

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Identification Number 122111F005 SSID 1644698575

Eligible (SLD)

Student COHEN LORI C 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 selection options for meeting types.

Location of Meeting: Coughlin District Name: Los Angeles Unified School Dis

Section B: Student Information

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student COHEN LORI C Last First MI

Date of Birth 21-DEC-2011

Meeting Date 06-DEC-2019

Section C: Language Acquisition

Language Classification: English Only Start Date: 15-AUG-2017
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

Table with 4 columns: Goal for (example - Reading), Achieved (Yes/No), and If No, explain the reason the goal/objective was not achieved. Rows include goals for Reading, Writing, Math, Pre-Vocational, and Exp. Language #1/#2.

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

## Los Angeles Unified School District

Student    Date of Birth  Meeting Date

Last First MI

## Section E: Present Level of Performance

Performance Area:

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

**Strengths:** Lori was assessed with the following: Letter-Word Identification that measures Lori's ability to identify letters/words. She was not required to know the meaning of any word. She was able to correctly read/recognize 35 letters and words. Her score is within the low average range for her age. The Passage Comprehension Test measures Lori's ability to understand what she reads. She was able to choose the correct picture that was represented a phrase 21 out of 27. Her score is within the low average range for her age. The Sentence Reading Fluency Test measures Lori's ability to quickly read simple sentences, decide if the statement is true or false and then circle Yes or No. She was asked to complete as many items as possible within 3-minute time limit. Lori was able to answer 20 correctly out of 25 questions of the test. Her score is in the low average range for her age.

In the classroom, during circle time, Lori participates actively by telling today's date, the days of the week, months of the year, seasons and weather etc. Lori is able to answer some comprehension questions after reading on her short stories or to the class. She participates in class discussions about answering questions and retelling familiar stories, occasionally with adult prompts and cues. She is able to make predictions, and describes the main character's emotions and purpose with some reminders to stay on topics.

**Areas of Need:** Lori needs to improve her reading skills, especially with the multi-syllabic words. She also needs to maintain her attention and focus during instructional time and reading of short stories in class. She needs to stay on topic when answering questions about the details of stories read on her or to the class.

**Impact of Disability:** Lori's Specific Learning Disability (SLD), due to auditory, visual, sensory-motor integration, and conceptualization deficits, impairs her oral expression, listening comprehension, written expression, mathematical calculation, and mathematical problem solving, which impacts her progress and involvement in the general education curriculum and requires specialized academic instruction.

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):

**Strengths:** Lori was assessed with the Sentence Writing Fluency Test that measured Lori's skill in formulating and writing simple sentences. She was required to write simple sentences in response to pictures that included a set of three words. This test has a five-minute time limit. Lori was able to complete 3 tasks. Her score is within the low average for her age.

In class, Lori is demonstrating skills at the building earlier level in the area of writing for the measures of interest in letter formation, lines, shapes, figures and concepts about print and emergent writing skills. Lori was able write her first full name independently, however, she needs visual prompt to write personal information such as: address, telephone number, parent's etc. She was able to write dictated letters of the alphabet, 20 out 22. In class, when shown a visual model, Lori can pick a word to complete a sentence whether the missing word is at the beginning, middle, or end of the sentence with cues and support. Lori can copy texts independently, however, she needs some reminders to observe correct letter formation and appropriate letter sizing. Lori draws simple drawings that represent people, things, or events, and with adult encouragement will dictate captions for the pictures. She will often draw her family.

**Areas of Need:** Lori needs to improve her writing skills by learning to write simple sentences and spell simple words such one-syllabic words and high frequently irregular plural nouns (e.g., feet, children, teeth, mice, fish) and use them in the sentences.

Lori's result on Writing Test Sample that measures Lori's skill in writing responses to a variety of demands is within the below average range for her age.

**Impact of Disability:** Lori's Specific Learning Disability (SLD), due to auditory, visual, sensory-motor integration, and conceptualization deficits, impairs her oral expression, listening comprehension, written expression, mathematical calculation, and mathematical problem solving, which impacts her progress and involvement in the general education curriculum and requires specialized academic instruction.

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Student COHEN LORI C Date of Birth 21-DEC-2011 Meeting Date 06-DEC-2019
Last First MI

Section E: Present Level of Performance

Performance Area: Math
Assessment/Monitoring Process Used: WJ-IV, Teacher Observations, Work Samples, Teacher-made Tests
State/District Assessment Results: N/A

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

Strengths: Lori can receptively and expressively identify numbers up to 100 correctly. She knows her basic colors and shapes. She can rote count and recognize numbers up to 100, skip count by 10's, 5's 2's and by 3's and to be able to learn how to multiply numbers. Lori is learning to tell time by the hour using an analog clock, however, she needs to learn to tell time by the minutes. Currently, she's learning to add and subtract numbers with and without regrouping using counters, number lines and counting frame.

Areas of Needs: Lori continues needing support in answering addition and subtraction equations, hence she tends to get confused with math symbols (+, - & =) used. Lori needs to learn to round whole numbers to the nearest 10 or 100 and also the place value of numbers. During the assessment, Lori was given the following: Calculation Test to test Lori's ability to perform mathematical computations and Lori was able to correctly answer 11 out of 17 tasks. Her score is in the below average range for her age. The Math Facts Fluency Test Lori's ability to solve simple addition and subtraction facts quickly and she was presented with a series of simple addition and subtraction problems to complete in a 3-minute time limit. Lori was able to answer correctly 13 tasks with in 3 minutes time limit. Her score is within the below average range for her age. The Applied Problems Test measured Lori's ability to analyze and solve math problems that were read to her. She was able to solve some problems with picture cues that required simple calculations with single digit whole numbers. She was able to answer correctly 13 out of 27 tasks and her score is within the very low range for her age.

Impact of Disability: Lori's Specific Learning Disability (SLD), due to auditory, visual, sensory-motor integration, and conceptualization deficits, impairs her oral expression, listening comprehension, written expression, mathematical calculation, and mathematical problem solving, which impacts her progress and involvement in the general education curriculum and requires specialized academic instruction.

Performance Area: Pre-Vocational
Assessment/Monitoring Process Used: Teacher Informal Observations, Interview
State/District Assessment Results: N/A

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

Strengths: Strengths: Lori is able to follow simple directions and perform weekly classroom jobs independently such as: holding doors, throwing trash, passing out tools and materials to class etc. She can copy and identify her name, age, address, phone number, and birthday with visual prompts. She knows her way around the classroom and at the school ground. Within school campus, Lori is independent she seems to enjoy playing and interacting with her classmates and general education peers during recess and lunch. Lori is highly motivated with verbal praises, food rewards and tangible objects she could buy with the money (play money) she earns from our class reward box.

Areas of Need: Lori needs to learn to recognize and count different kinds of dollar bills and coins and also to tell time by the nearest minutes using the analog clock.

Impact of Disability: Lori's Specific Learning Disability (SLD), due to auditory, visual, sensory-motor integration, and conceptualization deficits, impairs her oral expression, listening comprehension, written expression, mathematical calculation, and mathematical problem solving, which impacts her progress and involvement in the general education curriculum and requires specialized academic instruction.

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Section E: Present Level of Performance

Performance Area: Health

Assessment/Monitoring Process Used: Interview with parent, review of health records, student

State/District Assessment Results:

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

Lori is a 2nd grader student of Coughlin.
Strengths: Good general health. Passed LAUSD vision screening 11/04/2019, passed LAUSD hearing screening 02/28/2019. There is no chronic illness, allergy, injury, accident, surgery or hospitalization. She is not on daily medication and there is no health concern/problem at this time according to her mother.
Areas of Need: Physical health is not an area of need.
Impact of Disability: Physical health does not impact the student's access, participation and progress in the educational program.
Accommodation/Recommendation: Per IEP Team.
Estrella Rivera, RN, BSN, Credentialed School Nurse 12/02/2019

Performance Area:

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

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Student COHEN LORI C  
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Date of Birth 21-DEC-2011

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Section E: Present Level of Performance

Performance Area: General Ability (Cognition, Motor, Language)

Assessment/Monitoring Process Used: Standardized Tests, Observations, Record Reviews, Interviews

State/District Assessment Results: n/a

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

Strengths: Lori is functioning within the Low Average range of cognitive ability based upon alternative assessment procedures. She demonstrated strengths in her abilities to determine, select, and apply, and evaluate solutions to problems, her abilities to focus on a cognitive activity while resisting distractions, and her ability to retrieve phonological information from long-term or permanent memory.

Needs: She demonstrated areas of need in her ability to relate separate pieces of information into a group or to see how parts are related as a whole (i.e. conceptualization) and her abilities to discriminate sounds between words, blend sounds into words, and segment words into sounds and her auditory memory (auditory processing). She also earned below average scores on tasks which required her to: discriminate position, shape, form and color, immediately recall visual stimuli, perceive the positions of objects in relation to oneself and/or other objects, identify part-to-whole relationships and identify the constancy of shapes and objects (visual processing). And she also struggled to copy more complex, three dimensional figures and had difficulty copying information from visually presented stimuli (sensory-motor integration). Her overall oral expression ability was within the below average range and her receptive language skills were within the well below average range. In comparison with prior psycho-educational assessment results, Lori demonstrates similarly developed skills. Her initial assessment revealed below average cognitive abilities however, they were considered an underestimate of her abilities given language deficits.

Impact of Disability: Lori's Specific Learning Disability (SLD), due to auditory, visual, sensory-motor integration, and conceptualization deficits, impairs her oral expression, listening comprehension, written expression, mathematical calculation, and mathematical problem solving, which impacts her progress and involvement in the general education curriculum and requires specialized academic instruction.

Performance Area: Social Emotional

Assessment/Monitoring Process Used: Rating Scales, Observations, Record Reviews, Interviews

State/District Assessment Results: n/a

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

Strengths: Lori demonstrates age-appropriate self and social management as well as self and social awareness. Lori is able to recognize basic emotional expressions such as happy, sad, angry, upset, and surprised. When she feels sad, she described her physiological state as 'crying.' When she is experiencing uncomfortable feelings, she reported that she likes to play on her own. Lori has age appropriate social management skills. She is able to build and maintain appropriate relationships with peers and adults. She reported that she is satisfied with the amount of friends that she has and is able to identify how to make friends (i.e. 'Say hi' and ask if they want to be friends). She reported that she likes school and she likes to play with friends in her class.

Needs: She demonstrated areas of need in conduct problems, however concerns can be addressed within the classroom setting. Lori does not evidence social, emotional and/or behavioral needs which adversely impact educational access and performance at this time.

Impact of Disability: None in this area.

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Section E: Present Level of Performance

Performance Area:

Language and Articulation

Assessment/Monitoring Process Used:

Formal and informal test measures, teacher report, on-going clinical observation

State/District Assessment Results:

n/a

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

SUMMARY OF SERVICES: Lori is a 7 year, 11 month old bimodal student at Sara Coughlin elementary in the specific learning disabilities classroom with a special education eligibility of specific learning disability. She initially qualified for speech and language services at her initial IEP held in December 2016 due to concerns with her expressive language. Currently, Lori receives DIS-LAS services for 900 yearly minutes to address her expressive language skills.

STRENGTHS: Lori is a sweet and well-behaved student who willingly complied with all testing measures. She consistently attends speech therapy sessions and puts forth her best effort. Lori demonstrates adequate basic interpersonal communication skills (BICS) with both peers and adults during structured and unstructured activities. Lori is able to engage in a conversation, answer concrete questions, and make related comments. In regards to her articulation skills, Lori current phonetic inventory is as follows: m, n, ng, h, w, p, b, t, d, k, g, f, v, s, z, ch, 'y', l, sm, r, kl, sm, st, dr, pl, kr, gr, bl, gl, 'j', pr, sk, tr. Mild tongue protrusion was noted on her production of alveolar sounds (i.e. /t/, /d/, /n/, /s/, /z/, /l/), however, this did not significantly impact her speech intelligibility. In regards to her expressive language skills, Lori demonstrated low average skills when labeling specific vocabulary words in English. She demonstrates knowledge of basic sentences structures, words classes, and grammatical morphemes. Per teacher report, Lori has consistently made progress in all academic areas and is receiving a 2 in the area of 'effective expression through listening and speaking'.

NEEDS: Formal and informal test results, teacher report, and clinical observations reveal that Lori demonstrates language differences in the area of expressive language consistent with that of an English language learner. When the cognitive demands are high, Lori struggles to process and integrate her skills into appropriate utterances. This is especially apparent when asked questions related to auditory information that require inference, prediction, or synthesis.

Performance Area:

Language and Articulation cont..

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

Additionally, Lori struggles to use correct grammatical morphemes such as irregular plurals, irregular verbs, etc. According to Roseberry-McKibbin (2008) Multicultural students with special language needs, these cognitively demanding language skills take a minimum of 5-7 years and sometimes longer to develop native-like level under optimal conditions.

IMPACT OF DISABILITY: At this time, Lori is recommended to continue to be placed in language rich special day class to support her developing English language skills. No LAS services are recommended at this time.

Lauren Friedrich, M.S. CCC-SLP  
LAUSD Speech Language Pathologist

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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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Student     
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Date of Birth

Meeting Date

**Section G: Annual Goals and Objectives**

Performance Area:  Annual Goal #:

Lori will decode multisyllabic words in isolation and/or in text independently 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:**

Lori will decode 20 multisyllabic words in isolation and/or in text with moderate support in 2 out of 3 trials with 60% accuracy.

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

Lori will decode 50 multisyllabic words in isolation and/or in text with minimum support in 3 out of 4 trials with 70% accuracy.

Date to be achieved:   MO/YR

Date to be achieved:   MO/YR

**IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP**

**EXPLANATION OF MARKS**

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

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

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

Student     
 Last First MI

Date of Birth

Meeting Date

**Section G: Annual Goals and Objectives**

Performance Area:  Annual Goal #:

In speaking and/or writing one or more sentences, Lori will use frequently occurring irregular plural nouns (e.g., feet, children, teeth, mice, fish) with minimum support 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:**

In speaking and/or writing one or more sentences, Lori will use frequently occurring irregular plural nouns (e.g., feet, children, teeth, mice, fish) with maximum support in 2 out of 3 trials with 60% accuracy.

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

In speaking and/or writing one or more sentences, Lori will use frequently occurring irregular plural nouns (e.g., feet, children, teeth, mice, fish) with moderate support in 3 out of 4 trials with 70% accuracy.

Date to be achieved:   MO/YR

Date to be achieved:   MO/YR

**IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP**

**EXPLANATION OF MARKS**

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

1st Reporting Period 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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Date of Birth

Meeting Date

**Section G: Annual Goals and Objectives**

Performance Area:  Annual Goal #:

Lori will round whole numbers to the nearest 10 or 100 independently 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:**

Lori will round whole numbers to the nearest 10 or 100 moderate support in 2 out of 3 trials with 60% accuracy.

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

Lori will round whole numbers to the nearest 10 or 100 with minimum support in 3 out of 4 trials with 70% accuracy.

Date to be achieved:   MO/YR

Date to be achieved:   MO/YR

**IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP**

**EXPLANATION OF MARKS**

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

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

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

Student     
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Date of Birth

Meeting Date

**Section G: Annual Goals and Objectives**

Performance Area:  Annual Goal #:

Lori will tell time and/or write time to the nearest minute independently 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:**

Lori will tell time and/or write time to the nearest minute with moderate support in 2 out of 3 trials with 60% accuracy.

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

Lori will tell time and/or write time to the nearest minute with minimum support in 3 out of 4 trials with 70% accuracy.

Date to be achieved:   MO/YR

Date to be achieved:   MO/YR

**IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP**

**EXPLANATION OF MARKS**

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

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

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

**Los Angeles Unified School District**

**Student**

COHEN

LORI

C

**Date of Birth**

21-DEC-2011

**Meeting Date**

06-DEC-2019

**Last**

**First**

**MI**

**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.

**No assessment tests found.**

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student     
Last First MI

Date of Birth

Meeting Date

Section N: Procedural Safeguards and Follow-up Actions

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

Is the parent/guardian requesting translation services?  Yes  No

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

Specify the Individual Pages to be translated:

Special Requests:

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

THIS SPACE DELIBERATELY LEFT BLANK.

Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student COHEN LORI C  
Last First MI

Date of Birth 21-DEC-2011

Meeting Date 06-DEC-2019

Section Q: Parent Participation and Consent

Parent Participation

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

Parent Notification

Table with 3 columns: Method, Whom, When. Row 1: Other, Joel Mancilla, 15-NOV-2019. Row 2: Unknown, Joel, (blank)

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 box]

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 box]

Date 6-DEC-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!

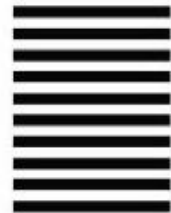


NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**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="Tori Berkley-Cohen"/>	<input type="text"/>
Parent/Guardian	<input type="text"/>	<input type="text"/>
Student Age 18 - 21 years	<input type="text"/>	<input type="text"/>
Student Under Age 18 years	<input type="text"/>	<input type="text"/>
Surrogate Parent	<input type="text"/>	<input type="text"/>
Foster Parent	<input type="text"/>	<input type="text"/>
Family Foster Home Provider	<input type="text"/>	<input type="text"/>
Administrator	<input type="text" value="Janie Lapointe"/>	<input type="text"/>
Administrative Designee	<input type="text"/>	<input type="text"/>
Special Education Teacher	<input type="text" value="Nora Brasileno"/>	<input type="text"/>
General Education Teacher	<input type="text" value="Claudia Ascensio"/>	<input type="text"/>
School Psychologist	<input type="text" value="Clemen Avalos"/>	<input type="text"/>
School Nurse	<input type="text" value="Estrella Rivera"/>	<input type="text"/>
Related Service Staff <input type="text" value="LAS"/>	<input type="text" value="Lauren Friedrich"/>	<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" value="Maggie Esquiroz"/>	<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" value="Natalie Amaya"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

Student     
 Last First MI

Date of Birth

Meeting Date

**LEAST RESTRICTIVE ENVIRONMENT ANALYSIS**

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

Student's Current Placement Type:

<input 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.
Lori needs more support in a small classroom setting in order to access the curriculum.	

<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.
[Empty box for articulation]	

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

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

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

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

<b>Step F.</b>	<p>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):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Diminished access to the full range of the curriculum</li> <li><input checked="" type="checkbox"/> Missed general education instruction taught by highly qualified staff</li> <li><input type="checkbox"/> Rate at which student may earn credits for graduation</li> <li><input type="checkbox"/> Lack of opportunity for social interaction</li> <li><input type="checkbox"/> Lack of opportunities for age-appropriate peer role models</li> <li><input type="checkbox"/> Amount of socialization opportunities with typical peers</li> <li><input type="checkbox"/> Limited access to peers in student's home community</li> <li><input type="checkbox"/> Lack of exposure to appropriate behavioral models from peers</li> <li><input type="checkbox"/> Other: <input type="text"/></li> </ul>
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**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="06-DEC-2019"/>	<input type="text"/>
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"/>
Placement	Type of School	<input type="text" value="District Non-Resident School"/>	<input type="text"/>
	Name of School	<input type="text" value="COUGHLIN EL"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Instructional Setting	Setting	<input type="text" value="Special Education"/>	<input type="text"/>
	Program	<input type="text" value="SLD"/>	<input type="text"/>
	Special Day Minutes/Wk	<input type="text" value="1000"/>	<input type="text"/>
	Addresses Goals	<input type="text" value="1(Reading),2(Writing),3(Math),4(Pre-Vocational)"/>	<input type="text"/>
Additional Factors	Low Incident Support	<input type="text" value="None"/>	<input type="text"/>
	Assistive Technology Support	<input type="text" value="No"/>	<input type="text"/>
	Transportation	<input type="text" value="Home to School"/>	<input type="text"/>
	Extended School Year/Intersession	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Parent Counseling and Training (PCT)	Parent Counseling and Training (PCT)	<input type="radio"/> Yes <input checked="" type="radio"/> No	
	ESY Transportation	<input type="text"/>	
Accommodation, Modifications, Supports	Instructional Accommodations	<input type="text" value="Give short and clear directions. Read books every day. Talk about pictures modeling new vocabulary and concepts. Use visual cues and picture schedules. Use verbal and non-verbal cues. Provide redirection when necessary. Praise successive approximations of desired behaviors. Provide a variety of play activities to help Lori develop her pretend play, joint attention, and reciprocal interactions. Provide modeling, encouragement, and practice in the area of peer interactions (initiating, maintaining play, sharing, taking turns, resolving conflicts, conversing etc.) Break tasks into manageable parts."/>	<input type="text"/>
	Instructional Modifications	<input type="text"/>	<input type="text"/>
	Other Supports, including Non-Academic and Extra-curricular Activities	<input type="text"/>	<input type="text"/>
Preparation for Three Year Review IEP (At the second Annual Review IEP Meeting, the team must discuss and document the decision to conduct or not conduct a three-	Do the Parent and the District (local educational agency) agree that a reassessment is unnecessary?	<input type="radio"/> Yes <input type="radio"/> No	

<p>year comprehensive reassessment.)</p>	<p>If the Parent does not agree, specify the area(s) to be reassessed.</p>		
<p><b>Comments, as appropriate</b></p>			
<p><b>Low Incidence Equipment</b></p>			
<p><b>Assistive Technology Equipment</b></p>			
<p><b>Participation in General Education</b></p>	<p>Lori will mainstream during Language Arts, Math, PE, library, assemblies, field trips and any special activities.</p>		

**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>
--	--	--------------------------------	---

**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**

	<b>Effective With this IEP</b>	<b>Future Changes Related to this IEP</b>
<b>% of Time per Week outside of General Education</b>	<input type="text" value="63"/>	

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

Speech services no longer needed at the academic level. Parent not interested in ESY. Team is recommending an Occupational Therapy screening for fine motor skills.



**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       
Last First MI Date of Birth Meeting Date

**SCHOOL SETTING**

- District School of Residence
- District Non-residence School
- Head Start
- Community College
- District Early Education Center
- District Special Education School/Center
- Nonpublic School
- Nonpublic Agency
- State Residential School
- Dual Enrollment
- Home
- Hospital
- Private/Parochial School
- Other

**RELATED SERVICES**

- Check:
- Assistant - Class
  - Assistant - Bus
  - Health Care Assistant - Class
  - Health Care Assistant - Bus
  - Licensed Vocational Nurse - Class
  - 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)**

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

Prepared by  Telephone  Date

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

(SLD, pg. 1 of 1)

Student COHEN LORI C
Last First MI

Date of Birth 21-DEC-2011

Meeting Date 06-DEC-2019

SPECIFIC LEARNING DISABILITIES CERTIFICATION

Use this form at Initial, Three Year Reviews and comprehensive assessments for students eligible as having a Specific Learning Disability, including but not limited to students with characteristics of dyslexia. This form is not required at Annual Review meetings. It is the consensus of the IEP Team that the student meets the eligibility criteria for Specific Learning Disability based upon the information which follows. This form serves as the written report of the IEP Team consensus.

1. Are there educationally relevant medical conditions which should be considered by the IEP Team? Yes No

If Yes, describe

Empty text box for describing medical conditions.

2. During the observation of the student in the general education setting, was behavior noted that relates to the student's general academic functioning? Yes No

If Yes, describe

Empty text box for describing behavior noted.

3. A severe discrepancy exists in one or more of the following academic areas: (Check all that apply)

- Listening Comprehension, Basic Reading Skills, Oral Expression, Reading Comprehension, Written Expression, Math Calculation, Math Reasoning, Reading Fluency

4. The discrepancy is the result of a disorder in one or more of the following psychological processes: (Check all that apply)

- Attention, Visual Processing, Auditory Processing, Sensory Motor Skills, Cognitive abilities including association, conceptualization and expression, Phonological Processing

5. The Team agrees that the discrepancy is not primarily the result of:

- Limited school experience, Poor school attendance, Environmental, economic or cultural disadvantage, Social maladjustment, Intellectually Disabled, Visual, hearing or motor impairment, Unfamiliarity with the English language



**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>	Home to School	<b>Low Incident Support:</b>	None
<b>Date District Received Parent Signature:</b>	06-Dec-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.