.value = frm.objective_2.value;}

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
Last First MI

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.

<p>Student will participate in Regular State and District Assessments. <i>(Designated Supports and/or Accommodations identified below are applicable)</i></p>	<p>ELPAC</p>
<p>Designated Supports:</p> <ul style="list-style-type: none"> - Covered overlay, masks, or other means to maintain visual attention to the test - Scheduling during most beneficial time of day - Noise buffers 	

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student

COHEN

HODAYA

Date of Birth

12-MAR-2012

Meeting Date

18-OCT-2018

Last

First

MI

Section N: Procedural Safeguards and Follow-up Actions

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

Is the parent/guardian requesting translation services? Yes No

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

Specify the Individual Pages to be translated:

Special Requests:

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

THIS SPACE DELIBERATELY LEFT BLANK.

Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student COHEN HODAYA MI Last First MI

Date of Birth 12-MAR-2012

Meeting Date 18-OCT-2018

Section Q: Parent Participation and Consent

Parent Participation

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

Parent Notification

Table with 3 columns: Method, Whom, When. Row 1: Student, L. You, 04-OCT-2018

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

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

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

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

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

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

Parent Concerns and Comments

Signature(s)

Signature(s)

Date

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

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

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

Signature(s)

Signature(s)

Date 18-OCT-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):	
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"/>
<small>Additional Comments</small>	

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!

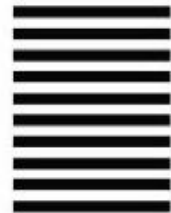


NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

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 613307
LOS ANGELES CA 90099-4093



PARENT INPUT SURVEY
English

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Reconvened Meeting Date

Student
Last First MI

Date of Birth

Meeting Date

Section R: Names and Signatures (Signatures on File)

Team Member	Print Name	Signature
Parent/Guardian	<input type="text" value="Hila Kohen"/>	<input type="text"/>
Parent/Guardian	<input type="text"/>	<input type="text"/>
Student Age 18 - 21 years	<input type="text"/>	<input type="text"/>
Student Under Age 18 years	<input type="text"/>	<input type="text"/>
Surrogate Parent	<input type="text"/>	<input type="text"/>
Foster Parent	<input type="text"/>	<input type="text"/>
Family Foster Home Provider	<input type="text"/>	<input type="text"/>
Administrator	<input type="text" value="Vahe Boujekian"/>	<input type="text"/>
Administrative Designee	<input type="text"/>	<input type="text"/>
Special Education Teacher	<input type="text" value="Danielle Dennis"/>	<input type="text"/>
General Education Teacher	<input type="text" value="Shelli Kachlon"/>	<input type="text"/>
School Psychologist	<input type="text"/>	<input type="text"/>
School Nurse	<input type="text"/>	<input type="text"/>
Related Service Staff <input type="text" value="LAS"/>	<input type="text" value="Andrea Piner"/>	<input type="text"/>
Related Service Staff <input type="text"/>	<input type="text"/>	<input type="text"/>
Related Service Staff <input type="text"/>	<input type="text"/>	<input type="text"/>
Interpreter	<input type="text"/>	<input type="text"/>
Sign Language Interpreter	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
 Last First MI

Date of Birth

Meeting Date

LEAST RESTRICTIVE ENVIRONMENT ANALYSIS

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

Student's Current Placement Type:

<input 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.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
Last

First

MI

Date of Birth

Meeting Date

ANNUAL LEAST RESTRICTIVE ENVIRONMENT ANALYSIS (Continued)

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

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

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 1 - Eligibility, Placements and Supports

Student
 Last First MI

Date of Birth Meeting Date

		Effective With this IEP	Future Changes Related to this IEP
	As of Date:	<input type="text"/>	<input type="text"/>
Eligibility: (from Page 4)		Eligible (OHI)	
	Final IEP Reason Final IEP Effective Date:		
Curriculum		<input type="text" value="General Education"/>	<input type="text"/>
Placement	Type of School	<input type="text" value="District Non-Resident School"/>	<input type="text"/>
	Name of School	<input type="text" value="RIVERSIDE DR CS"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Instructional Setting	Setting	<input type="text" value="General Education"/>	<input type="text"/>
	Program	<input type="text" value="GE"/>	<input type="text"/>
	Special Day Minutes/Wk	<input type="text" value="0"/>	<input type="text"/>
	Addresses Goals	<input type="text" value="(English Language Development),(Math),(Reading),(Writing 1),2(Language),(Writing 2)"/>	<input type="text"/>
Additional Factors	Low Incident Support	<input type="text" value="None"/>	<input type="text"/>
	Assistive Technology Support	<input type="text" value="No"/>	<input type="text"/>
	Transportation	<input type="text" value="None"/>	<input type="text"/>
	Extended School Year/Intersession	<input type="radio"/> Yes <input checked="" type="radio"/> No	
	Parent Counseling and Training (PCT)	<input checked="" type="radio"/> Yes <input type="radio"/> No	
	ESY Transportation	<input type="text"/>	
Accommodation, Modifications, Supports	Instructional Accommodations	<input type="text" value="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"/>	<input type="text"/>
	Instructional Modifications	<input type="text"/>	<input type="text"/>
	Other Supports, including Non-Academic and Extra-curricular Activities	<input type="text"/>	<input type="text"/>
Preparation for Three Year Review IEP (At the second Annual Review IEP Meeting, the team must discuss and document the decision to conduct or not conduct a three-year comprehensive reassessment.)	Do the Parent and the District (local educational agency) agree that a reassessment is unnecessary?	<input type="radio"/> Yes <input type="radio"/> No	
	If the Parent does not agree, specify the area(s) to be reassessed.	<input type="text"/>	<input type="text"/>

Comments, as appropriate

Low Incidence Equipment	
Assistive Technology Equipment	
Participation in General Education	

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student
 Last First MI

Date of Birth Meeting Date

		Effective With This IEP	Future Changes Related To This IEP
Service 1	Start Date:	Effective on Signature Date	
10	End Date:		
Language/Speech	Service applies to:	Regular	
	Frequency:	1-10	
This service addresses the following goals:	Interval:	Monthly	
<input type="text" value="2(Language)"/>	Minutes/Interval:	240	
	Minutes/Interval (Pullout from Gen Ed):	240	
	Service Delivery Model:	Direct Service (By a Single Provider)*	
	Area:	School-Based	
	Responsible Personnel:	Licensed/Credentialed Provider	
*			
Service 2	Start Date:	Effective on Signature Date	
RSP	End Date:		
RSP	Service applies to:	Regular	
	Frequency:	1-5	
This service addresses the following goals:	Interval:	Weekly	
<input type="text" value="(Math)"/>	Minutes/Interval:	140	
	Minutes/Interval (Pullout from Gen Ed):	140	
	Service Delivery Model:	Direct Service (Collaborative)*	
	RSP Area:	Math	
	Responsible Personnel:	General Education Teacher	

		Resource Specialist Teacher	
		Other Provider(s)	

*

Service 3	Start Date:	Effective on Signature Date																																									
RSP	End Date:	18-OCT-2018																																									
RSP	Service applies to:	Regular																																									
	Frequency:	1-5																																									
This service addresses the following goals:	Interval:	Weekly																																									
<table border="1"> <tr> <td>(English Language Development)</td> <td>Minutes/Interval:</td> <td>200</td> <td></td> </tr> <tr> <td>2(Language)</td> <td>Minutes/Interval (Pullout from Gen Ed):</td> <td>200</td> <td></td> </tr> <tr> <td>(Reading)</td> <td>Service Delivery Model:</td> <td>Direct Service (Collaborative)*</td> <td></td> </tr> <tr> <td>(Writing 1)</td> <td>RSP Area:</td> <td>Literacy/ELA/ELD</td> <td></td> </tr> <tr> <td rowspan="3">(Writing 2)</td> <td rowspan="3">Responsible Personnel:</td> <td>General Education Teacher</td> <td></td> </tr> <tr> <td>Resource Specialist Teacher</td> <td></td> </tr> <tr> <td>Other Provider(s)</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	(English Language Development)	Minutes/Interval:	200		2(Language)	Minutes/Interval (Pullout from Gen Ed):	200		(Reading)	Service Delivery Model:	Direct Service (Collaborative)*		(Writing 1)	RSP Area:	Literacy/ELA/ELD		(Writing 2)	Responsible Personnel:	General Education Teacher		Resource Specialist Teacher		Other Provider(s)																				
	(English Language Development)	Minutes/Interval:	200																																								
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	(Writing 1)	RSP Area:	Literacy/ELA/ELD																																								
	(Writing 2)	Responsible Personnel:	General Education Teacher																																								
			Resource Specialist 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	<input type="text" value="25"/>	

Part 4 - Additional Discussion (This section is optional)

--

The parent/guardian was offered Parent Counseling and Training (PCT) workshops at today's IEP meeting.

Based on social emotional progress, behavior observations and social emotional assessment, team agreed to exit from counseling.

ABA therapist participated in meeting. She reported significant improvement in behavior that includes reduction in aggressive behavior towards her sibling, reduction in defiance towards using ipdad/phone, and reduction in jumping/climbing. Parent is concerned about Hodaya ability to recognize danger. She will hug strangers or open front door of the house. School team did not observe aggressive behaviors, defiance, or off task behavior in the school setting.

Team was more concerned about her academic progress. Team to revised goals and reviewed services. Increase resource support time in reading, writing, and math. Team agreed to conduct academic assessment to review continuum of services.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student
 Last First MI

Date of Birth Meeting Date

FAPE Summary Grid

Program:		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)	No Consent
10	Language/Speech	Effective on Signature Date	Regular	Monthly	1-10	School-Based	240	Language	--
RSP	RSP	Effective on Signature Date	Regular	Weekly	1-5	RSP-Math	140	Math	--
RSP	RSP	Effective on Signature Date	Regular	Weekly	1-5	RSP-Literacy/ELA/ELD	200	English Language Development, Language, Reading, Writing 1, Writing 2	--

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.