

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Identification Number 052405M074

Eligible (SLD)

Student COHEN PAZ MI

Date of Birth 24-MAY-2005

Section A: Meeting Information

Table with columns: Pertinent Dates, Type of Meeting. Includes fields for meeting dates, location, and type (Annual Review, etc.).

Section B: Student Information

Form containing student details: Date of Birth, Age, Grade, Gender, Ethnic Code, Location of Psych/Cum Folder, Home Language, Home Address, City, Telephone, School of Attendance/Residence, 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

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Student Date of Birth Meeting Date

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. ELD | <input checked="" type="radio"/> | <input type="radio"/> | |
| Objective 1 met | <input checked="" type="radio"/> | <input type="radio"/> | |
| Objective 2 met | <input checked="" type="radio"/> | <input type="radio"/> | |
| 2. Reading | <input type="radio"/> | <input checked="" type="radio"/> | Paz has not acquired mastery of this goal. |
| Objective 1 met | <input checked="" type="radio"/> | <input type="radio"/> | |
| Objective 2 met | <input checked="" type="radio"/> | <input type="radio"/> | |
| 3. Writing | <input type="radio"/> | <input checked="" type="radio"/> | Paz has not acquired mastery of this goal. |
| Objective 1 met | <input checked="" type="radio"/> | <input type="radio"/> | |
| Objective 2 met | <input checked="" type="radio"/> | <input type="radio"/> | |
| 4. Math | <input checked="" type="radio"/> | <input type="radio"/> | |
| Objective 1 met | <input checked="" type="radio"/> | <input type="radio"/> | |
| Objective 2 met | <input checked="" 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


PAZ

Date of Birth 24-MAY-2005

Meeting Date 28-FEB-2018

Section E: Present Level of Performance

| | |
|-------------------------------------|---------------------------------|
| Performance Area: | Reading |
| Assessment/Monitoring Process Used: | SBAC, student work, observation |
| State/District Assessment Results: | ELA 2017 not met 2451 |


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

Strengths: Paz continues exhibit effort and diligence during reading. He volunteers to read in history and uses self correcting strategies when sounding out words that are unfamiliar to him. Paz enjoys being involved in all aspects of the class and asserts himself in a leadership role.

Needs: Paz struggles with paraphrasing what he finds in the text in his own words when answering comprehension questions. In addition, when locating the theme or main idea he must be able to provide details to support his thesis statement. Paz also needs to be able to cite the textual evidence that most strongly supports an analysis of what the text says explicitly as well as any inferences he draws from the text.

Impact of Disability: Paz's Specific Learning Disability in visual and auditory processing and expressive language challenges makes it difficult to remember and relate learned information which impacts involvement and progress in the general education reading curriculum.

| | |
|-------------------------------------|---------------------------------|
| Performance Area: | Writing |
| Assessment/Monitoring Process Used: | SBAC, student work, observation |
| State/District Assessment Results: | ELA 2017 not met 2451 |

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

Strengths: Paz continues to write with creativity and effort. He responds to assistance with revising and editing his work. Paz has a basic understanding of capitalization and punctuation rules. He can write both simple and compound sentences and knows how to write a paragraph.

Needs: Paz needs to produce clear and coherent writing. He struggles at times remembering who his audience is and the task at hand. Paz needs to reread his work to be able to catch his own errors prior to turning in his assignments.

Impact of Disability: Paz's Specific Learning Disability in visual and auditory processing and expressive language challenges makes it difficult to remember and relate learned information which impacts involvement and progress in the general education reading curriculum.

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Date of Birth 24-MAY-2005

Meeting Date 28-FEB-2018

Section E: Present Level of Performance

Performance Area: Math

Assessment/Monitoring Process Used: SBAC, work samples, observation

State/District Assessment Results: Math 2017 not met 2435

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

Strength:Paz has been able to strengthen his computation skills in whole numbers, decimals, fractions, rational and irrationals numbers. He is eager to learn and is keeping pace in the general education math class. Paz will ask for help when needed. Per his math teachers, Paz is accessing grade level content.

Needs: There appears to be none at this time.

Impact of Disability: NONE

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

Meeting Date

Section F: Eligibility

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

For Initial IEP, interventions attempted prior to determining eligibility:

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

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Student COHEN PAZ **Date of Birth** 24-MAY-2005 **Meeting Date** 28-FEB-2018

Section G: Annual Goals and Objectives

Performance Area: Reading

Annual Goal # 1 GB

When given a series of comprehension strategies (sequence events, use graphic organizers, paraphrase, outline, webs, dialectic journals) Paz will use strategies to gain meaning when reading expository text at independent reading level, with 80% accuracy in 4 of 5 trials as measured by work samples/criterion/assessment.

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

Methods of Evaluation:

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

Incremental objective #1 related to the goal:

When given a series of comprehension strategies (include list) Paz will paraphrase ideas and sequence events with 70% accuracy in 3 of 5 trials as measured by work samples and criterion assessment.

Date to be achieved June 2018 MO/YR

Incremental objective #2 related to the goal:

When given a series of comprehension strategies (include list) Paz will use graphic organizers, webs, and a dialectic journal to visually organize text with 75% accuracy in 3 of 5 trials as measured by work samples/criterion assessment.

Date to be achieved October 2018 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)

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Student Date of Birth Meeting Date

Section G: Annual Goals and Objectives

Performance Area:

Annual Goal #

When given a writing prompt, Paz will write a three-paragraph persuasive essay with an introductory paragraph describing their position/point of view and a supporting paragraph that summarizes evidence and supports position (include steps of writing process) with 80% accuracy in 4 of 5 trials as measured by teacher-made assessment/rubric.

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:

When given a literary/expository passage, Paz will describe their position and supporting document in an introductory paragraph with 70% accuracy in 3 of 5 trials as measured by writing rubric.

Date to be achieved MO/YR

Incremental objective #2 related to the goal:

When given literary/expository passage and a model of the writing process, Paz will use the steps of the writing process to write a two-paragraph persuasive composition stating their position and summarizing evidence with 75% accuracy in 3 of 5 trials as measured by writing rubric.

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.

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

CAASPP Subject
ELA and Math

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

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| | | | | | | | |
|---------|-------|-----|--|---------------|-------------|--------------|-------------|
| Student | COHEN | PAZ | | Date of Birth | 24-MAY-2005 | Meeting Date | 28-FEB-2018 |
|---------|-------|-----|--|---------------|-------------|--------------|-------------|

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 COHEN PAZ Date of Birth 24-MAY-2005 Meeting Date 28-FEB-2018

Section Q: Parent Participation and Consent

Table with 2 main columns: Parent Participation and Parent Notification. Includes radio button options for meeting participation and a table for notification details (Method, Whom, When).

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.

- Radio button options for agreement: 'AGREES to all components of the IEP.' and 'AGREES to all components of the proposed IEP WITH THE SPECIFIC EXCEPTION(S) stated below:' followed by checkboxes for Assessment, Eligibility, Instructional Setting, and Services with 'Specify' fields.

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

Large empty box for 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 28-FEB-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"/> |

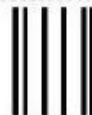
If any of the answers to items 13-16 or 18-19 was No, please discuss your concern(s) with the site administrator or call the Division of Special Education at (213) 241-6701.

| 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"/> |
| | | | |
| 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="Arick Cohen"/> | |
| Parent/Guardian | <input type="text" value="Miriam Cohen"/> | |
| Student Age 18 - 21 years | <input type="text"/> | |
| Student Under Age 18 years | <input type="text"/> | |
| Surrogate Parent | <input type="text"/> | |
| Foster Parent | <input type="text"/> | |
| Family Foster Home Provider | <input type="text"/> | |
| Administrator | <input type="text"/> | |
| Administrative Designee | <input type="text" value="Ilene Belatsky"/> | |
| Special Education Teacher | <input type="text" value="Ellen Kaplan"/> | |
| General Education Teacher | <input type="text" value="Patricia Fuentes"/> | |
| School Psychologist | <input type="text"/> | |
| School Nurse | <input type="text"/> | |
| Related Service Staff <input type="text"/> | <input type="text"/> | |
| Related Service Staff <input type="text"/> | <input type="text"/> | |
| Related Service Staff <input type="text"/> | <input type="text"/> | |
| Interpreter | <input type="text"/> | |
| Sign Language Interpreter | <input type="text"/> | |
| Agency Representative | <input type="text"/> | |
| Agency Representative | <input type="text"/> | |
| Agency Representative | <input type="text"/> | |
| Other <input type="text"/> | <input type="text"/> | |
| Other <input type="text"/> | <input type="text"/> | |
| Other <input type="text"/> | <input type="text"/> | |
| Other <input type="text"/> | <input type="text"/> | |

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student

Date of Birth

Meeting Date

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

Student's Current Placement Type:

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

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

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

| | | |
|---------|--|--|
| Step A. | Can the supports, services, accommodations and/or modifications in the student's IEP be made available in a general education classroom/setting? | |
| | <input type="radio"/> YES <input checked="" 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 checked="" 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 checked="" 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 Date of Birth Meeting Date

| | | Effective With this IEP | Future Changes Related to this IEP |
|--|--|--|--|
| | As of Date: | <input type="text" value="28-FEB-2018"/> | <input type="text" value="14-AUG-2018"/> |
| Eligibility: (from Page 4) | | Eligible (SLD) | |
| | <i>Final IEP Reason</i> <i>Final IEP Effective Date:</i> | | // |
| Curriculum | | General Education | General Education |
| Placement | Type of School | District Resident School | District Resident School |
| | Name of School | NOBEL CMS | NOBEL CMS |
| Instructional Setting | Setting | Special Education | Special Education |
| | Program | SLD | SLD |
| | Special Day Minutes/Wk | 490 | 245 |
| | Addresses Goals | 1(Reading),2(Writing),3(Math) | 1(Reading),2(Writing) |
| Additional Factors | Low Incident Support | None | None |
| | Assistive Technology Support | No | No |
| | Transportation | None | None |
| | Extended School Year/Intersession | Yes <input checked="" type="radio"/> No <input type="radio"/> | |
| | Parent Counseling and Training (PCT) | Yes <input type="radio"/> No <input checked="" type="radio"/> | |
| | ESY Transportation | School to School | |
| Accommodation, Modifications, Supports | Instructional Accommodations | *extra time given up to time and a half for tests, assignments, * chunk longer assignments into manageable segments with periodic checks, * repetition and clarification of instruction/key concepts as needed, *auditory and visual presentation of materials whenever possible | *extra time given up to time and a half for tests, assignments, * chunk longer assignments into manageable segments with periodic checks, * repetition and clarification of instruction/key concepts as needed, *auditory and visual presentation of materials whenever possible |
| | Instructional Modifications | n/a | n/a |
| | Other Supports, including Non-Academic and Extra-curricular Activities | n/a | n/a |
| Preparation for Three Year Review IEP (At the second Annual Review IEP Meeting, the team must discuss and document the decision to conduct or not conduct a three-year comprehensive reassessment.) | Do the Parent and the District (local educational agency) agree that a reassessment is unnecessary? | Yes <input type="radio"/> No <input checked="" type="radio"/> | |
| | If the Parent does not agree, specify the area(s) to be reassessed. | | // |

Comments, as appropriate

| | |
|---|---|
| Low Incidence Equipment | |
| Assistive Technology Equipment | |
| Participation in General Education | In the 2018-2019 school year, Paz will be involved in 8th grade co-taught Science class with both a special and general education teacher. Paz will mainstream into general education classes for math and history. He will participate in general ed Pledge, lunch, nutrition, field trips, assemblies, elective and PE. |

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student

Date of Birth

Meeting Date

Effective With This IEP

**Future Changes
Related To This IEP**

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="26"/> % | |

Part 4 - Additional Discussion (This section is optional)

Based on an analysis of pre and post achievement data in the areas of reading and writing, Paz demonstrates evidence of significant regression corresponding with limited recoupment after instructional breaks. ESY services are necessary for the provision of FAPE.

In the fall of 2018 Paz will be in a general education Science class which is co-taught with a Science teacher, SDC teacher and the baseline special education assistant. He will also be in a general education math and history class. Paz will have Special education English for one period.

PCT workshops are offered at each LAUSD Local District: Northeast, Northwest, East, West, Central, and South. The PCT invitation packet was provided to the parent during today's IEP.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

(ITP, pg. 1 of 3)

Student Date of Birth Meeting Date

INDIVIDUAL TRANSITION PLAN (ITP)

- Student was invited to IEP meeting: Yes
- Student received mentoring:^{info} Yes No
- Student referred and placed in an outside agency:^{info} Yes No
 If yes, name of agency:
- Student participated in Work Experience Education:^{info} Yes No
- Student received college awareness preparation:^{info} Yes No
- Student received career awareness:^{info} Yes No

Achievement of Transition Activities from Current ITP (not if first ITP)

| Area | Completed | If no, indicate reason |
|--|---|------------------------|
| Education/Training Activity | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> First ITP | <input type="text"/> |
| Employment Activity | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> First ITP | <input type="text"/> |
| Independent Living Skills Activity (as needed) | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A | <input type="text"/> |

Section 1: Education/Training

| Assessment (at least one assessment must be completed in this area). | Date | Assessment Name and Results: Indicate interests/abilities and area(s) of need (if applicable) |
|--|-------------|---|
| <input type="text" value="Transition Surveys, Checklists, or Informal Questionnaires"/> <input type="text"/> If other? <input type="text"/> | 11-SEP-2017 | Ready Set Go transition inventory was given to Paz. He enjoys playing sports and is interested in working in the medical field. |
| <input type="text"/> If other? <input type="text"/> | | |

Education/Training Postsecondary Goal

Upon completion of high school, the student will:
 If other?

| Education/Training Activity to Support Goal | Timeline | Person/Agency Responsible |
|---|-------------|---|
| develop a personal career / education plan | 28-FEB-2019 | <input type="text" value="Parent/Guardian/Family"/> <input type="text" value="Student"/> <input type="text" value="Special Education Teacher"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| If other? <input type="text"/> | | |

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

(ITP, pg. 2 of 3)

Student COHEN

PAZ

Date of Birth 24-MAY-2005

Meeting Date 28-FEB-2018

INDIVIDUAL TRANSITION PLAN (ITP)

Section 2: Employment

| Assessment (At least one assessment must be completed in this area). | Date | Assessment Name and Results: Indicate interests/abilities and area(s) of need (if applicable) |
|---|-------------|--|
| Transition Surveys, Checklists, or Informal Questionnaires If other? | 11-SEP-2018 | Paz wants to go to college to get an advanced degree. He has also expressed an interest in the military. |
| | | |

Employment Postsecondary Goal If other?
 Upon completion of high school, the student will:
 be competitively employed

| Employment Activity to Support Goal | Timeline | Person/Agency Responsible |
|--|-------------|--|
| develop a career plan and identify career goals If other? | 28-FEB-2019 | Special Education Teacher Parent/Guardian/Family Student |

Section 3: Independent Living (as needed)

| Assessment (at least one assessment must be completed in this area, if needed) | Date | Assessment Name and Results: Indicate interests/abilities and area(s) of need (if applicable) |
|--|------|---|
| | | |
| | | |

Independent Living Postsecondary Goal If other?
 Upon completion of high school, the student will:

| Independent Living Activity to Support Goal | Timeline | Person/Agency Responsible |
|---|----------|---------------------------|
| | | |
| | | |

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

(ITP, pg. 3 of 3)

Student COHEN

PAZ

Date of Birth 24-MAY-2005

Meeting Date 28-FEB-2018

INDIVIDUAL TRANSITION PLAN (ITP)

Course of study: A multi-year description of student's coursework from current year to anticipated exit year, in order to enable the student to meet their postsecondary goal.

A course of study (or IGP) was reviewed with parent and student in relation to:

Courses completed: Yes No Courses currently enrolled in: Yes No Courses still needed: Yes No

IGP or course of study was provided to the parent or student over age 18 as required: Yes

Student is working towards: Certificate of Completion Diploma

Additional courses/activities discussed that may support post secondary goals (e.g. SLC participation, electives or instruction related to postsecondary goals, community experiences, participation in other school clubs or organizations, etc.) NOTE: these are suggestions and contingent to availability:

Paz will continue exploring his interests through the A-G courses as well as the many choices in electives.

Future Agency Involvement:

Are there agencies currently or prospectively providing or paying for transition services? Yes No

Do you give permission to the District to invite these agencies to the next IEP in which transition services will be reviewed? Yes No

Agency Name: [dropdown]
Agency Name: [dropdown]
Agency Name: [dropdown]

- 1. Does the student's IEP include appropriate measurable postsecondary goals that cover education/training, employment and, as needed, independent living? info
2. Are the postsecondary goals updated annually? info
3. Is there evidence that the measurable postsecondary goals were based on age appropriate transition assessment? info
4. Are there transition services that will reasonably enable the student to meet their postsecondary goals? info
5. Do the transition services include a course of study that is a multi-year description of coursework from the student's current year to anticipated exit year and that is designed to help the student achieve the identified postsecondary goals? info
6. Is (are) there annual IEP goal(s) related to the student's transition services needs? info
7. Is there evidence that the student was invited to the IEP team meeting where transition services were discussed? info
8. If appropriate, is there evidence that a representative of any participating agency was invited to the IEP team meeting with the prior consent of the parent or student who has reached the age of majority? info

1. Yes
2. Yes
3. Yes
4. Yes
5. Yes
6. Yes
7. Yes
8. Yes N/A