

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Identification Number 052405M074 SSID 1783927181

Eligible (SLD)

Student COHEN PAZ MI Last First MI

Date of Birth: 24-MAY-2005

Section A: Meeting Information

Table with 2 columns: Pertinent Dates, Type of Meeting. Includes fields for meeting dates and review types.

Location of Meeting: Nobel Charter Middle School; District Name: Los Angeles Unified School District

Section B: Student Information

Form containing student details: Date of Birth, Gender, Age, Grade, Ethnic Code, Home Address, Telephone, etc.

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**Los Angeles Unified School District**

Student     
 Last First MI

Date of Birth

Meeting Date

**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	
<b>1</b>	<input type="text" value="Reading 8RL.2"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text" value=""/>
	Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text" value=""/>
	Objective 2 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text" value=""/>
<b>2</b>	<input type="text" value="Writing 8.1.3"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="Paz still has difficulty revising his work."/>
	Objective 1 met	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value=""/>
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text" value=""/>
<b>3</b>	<input type="text" value=""/>	<input type="radio"/>	<input type="radio"/>	<input type="text" value=""/>
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text" value=""/>
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text" value=""/>
<b>4</b>	<input type="text" value=""/>	<input type="radio"/>	<input type="radio"/>	<input type="text" value=""/>
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text" value=""/>
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text" value=""/>
<b>5</b>	<input type="text" value=""/>	<input type="radio"/>	<input type="radio"/>	<input type="text" value=""/>
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text" value=""/>
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text" value=""/>
<b>6</b>	<input type="text" value=""/>	<input type="radio"/>	<input type="radio"/>	<input type="text" value=""/>
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text" value=""/>
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text" value=""/>
<b>7</b>	<input type="text" value=""/>	<input type="radio"/>	<input type="radio"/>	<input type="text" value=""/>
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text" value=""/>
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text" value=""/>
<b>8</b>	<input type="text" value=""/>	<input type="radio"/>	<input type="radio"/>	<input type="text" value=""/>
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text" value=""/>
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text" value=""/>
<b>9</b>	<input type="text" value=""/>	<input type="radio"/>	<input type="radio"/>	<input type="text" value=""/>
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text" value=""/>
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text" value=""/>
<b>10</b>	<input type="text" value=""/>	<input type="radio"/>	<input type="radio"/>	<input type="text" value=""/>
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text" value=""/>
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text" value=""/>

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Section E: Present Level of Performance

Performance Area: Reading
Assessment/Monitoring Process Used: SBAC, observation
State/District Assessment Results: ELA SBAC 2018 2371 not met

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

Strengths: Paz was able to phonetically sound out multi-syllable words he is unfamiliar with by sight. His comprehension skills continue to improve.
Needs: Paz continues to struggle with narrative and expository comprehension skills. He needs to practice phonemic awareness to further develop his reading fluency and improve his vocabulary.
Impact of Disability: Paz's Specific Learning Disability in visual and auditory processing and expressive language challenges make it difficult for him to remember and relate learned information which impacts his involvement and progress in the English curriculum in the general education setting.

Performance Area: Writing
Assessment/Monitoring Process Used: SBAC, observation
State/District Assessment Results: ELA SBAC 2018 2371 not met

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

Strengths: Paz knows basic capitalization, punctuation and spelling rules. He can put together multiple paragraphs on a topic that he is familiar with. Paz is able to expand and vary his sentences as well as use a thesaurus to vary his vocabulary.
Needs: Paz is inconsistent with the steps of the writing process, especially between edit and revise. He has difficulty with grammar and writing sentences in a consistent tense.
Impact of Disability: Paz's Specific Learning Disability in visual and auditory processing and expressive language challenges make it difficult for him to remember and relate learned information which impacts his involvement and progress in the English curriculum in the general education setting.

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Section F: Eligibility

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

[Empty text box for disability discussion]

For Initial IEP, interventions attempted prior to determining eligibility:

[Empty text box for interventions]

Eligible as a student with the disability of:

Code: SLD Specific Learning Disability

- Not Applicable, Blind or Partially Sighted

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

Code: [Empty]

- Not Applicable, Blind or Partially Sighted

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

or

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

No Longer Eligible (Effective Date): [Empty]

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

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

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

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

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**Section G: Annual Goals and Objectives**

Performance Area:  Annual Goal #:

COHEN PAZ will determine a central idea of an informational text and analyze its development over the course of the text, including how it emerges and is shaped and refined by specific details in 3 passages as measured by teacher observation in 4 out of 5 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:**

COHEN PAZ will determine a central idea of an informational text and analyze its development over the course of the text, including how it emerges and is shaped and refined by specific details in 3 passages as measured by teacher observation in 3 out of 5 trials with 70% accuracy.

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

COHEN PAZ will determine a central idea of an informational text and analyze its development over the course of the text, including how it emerges and is shaped and refined by specific details in 3 passages as measured by teacher observation in 3 out of 5 trials with 75% 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"/>

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Meeting Date

**Section G: Annual Goals and Objectives**

Performance Area:  Annual Goal #:

COHEN PAZ will produce clear and coherent writing in which the development, organization, and style are appropriate to task, purpose, and audience in 3 essays as measured by student work in 4 out of 5 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:**

COHEN PAZ will produce clear and coherent writing in which the development, organization, and style are appropriate to task, purpose, and audience in 3 essays as measured by student work in 3 out of 5 trials with 70% accuracy.

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

COHEN PAZ will produce clear and coherent writing in which the development, organization, and style are appropriate to task, purpose, and audience in 3 essays as measured by student work in 3 out of 5 trials with 75% 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 Date: <input type="text"/>	2nd Reporting Period Date: <input type="text"/>	3rd Reporting Period Date: <input type="text"/>	4th Reporting Period (Secondary Only) Date: <input type="text"/>	Goal Achievement
Progress Mark: <input type="text"/>	Progress Mark: <input type="text"/>	Progress Mark: <input type="text"/>	Progress Mark: <input type="text"/>	Objective 1 Met: <input type="radio"/> Yes <input type="radio"/> No
Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Objective 2 Met: <input type="radio"/> Yes <input type="radio"/> No
If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please explain: <input type="text"/>

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

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**Student**

COHEN

Last

PAZ

First

MI

**Date of Birth**

24-MAY-2005

**Meeting Date**

03-MAY-2019

**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.

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Student

COHEN

PAZ

Date of Birth

24-MAY-2005

Meeting Date

03-MAY-2019

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.



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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. Rows include Student, Student, D. Quesada, D. Quesada, 08-APR-2019, 22-APR-2019.

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 3-MAY-2019

### 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>B. Regarding your child's previous IEP (if relevant):</b>			
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!

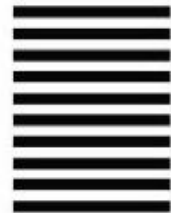


NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**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 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="Miriam Cohen"/>	<input type="text"/>
Parent/Guardian	<input type="text" value="Arick Cohen"/>	<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"/>	<input type="text"/>
Administrative Designee	<input type="text" value="Ilene Belatsky"/>	<input type="text"/>
Special Education Teacher	<input type="text" value="Ellen Kaplan"/>	<input type="text"/>
General Education Teacher	<input type="text" value="Susanna Kim-Chong"/>	<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"/>	<input type="text"/>	<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"/>

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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 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. After reaching the Step that indicates YES, it is also required to complete Step F.

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. In selecting the LRE, consideration is given to any potential harmful effect on the child or on the quality of services that he or she needs.

<b>Step A.</b>	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.
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	

<b>Step B.</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.
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	

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?

Yes  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.

Yes  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?

Yes  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.

Yes  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?

Yes  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)

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ANNUAL LEAST RESTRICTIVE ENVIRONMENT ANALYSIS (Continued)

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

<b>Step F.</b>	The student's needs as reflected in the contents of this IEP, and the placement being considered by the IEP team, outweigh any potential harmful effects at this time, including (check all that apply):	
	<input type="checkbox"/> Diminished access to the full range of the curriculum <input type="checkbox"/> Missed general education instruction taught by highly qualified staff <input type="checkbox"/> Rate at which student may earn credits for graduation <input type="checkbox"/> Lack of opportunity for social interaction <input type="checkbox"/> Lack of opportunities for age-appropriate peer role models <input type="checkbox"/> Amount of socialization opportunities with typical peers <input type="checkbox"/> Limited access to peers in student's home community <input type="checkbox"/> Lack of exposure to appropriate behavioral models from peers <input checked="" type="checkbox"/> Other: <input type="text" value="more one on one attention"/>	



**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" value="03-MAY-2019"/>	<input type="text" value="12-AUG-2019"/>
Eligibility: (from Page 4)		<b>Eligible (SLD)</b>	
	Final IEP Reason Final IEP Effective Date:		
Curriculum		<input type="text" value="General Education"/>	<input type="text" value="General Education"/>
Placement	Type of School	<input type="text" value="District Resident School"/>	<input type="text" value="Independent Charter School"/>
	Name of School	<input type="text" value="NOBEL CMS"/>	<input type="text" value="GRANADA HILLS HS (CHARTER)"/>
Instructional Setting	Setting	<input type="text" value="Special Education"/>	<input type="text" value="Special Education"/>
	Program	<input type="text" value="SLD"/>	<input type="text" value="SLD"/>
	Special Day Minutes/Wk	<input type="text" value="245"/>	<input type="text" value="275"/>
	Addresses Goals	<input type="text" value="1(Reading 9-10 RI.2),2(Writing 6-12 W.4)"/>	<input type="text" value="1(Reading 9-10 RI.2),2(Writing 6-12 W.4)"/>
Additional Factors	Low Incident Support	<input type="text" value="None"/>	<input type="text" value="None"/>
	Assistive Technology Support	<input type="text" value="No"/>	<input type="text" value="No"/>
	Transportation	<input type="text" value="None"/>	<input type="text" value="None"/>
	Extended School Year/Intersession	<input type="radio"/> Yes <input checked="" type="radio"/> No	
	Parent Counseling and Training (PCT)	<input type="radio"/> Yes <input checked="" type="radio"/> No	
	ESY Transportation	<input type="text"/>	
Accommodation, Modifications, Supports	Instructional Accommodations	*extra time given up to time and a half for tests, quizzes and 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, quizzes and 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





		<p>*extra time given up to time and a half for tests, quizzes and 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</p>	
	<p><b>Instructional Modifications</b></p>	<p>n/a</p>	<p>n/a</p>
	<p><b>Other Supports, including Non-Academic and Extra-curricular Activities</b></p>	<p>n/a</p>	<p>n/a</p>
<p><b>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.)</b></p>	<p><b>Do the Parent and the District (local educational agency) agree that a reassessment is unnecessary?</b></p>	<p><input type="radio"/> Yes   <input type="radio"/> No</p>	
	<p><b>If the Parent does not agree, specify the area(s) to be reassessed.</b></p>		
<p><b>Comments, as appropriate</b></p>			
<p><b>Low Incidence Equipment</b></p>			

<b>Assistive Technology Equipment</b>	
<b>Participation in General Education</b>	Paz will be programmed into general education classes for math, history and health for the 2019-2020.

**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

		<b>Effective With This IEP</b>	<b>Future Changes Related To This IEP</b>
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**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
<b>% of Time per Week outside of General Education</b>	<input type="text" value="13"/>	

**Part 4 - Additional Discussion (This section is optional)**

This is the transition IEP for high school. Paz resides within the catchment area of Granada High School, an independent charter school. The parents have submitted an application and the student is accepted for the 2019-2020 school year. Paz will be programmed into the SDP Skills class for literacy in addition to a co-taught English class in order to receive the added academic support the student requires to access the curriculum and gain some educational benefit. The co-taught class has a general education and special education teacher, as well as a teaching assistant, to serve the needs of each student in the class.

Paz will participate in general education history, math and health classes for the 2019-2020 school year.

**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**

<b>Program:</b>	SLD	<b>Setting:</b>	Special Education
<b>Eligibility:</b>	Eligible (SLD)	<b>Curriculum:</b>	General Education
<b>Transportation:</b>	None	<b>Low Incident Support:</b>	None
<b>Date District Received Parent Signature:</b>	03-May-2019		

Service Code	Service Desc	Start Date	Service Applies To	Interval	Frequency	Area	Total Minutes	Addresses Goal(s)	No Consent
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**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.

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

(ITP, pg. 1 of 3)

Student     
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**INDIVIDUAL TRANSITION PLAN (ITP)**

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

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

Area	Completed			If no, indicate reason
Education/Training Activity	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> First ITP	<input type="text"/>
Employment Activity	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input 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 I: 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="Curriculum-Based Measurements-see page 3 of IEP"/> If other? <input type="text"/>	<input type="text" value="28-AUG-2018"/>	Ready Set Go is a transition inventory . Paz is interested in computer programming and working in the medical field. He enjoys sports and camping.
<input type="text"/> If other? <input type="text"/>	<input type="text"/>	<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
<input type="text" value="develop a personal career / education plan"/> If other? <input type="text"/>	<input type="text" value="01-MAY-2020"/>	<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"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

(ITP, pg. 2 of 3)

Student     
 Last First MI

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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)
<input type="text" value="Commercially-produced assessment"/> <input type="text" value="If other?"/> <input type="text"/>	<input type="text" value="28-AUG-2018"/>	Paz is interested in working in a clinic or hospital. He is not sure what he would like to pursue exactly just that its in the field of medicine.
<input type="text"/> <input type="text" value="If other?"/> <input type="text"/>	<input type="text"/>	

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

Employment Activity to Support Goal	Timeline	Person/Agency Responsible
<input type="text" value="develop a career plan and identify career goals"/> <input type="text" value="If other?"/> <input type="text"/>	<input type="text" value="01-MAY-2020"/>	<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"/>

Section 3: Independent Living (as needed)

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"/> <input type="text" value="If other?"/> <input type="text"/>	<input type="text"/>	
<input type="text"/> <input type="text" value="If other?"/> <input type="text"/>	<input type="text"/>	

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

Independent Living Activity to Support Goal	Timeline	Person/Agency Responsible
<input type="text"/> <input type="text" value="If other?"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

(ITP, pg. 3 of 3)

Student     
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INDIVIDUAL TRANSITION PLAN (IEP)

**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 be enrolled in a course of study at high school that will prepare him to graduate with a diploma and attend community/vocational school of choice. Courses taken, will include the district's requirements for graduation as well as CAHSEE preparation and electives chosen by Paz.

**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:

Agency Name:

Agency Name:

- |                                                                                                                                                                                                                                                                  |                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| 1. Does the student's IEP include appropriate measurable postsecondary goals that cover education/training, employment and, as needed, independent living? <i>info</i>                                                                                           | 1. <input checked="" type="checkbox"/> Yes                           |
| 2. Are the postsecondary goals updated annually? <i>info</i>                                                                                                                                                                                                     | 2. <input checked="" type="checkbox"/> Yes                           |
| 3. Is there evidence that the measurable postsecondary goals were based on age appropriate transition assessment? <i>info</i>                                                                                                                                    | 3. <input checked="" type="checkbox"/> Yes                           |
| 4. Are there transition services that will reasonably enable the student to meet their postsecondary goals? <i>info</i>                                                                                                                                          | 4. <input checked="" type="checkbox"/> Yes                           |
| 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? <i>info</i> | 5. <input checked="" type="checkbox"/> Yes                           |
| 6. Is (are) there annual IEP goal(s) related to the student's transition services needs? <i>info</i>                                                                                                                                                             | 6. <input checked="" type="checkbox"/> Yes                           |
| 7. Is there evidence that the student was invited to the IEP team meeting where transition services were discussed? <i>info</i>                                                                                                                                  | 7. <input checked="" type="checkbox"/> Yes                           |
| 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? <i>info</i>                                      | 8. <input type="checkbox"/> Yes <input checked="" type="radio"/> N/A |