

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP Page 1 of 24

Student Identification Number 122111F005

Eligible (SLI)

Student COHEN LORI C
Last First MI

Date of Birth 21-DEC-2011

Section A: Meeting Information

Table with 2 columns: Pertinent Dates, Type of Meeting. Includes fields for meeting dates and types like Initial, Annual Review, etc.

Section B: Student Information

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

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Student COHEN

LORI

C

Date of Birth 21-DEC-2011

Meeting Date 06-DEC-2016

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

Table with columns: Goal for, Achieved (Yes/No), and If No, explain the reason. Rows 1-10 with sub-rows for Objective 1 and Objective 2 met.

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Los Angeles Unified School District

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Student COHEN

LORI

C

Date of Birth 21-DEC-2011

Meeting Date 06-DEC-2016

Section E: Present Level of Performance

Performance Area: Health

Assessment/Monitoring Process Used: Parent interview, LAUSD Audio/Vision/Health screening 11/16/2016

State/District Assessment Results:

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

Lori is 4.11 year old female with a history of speech delay. Parents are concerned with her speech and for her to learn the American Sign Language. Information was given by mother though sign language interpreter Tania Amaya. Birth history: Full term uncomplicated pregnancy, normal delivery. B.W. 7 pounds and 4 ounces (3.35kg).

Developmental milestones: Within normal limits except in the area of speech. Sat at 7-8 months, crawled at 5-6 months, walked and had words at 10- 11 months. She was toilet trained at 24 months.

Current growth measurements are as follows: height at 45 inches weight at 50.2 pounds. Weight higher than normal, BMI@ 99%.

STRENGTHS: She is Independent in toileting and feeding. Regular diet, appetite fair per mother. She is alert, active and ambulatory. She passed vision screening both eyes using LEA symbol chart on 11/16/2016. Passed audio screen bilaterally on 11/16/2016. Passed newborn screening at birth. No hospitalizations, surgery, serious accident, injuries. Allergy: None to food or drugs, No current medical diagnosis or use of any prescription medications.

AREAS OF NEED: None identified in the area of health.

IMPACT OF DISABILITY: Student's health does not adversely affect her participation, performance or access in her educational curriculum.

ACCOMMODATIONS: None required in the area of health
Myrna Agorrilla, R.N. Early Childhood education Support Services
11/16/2016

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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Student COHEN

LORI

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Date of Birth 21-DEC-2011

Meeting Date 06-DEC-2016

Section E: Present Level of Performance

Performance Area: Cognitive/Motor Function

Assessment/Monitoring Process Used: Psychoeducational Assessment

State/District Assessment Results:

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

STRENGTHS: Lori demonstrated low average ability in the area of visual processing, visual-motor integration, attention processing, conceptualization and association. However, due to expressive and receptive language delays, these scores may under-represent her actual cognitive abilities. In motor skills, Lori is able to copy a circle and line, draw in a path, cut with scissors and fold a paper 3 times. She is able to throw a ball to an adult standing 5 feet away and go up stairs taking one stair with each foot.

NEEDS: Below average ability was demonstrated in the areas of expression and auditory processing. Lori is unable to copy two intersecting lines.

IMPACT OF DISABILITY: Based on assessment results of the Speech and Language assessment, due to her eligibility of SLI, Lori's receptive and expressive language impact her ability to interact/be understood by peers/adults which impacts her involvement and progress in the general education curriculum.

Performance Area: Social Emotional/Adaptive

Assessment/Monitoring Process Used: Psychoeducational Assessment

State/District Assessment Results:

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

STRENGTHS: In social-emotional / adaptive functioning, teacher reports that Lori follows rules and directions, plays with other children, shares her toys and comes to the teacher if there is a conflict. Lori shows enthusiasm for learning and no areas of concern were noted regarding her behavior, peer relations or work habits. Parent reports that Lori is happy, enjoys playing with toys, talking about her day and communicating to parents. She enjoys doing art, puzzles, talking with her toys, dancing and music. She has no problems getting along with other children. Formal rating scales indicate average skills in adaptive functioning.

NEEDS: Formal rating scales indicate below average skills in social-emotional functioning. Teacher reports that when socially engaging with peers, Lori does not engage in verbal language.

IMPACT OF DISABILITY: Based on assessment results of the Speech and Language assessment, due to her eligibility of SLI, Lori's receptive and expressive language impact her ability to interact/be understood by peers/adults which impacts her involvement and progress in the general education curriculum.

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Student COHEN

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Meeting Date 06-DEC-2016

Section E: Present Level of Performance

Performance Area: Articulation/Language

Assessment/Monitoring Process Used: CASL, ROWPVT, EOWPVT, language sample, observations, parent/teacher reports

State/District Assessment Results:

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



Services to date: This is Lori's initial assessment for speech and language services. She is currently attending a general education classroom at Broadous Early Education Center. Lori has been receiving informal services via the LAUSD speech improvement class since August 2014. Additionally Language and articulation strategies and modifications to the curriculum were given to the teacher and implemented for over a year.

Strengths: Lori demonstrated the following receptive language skills on the PLS-5, understood spatial concepts (off, in, out), understood quantitative concepts (one, some, more), made inferences (Charlie played outside and got his shoes wet. How do you think Charlie's shoes got wet?), understood some negatives (not), identified colors, understood sentences with post noun elaboration (point to the white kitten that is sleeping, the small black kitten that is in the box), pointed to letters, identified one advanced body part (elbow), and demonstrated a few emergent literacy skills (understood front cover of book, page in the book). She demonstrated the following expressive language skills on the PLS-5, produced one 4 or 5 word sentence (Are you ok Ms. Dara, Teacher look at this baby), sometimes used present progressive verb+ing (eating), sometimes answer basic what and where questions correctly (What is he doing? A: He doing washing. She used subjective pronouns (he, she), articles (a, the) and negatives (no). She typically used simple sentence forms and her vocabulary mostly consisted of basic and concrete nouns, verbs and a few prepositions and modifiers.

Needs: In terms of her oral language skills, Lori's overall oral language standard score on the CASL was 60 which fell below the average range of 85-115 and indicates that her oral language skills are severely below average for her chronological age at this time. She demonstrated difficulty on following areas of the CASL;

Performance Area: Continued

Assessment/Monitoring Process Used:

State/District Assessment Results:

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



paragraph comprehension, pragmatic judgment, basic concepts, sentence completion and syntax construction. Her score for receptive and expressive vocabulary on the ROWPVT and EOWPVT were 78 and 74 respectively which both fell below average limits.

In terms of her articulation skills, Lori demonstrated the following phonological processes; Gliding (bwide/bridge), Syllable Reduction (puter/computer), Vocalization (seaa/seal), Stopping (ban/van, teese/cheese). She demonstrated the following articulation deviations during the assessment; Sound Substitutions-l/n (life/knife)-sound not developmental for age, n/ing (keen/king), f/th (teef/teeth), g/b (blug/glove), d/zcha (treadure/treasure)-sound not developmental for age. Lori also demonstrated final consonant deletion (schoo/school) during the assessment. Lori's speech was judged to be intelligible 60-80% of the time to a familiar listener.

Impact of disability: Due to her eligibility of SLI, Lori's deficits in receptive and expressive language and articulation make it difficult for her to express her needs and thoughts, stay on topic during classroom activities and may interfere with her interactions with peers and adults which impacts her ability to access and participate fully in her academic curriculum.

Recommendations: It is recommended that Lori receive LAS services twice a week for a total of 60 minutes per week to address her language and articulation needs.

Accommodations/modifications: Pair visual (pictures) and verbal prompts and models as needed for increasing vocabulary, and for helping student to comprehend verbal and written information, and for following directions in class. Preteach, review and reteach information to increase comprehension. Use language expansion techniques (narrative talk, adding length and description to spontaneous utterances, repeating and rephrasing as needed). Provide praise and reward as needed for expanded sentences and spontaneous use of new vocabulary. Model the correct production of sounds in error.

Carmen Malik, MS CCC-SLP
Speech-Language Pathologist

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Section F: Eligibility

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

For Initial IEP, interventions attempted prior to determining eligibility:

Individual instruction, small group instruction, picture cues, repetition of instruction, expansion of sentences, informal speech instruction, monitoring for comprehension, extended time for responses

Eligible as a student with the disability of:

Code: SLI Speech Or Language Impairment

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

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Student

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area:

Annual Goal #

Lori will draw a picture with different lines and shapes and label it, (e.g., draws a square shape and says, This is my house .) on 4 occasions during a school week

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

Methods of Evaluation:

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

Incremental objective #1 related to the goal:

With adult modeling and cues, Lori will draw a picture with different lines and shapes and label it, (e.g., draws a square shape and says, This is my house .) on 4 occasions during a school week

Date to be achieved MO/YR

Incremental objective #2 related to the goal:

With adult cues, Lori will draw a picture with different lines and shapes and label it, (e.g., draws a square shape and says, This is my house . Draws a face and labels it) on 4 occasions during a school week

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

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Los Angeles Unified School District

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Student

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area:

Annual Goal #

Lori will follow unfamiliar two-step directions , on 3 opportunities, during a school day.

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:

Lori will follow unfamiliar two-step directions a with adult assistance, on 3 opportunities, during a school day.

Date to be achieved MO/YR

Incremental objective #2 related to the goal:

Lori will follow unfamiliar two-step directions with adult cues, on 3 opportunities, during a school day.

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

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Student COHEN LORI C

Date of Birth 21-DEC-2011

Meeting Date 06-DEC-2016

Section G: Annual Goals and Objectives

Performance Area: language

Annual Goal # 3 GB

Lori will answer questions using a complete sentence, on 4 occasions, during a school day.

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:

Lori will answer questions using 2-3 words with adult modeling, and assistance on 4 occasions, during a school day.

Date to be achieved April 2017 MO/YR

Incremental objective #2 related to the goal:

Lori will answer questions using a 4-6 words, with adult assistance, on 4 occasions, during a school day.

Date to be achieved August 2017 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: _____	Date: _____	Date: _____	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 #

Lori will fill in a phrase while singing along, or reciting nursery rhymes or fingerplays on 4 occasions in a school week

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:

Lori will join in (e.g., gestures, word approximations) nursery rhymes, songs, and fingerplays, on 4 occasions, during a school week.

Date to be achieved MO/YR

Incremental objective #2 related to the goal:

Lori will fill in the blank while singing along, or reciting nursery rhymes or fingerplays on 4 occasions in a school week

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

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Date of Birth 21-DEC-2011

Meeting Date 06-DEC-2016

Section G: Annual Goals and Objectives

Performance Area:

Annual Goal # GB

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:

Date to be achieved MO/YR

Incremental objective #2 related to the goal:

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

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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: <div style="border: 1px solid black; height: 80px;"></div>

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Student COHEN LORI C **Date of Birth** 21-DEC-2011 **Meeting Date** 06-DEC-2016

Section G: Annual Goals and Objectives

Performance Area: Phonology

Annual Goal # GB

Lori will reduce the phonological processes of stopping and final consonant deletion by producing age appropriate sounds in the final position of words, and /f,v,ch,th/ in all positions of words with 65% accuracy and moderate cues/support.

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:

Lori will reduce the phonological processes of stopping and final consonant deletion by producing age appropriate sounds in the final position of words, and /f,v,ch,th/ in all positions of words with 60% accuracy and maximum cues/support.

Date to be achieved April 2017 MO/YR

Incremental objective #2 related to the goal:

Lori will reduce the phonological processes of stopping and final consonant deletion by producing age appropriate sounds in the final position of words, and /f,v,ch,th/ in all positions of words with 65% accuracy and maximum cues/support.

Date to be achieved August 2017 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) Date:	Goal Achievement
Date: _____	Date: _____	Date: _____	_____	
Progress Mark: _____	Progress Mark: _____	Progress Mark: _____	Progress Mark: _____	Objective 1 Met: <input type="radio"/> Yes <input type="radio"/> No
Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Objective 2 Met: <input type="radio"/> Yes <input type="radio"/> No
If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other _____	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other _____	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other _____	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other _____	If "No" please explain: _____

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

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Student COHEN LORI C

Date of Birth 21-DEC-2011

Meeting Date 06-DEC-2016

Section G: Annual Goals and Objectives

Performance Area: Expressive Language

Annual Goal # GB

Lori will increase her semantic language skills by stating the opposite word of word and then using it in a verbal sentence with 65% accuracy and moderate cues/support.

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:

Lori will increase her semantic language skills by stating the opposite word of word and then using it in a verbal sentence with 60% accuracy and maximum cues/support.

Date to be achieved April 2017 MO/YR

Incremental objective #2 related to the goal:

Lori will increase her semantic language skills by stating the opposite word of word and then using it in a verbal sentence with 65% accuracy and maximum cues/support.

Date to be achieved August 2017 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) Date:	Goal Achievement
Date: _____	Date: _____	Date: _____	_____	
Progress Mark: _____	Progress Mark: _____	Progress Mark: _____	Progress Mark: _____	Objective 1 Met: <input type="radio"/> Yes <input type="radio"/> No
Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Objective 2 Met: <input type="radio"/> Yes <input type="radio"/> No
If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other _____	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other _____	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other _____	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other _____	If "No" please explain: _____

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP Page 5 a b c d e f g h i j of 24

Student COHEN LORI C

Date of Birth 21-DEC-2011

Meeting Date 06-DEC-2016

Section G: Annual Goals and Objectives

Performance Area: Receptive Language

Annual Goal # GB

Lori will answer questions after listening to a short paragraph verbalized with 65% accuracy and moderate cues/support/repetitions.

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:

Lori will answer questions after listening to a 1-2 sentences verbalized with 60% accuracy and maximum cues/support/repetitions.

Date to be achieved April 2017 MO/YR

Incremental objective #2 related to the goal:

Lori will answer questions after listening to 1-3 sentences verbalized with 65% accuracy and maximum cues/support/repetitions.

Date to be achieved August 2017 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: _____	Date: _____	Date: _____	Date: _____	
Progress Mark: _____	Progress Mark: _____	Progress Mark: _____	Progress Mark: _____	Objective 1 Met: <input type="radio"/> Yes <input type="radio"/> No
Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Objective 2 Met: <input type="radio"/> Yes <input type="radio"/> No
If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other _____	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other _____	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other _____	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other _____	If "No" please explain: _____

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

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Student COHEN

LORI

C

Date of Birth 21-DEC-2011

Meeting Date 06-DEC-2016

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.

DRDP-A - (Adaptations identified below are applicable)

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

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Student	COHEN	LORI	C	Date of Birth	21-DEC-2011	Meeting Date	06-DEC-2016
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Section N: Procedural Safeguards and Follow-up Actions

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

Is the parent/guardian requesting translation services? Yes No

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

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Student Date of Birth Meeting Date

Section Q: Parent Participation and Consent

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

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** to all components of the proposed IEP **WITH THE SPECIFIC EXCEPTION(S)** stated below:
- Assessment Specify _____
 - Eligibility Specify _____
 - Instructional Setting Specify _____
 - Services Specify _____

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

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

Parent Concerns and Comments

Signature(s) _____ / _____ Date

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

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

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

Signature(s) _____ / _____ Date

PARENT INPUT SURVEY

Would you please take a moment to complete the survey below.
The information you provide will help us improve the Individualized Education Program (IEP) process. Thank you in advance for your time and interest.

ALL INFORMATION IS CONFIDENTIAL

DIRECTIONS: After each statement, please place an X on the line that describes your experience with your child's IEP.

A. Regarding your child's current IEP:	Yes	No	Does Not Apply
1. I am satisfied with the IEP meeting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I feel that the IEP accurately reflects the decisions made at the IEP meeting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I received notice of the IEP meeting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I received "The IEP and You" handbook with the notice of the IEP meeting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. During the IEP process I received "A Parent's Guide to Special Education Services (Including Procedural Rights and Safeguards)" explaining my rights as a parent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The IEP meeting was held in an appropriate setting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I feel I was treated as an equal and important part of the IEP team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The participants at the IEP meeting were prepared and informed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Placements for my child, including the general education setting, were discussed and decided upon.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Related services were discussed and decided upon, if relevant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. If my child is 14 years old or older, an Individualized Transition Plan (ITP) was developed with my child's and my concerns in mind.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. At the end of the IEP meeting the decisions were summarized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. If I needed an oral interpretation of the IEP team meeting an interpreter was provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. The interpretation of the IEP team meeting enabled me to participate and make an informed decision regarding my child's IEP during the IEP meeting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. The interpreter stayed for the duration of the IEP team meeting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. If the interpreter left the IEP meeting before it was over, another staff member served as the interpreter and the interpretation was adequate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I am aware that, if I am dissatisfied with the adequacy of the oral interpretation at the IEP team meeting, I can file a complaint with the Educational Equity Compliance Office at (213) 241-7682.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. If I needed a written translation of the IEP, translation services were offered.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I am aware that, if I do not receive a copy of the translated IEP, I can contact the site administrator or call the Division of Special Education at (213) 241-6701.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If any of the answers to items 13-16 or 18-19 was No, please discuss your concern(s) with the site administrator or call the Division of Special Education at (213) 241-6701.			
B. Regarding your child's previous IEP (if relevant):			
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!

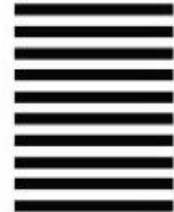


NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

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)
INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

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Reconvened Meeting Date

Student COHEN

LORI

C

Date of Birth 21-DEC-2011

Meeting Date 06-DEC-2016

Section R: Names and Signatures (Signatures on File)

Team Member	Print Name	Signature
Parent/Guardian	Victoria Berkley	
Parent/Guardian		
Student Age 18 - 21 years		
Student Under Age 18 years		
Surrogate Parent		
Foster Parent		
Family Foster Home Provider		
Administrator	Rachel Mermell	
Administrative Designee		
Special Education Teacher	Dara Fleming	
General Education Teacher	Ani Nicholas	
School Psychologist	Eric Salzman	
School Nurse		
Related Service Staff LAS	Carmen Malik	
Related Service Staff		
Related Service Staff		
Interpreter		
Sign Language Interpreter		
Agency Representative		
Agency Representative		
Agency Representative		
Other		
Other		
Other		
Other		

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student

Date of Birth

Meeting Date

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

Student's Current Placement Type:

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

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

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

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

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

Los Angeles Unified School District

Student

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="06-DEC-2016"/>	
Eligibility: (from Page 4)		Eligible (SLI)	
	Final IEP Reason Final IEP Effective Date:		//
Curriculum		General Education	
Placement	Type of School	District Early Education Center	
	Name of School	BROADOUS EEC	
Instructional Setting	Setting	General Education	
	Program	PCC	
	Special Day Minutes/Wk		
	Addresses Goals	1(Cognitive),(Expressive Language),2(receptive language),4(Language),(Receptive Language),(Phonology),3(language)	//
Additional Factors	Low Incident Support	None	
	Assistive Technology Support	No	
	Transportation	Home to School	
	Extended School Year/Intersession	Yes <input type="radio"/> No <input checked="" type="radio"/>	
	ESY Transportation		
Accommodation, Modifications, Supports	Instructional Accommodations	Modeling of language, repetition, extra time to respond, small group instruction, verbal and visual prompts, praise, and provide opportunities for social interaction with peers.	//
	Instructional Modifications		//
	Other Supports, including Non-Academic and Extra-curricular Activities		//
Preparation for Three Year Review IEP (Complete at second annual review IEP Meeting)	Is formal assessment needed to re-establish eligibility?	Yes <input type="radio"/> No <input checked="" type="radio"/>	
	If yes, specify area(s) to be reassessed		
Comments, as appropriate			
Low Incidence Equipment			
Assistive Technology Equipment			
Participation in General Education			

Individualized Education Program (IEP)
INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student COHEN LORI C **Date of Birth** 21-DEC-2011 **Meeting Date** 06-DEC-2016

Effective With This IEP

**Future Changes
Related To This IEP**

Service 1

Start Date: Effective on Signature Date
06-Dec-2016

10

End Date:

Language/Speech

Service applies to: Regular

Frequency: 1-5

This service addresses the following
goals:

Interval: Weekly

(Expressive Language)

Minutes/Interval: 60

(Receptive Language)

Minutes/Interval (Pullout from Gen Ed): 60

(Phonology)

3(language)

Service Delivery Model: Direct Service (Collaborative)*

Area: School-Based

Responsible Personnel: Licensed/Credentialed Provider
Special Education Teacher

*

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	4 %	

Part 4 - Additional Discussion (This section is optional)

DATA/TRANSPORTATION TRANSFER FORM

This information is for data collection and record keeping purposes only. It is not part of the IEP.

At the conclusion of the IEP team meeting: (1) Fax a copy of this form and page one of the IEP to the School Support for your school. (2) Mail one copy of this form and one copy of page one of the IEP to the School Support Office for your school.

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

SCHOOL SETTING

- | | | | | |
|--|---|--|--|--|
| <input type="radio"/> District School of Residence | <input type="radio"/> District Non-residence School | <input type="radio"/> Head Start | <input type="radio"/> Community College | <input checked="" type="radio"/> District Early Education Center |
| <input type="radio"/> District Special Education School/Center | <input type="radio"/> Nonpublic School | <input type="radio"/> Nonpublic Agency | <input type="radio"/> State Residential School | |
| <input type="radio"/> Dual Enrollment | <input type="radio"/> Home | <input type="radio"/> Hospital | <input type="radio"/> Private/Parochial School | <input type="radio"/> Other <input type="text"/> |

RELATED SERVICES

- Check:
- | | | |
|--|--|--|
| <input type="checkbox"/> Assistant - Class | <input type="checkbox"/> Health Care Assistant - Class | <input type="checkbox"/> Licensed Vocational Nurse - Class |
| <input type="checkbox"/> Assistant - Bus | <input type="checkbox"/> Health Care Assistant - Bus | <input type="checkbox"/> Licensed Vocational Nurse - Bus |

ASSIGNED SCHOOL (Complete if the information is known)

Assigned School Location Code

School Hours Begin End Arrival time for breakfast program

TRANSPORTATION INFORMATION (Complete for Students Requiring Transportation)

- | | | | | |
|--|---|---|--|---|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Bus Safety Vest | <input type="checkbox"/> G-Tube | <input type="checkbox"/> Seizures | <input type="checkbox"/> Ventilator |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Cardiac | <input type="checkbox"/> Helmet | <input type="checkbox"/> Shunt | <input type="checkbox"/> Walker |
| <input type="checkbox"/> Behavioral Support Plan | <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Lift Bus | <input type="checkbox"/> Sickle Cell | <input type="checkbox"/> Wheelchair |
| <input type="checkbox"/> Bleeder | <input checked="" type="checkbox"/> Child Safety Seat | <input type="checkbox"/> Muscular Dystrophy | <input type="checkbox"/> Spina Bifida | <input type="checkbox"/> Other <input type="text"/> |
| <input type="checkbox"/> Blind/Partially Sighted | <input type="checkbox"/> Crutches | <input type="checkbox"/> Medication | <input type="checkbox"/> Suctioning | |
| <input type="checkbox"/> Brittle Bones | <input type="checkbox"/> Deaf/Hard of Hearing | <input type="checkbox"/> Oxygen - Tank | <input type="checkbox"/> Therapy with Transportation | |
| <input type="checkbox"/> Brace | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Oxygen - Portable | <input type="checkbox"/> Tracheotomy | |

Prepared by Telephone Date

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

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Student COHEN LORI C **Date of Birth** 21-DEC-2011 **Meeting Date** 06-DEC-2016

FAPE Summary Grid

Program: PCC **Setting:** General Education
Eligibility: Eligible (SLI) **Curriculum:** General Education
Transportation: Home to School **Low Incident Support:** None

Service Code	Service Desc	Start Date	Service Applies To	Interval	Frequency	Area	Total Minutes	Addresses Goal(s)
10	Language/Speech	Effective on Signature Date	Regular	Weekly	1-5	School-Based	60	Expressive Language, Receptive Language, Phonology, language

For IEP Team Information

By clicking this box the IEP team has reviewed the FAPE Summary Page to ensure that it reflects the IEP Team decisions.

Los Angeles Unified School District
INDIVIDUALIZED EDUCATION PROGRAM
SPEECH LANGUAGE IMPAIRMENT (SLI) ELIGIBILITY CERTIFICATION

ATTACHMENT A

Student: LORI C. COHEN

Date of Birth: 21-DEC-2011

Meeting Date: 06-DEC-2016

This page is to be completed for initial IEPs, 3-year evaluations, or when a comprehensive speech-language evaluation has been conducted to determine whether SLI eligibility is appropriate.

Complete Step 1a or 1b**Step 1a. General Education Interventions - Check items as completed**

- Intervention strategies implemented, including English Language Instruction or RtI2 prevention support (including but not limited to school staff development regarding language standards in the curriculum and referral for Special Education, consultation between the classroom teacher and school speech therapist for appropriate classroom accommodations, consultation with the SSPT that includes an EL expert if student is identified as an English Learner).
- Intervention support monitored over several weeks, and modified interventions as necessary based on student response.
- Interventions were not successful, student referred for special education assessment.
- Screening by a speech therapist or a student success team meeting (including a speech therapist) with the focus being speech and language concerns OR an appropriate screening for non-LAUSD enrolled preschoolers.

Step 1b. Interventions Not Applicable

- Interventions not applicable for non-LAUSD enrolled preschoolers or when determined unnecessary by the speech therapist.

Step 2. Review of Pre-referral Information - Check items as applicable

- The speech or language delay does not appear to be due to unfamiliarity with English.
- The delay does not appear to be due to a lack of instruction in English, dialectical factors or limited language experience.
- The delay does not appear to be due to environmental factors.
- The delay does not appear to be due to economic factors.
- The delay does not appear to be due to social or cultural factors.

Step 3. Assessment - Check either A or B, and complete the remaining items

- A. Student has received an assessment by a school psychologist that gives an indication of where the student's general ability lies. (if a language impairment is suspected) **OR**
- B. A psychological assessment is not required if the suspected area of disability is voice, fluency or articulation.
 - Student has received a health assessment that rules out whether an inability to communicate effectively is a result of a health or sensory condition.
 - A credentialed or licensed speech therapist has conducted a comprehensive evaluation, including assessment in the student's primary language, that consists of multiple measures of assessment, including but not limited to standardized test instruments (or alternate forms of assessment if necessary), formal speech/language sample, parent interview or checklist, teacher interview or checklist, and observation in various communication settings.

Complete Step 4**Step 4. Determination of Eligibility of Speech Language Impairment (as the only identified special education eligibility)**

- A. Student meets one or more of the following criteria (check each disorder that applies):
 - A language disorder, which has been identified in an assessment that includes use of two or more standardized tests in one or more of the following areas of language development: morphology, syntax, semantics, or pragmatics where the resulting scores are at least 1.5 S.D. below the mean or below the 7th percentile for the student's chronological age or developmental level and a 50-utterance representative spontaneous language sample where the student displays inappropriate or inadequate usage of receptive and/or expressive language. Note: When standardized tests are considered to be invalid for the specific student, the expected language performance level shall be determined by alternative means as specified on the assessment plan [5 CCR 3030 (c)(4)].
 - An articulation disorder (e.g., Pronunciation), which draws adverse attention, significantly interferes with communication and has been identified in an assessment that includes a conversational speech sample which reveals significant interference with communication and identifies single or multiple speech sound errors that are below the student's chronological age or developmental level.
 - A fluency disorder (e.g., Stuttering), which has been identified in an assessment that demonstrates that the flow of verbal expression adversely affects communication between the student and the listener in multiple communication settings and the dysfluency has persisted over time.
 - A voice disorder (e.g., Chronic Hoarseness, Pitch Variations), which has been identified in an assessment by a speech therapist after the etiology has been cleared by a Medical Doctor, in writing.
- B. The impairment has a significant adverse affect on the student's academic performance.
- C. The presenting Speech Language Impairment is not due to: social maladjustment, health factors, poor school attendance, environmental, economic, or social disadvantage, lack of instruction or the unfamiliarity with the English language.

Complete Step 5**Step 5. Consideration for additional special education service(s): Complete A or B.**

- A. In the event a student with eligibility of Speech Language Impairment is being considered for special education academic services and/or support, an updated District psychoeducational evaluation has been completed to determine that SLI is the overarching eligibility.
- B. Student is not being considered for additional special education academic services and/or support.

If the student is eligible, the IEP Team must consider service delivery models based on the student's identified needs and appropriate placement in the least restrictive environment. Additionally, the IEP team should also include teacher and parent participation in the implementation of goals and supports and accommodations to ensure achievement of goals and objectives in a time-efficient manner and carry-over to multiple communication contexts.

