

INDIVIDUALIZED EDUCATION PROGRAM (IEP)			
Los Angeles Unified School District		Eligible (SLI)	
Student Identification Number	<input type="text" value="122111F005"/>	SSID	<input type="text" value="1644698575"/>
Student	<input type="text" value="COHEN"/> Last	<input type="text" value="LORI"/> First	<input type="text" value="C"/> MI
		Date of Birth:	<input type="text" value="21-DEC-2011"/>
Section A: Meeting Information			
Pertinent Dates		Type of Meeting	
Date of Initial IEP Team Meeting	<input type="text" value="06-DEC-2016"/>	<input type="radio"/> Initial	<input type="radio"/> Amendment of IEP dated <input type="text"/>
Date of Present Meeting	<input type="text" value="30-NOV-2018"/>	<input checked="" type="radio"/> Annual Review	<input type="radio"/> Early Start Transition
Annual Review to be conducted by	<input type="text" value="30-NOV-2019"/>	<input type="radio"/> Three Year Review	<input type="radio"/> Expulsion Analysis
Next Three Year Review will be conducted by	<input type="text" value="01-MAY-2020"/>	<input type="radio"/> Other	<input type="radio"/> Individual Transition Plan
Three Year Review or Evaluation was conducted on	<input type="text" value="01-MAY-2017"/>	<input type="text"/>	
Transition to Kindergarten to be conducted by	<input type="text"/>		
Location of Meeting	<input type="text" value="Coughlin"/>	District Name	<input type="text" value="Los Angeles Unified School District"/>
Section B: Student Information			
Date of Birth	<input type="text" value="21-DEC-2011"/>	Age	<input type="text" value="6"/>
Gender	<input type="radio"/> Male <input checked="" type="radio"/> Female	Limited English Proficient Student	<input type="radio"/> Yes <input checked="" type="radio"/> No
Location of the Psych Folder	<input type="text" value="SP ED SVC CTR - NE"/>	Student has no Psych Folder	<input type="checkbox"/>
Location of the Cum Folder	<input type="text" value="COUGHLIN EL"/>	Student has no Cum Folder	<input type="checkbox"/>
Home Language	<input type="text" value="English"/>	Student Language	<input type="text" value="English"/>
Home Address of Student	<input type="text" value="12401 FILMORE ST 109"/>		
City	<input type="text" value="SYLMAR"/> CA	ZIP Code	<input type="text" value="91342"/>
Home Telephone	<input type="text" value="(818) 724-7680"/>	Daytime Telephone	<input type="text"/>
School of Attendance	<input type="text" value="Coughlin El"/>	Location Code	<input type="text" value="5016"/>
School of Residence	<input type="text" value="Fenton Primary Center (Cl)"/>	Location Code	<input type="text" value="3746"/>
Name of Parent/Guardian	<input type="text" value="Victoria Berkley"/>	Telephone	<input type="text"/>
Address	<input type="text"/>		
City	<input type="text"/> CA	ZIP Code	<input type="text"/>
Surogate Parent	<input type="text"/>	Telephone	<input type="text"/>
Attends CURRENT SCHOOL as a result of one of the following	<input type="text" value="Special Education Placement"/>		<input type="text"/>
Is the student living in a Family Foster Home (FFH)?	<input checked="" type="radio"/> No <input type="radio"/> Yes	FFH#	<input type="text"/>
Is FFH Provider related to student?	<input type="radio"/> No <input type="radio"/> Yes	Relationship	<input type="text"/>
Licensed Children's Institution	<input checked="" type="radio"/> No <input type="radio"/> Yes	LCI Name	<input type="text"/>
		LCI#	<input type="text"/>
Out of the home placement made by	<input type="radio"/> Regional Center	<input type="radio"/> Department of Mental Health	<input type="radio"/> Department of Children's Services
	<input type="radio"/> Superior Court	<input type="radio"/> Other	<input type="text"/>
Child's family living within LAUSD's boundaries?	<input type="radio"/> No <input checked="" type="radio"/> Yes		
If the student is 18 years old or older or is an emancipated minor, does he/she have educational decision-making rights?			<input type="radio"/> No <input type="radio"/> Yes

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
 Last First MI

Date of Birth

Meeting Date

Section C: Language Acquisition

Language Classification: Start Date:
 Parent Waiver: Yes No Reclassification Date:
 Elementary English Language Development Level: Start Date:
 Secondary English Language Development Level: Start Date:
 Communication Observation Matrix Level: Start Date:

Section D: Goal Achievement from Current IEP

Goal for: (example - Reading)	Achieved		If No, explain the reason the goal/objective was not achieved
	Yes	No	
1 <input type="text" value="Reading"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
2 <input type="text" value="Writing"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
3 <input type="text" value="Mathematics"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
4 <input type="text" value="Pre-Vocational"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
5 <input type="text" value="Language"/>	<input type="radio"/>	<input checked="" type="radio"/>	Needs more time to achieve this goal
Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
6 <input type="text" value="Articulation"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
7 <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
8 <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
9 <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
10 <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

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 is able to receptively and expressively recognize all the letter names and letter sounds of the alphabet. Lori is able to read simple sight words and high frequency words presented to her. Lori was able to divide multi-syllable words into segments, such as: sunshine: sun-shine, rainbow: rain-bow) with some hand gesture cues. For passage comprehension, Lori was able to identify common objects when asked such as: chair, tree, house etc. she scored 15 out of 15 questions presented to her. During circle time, Lori is able to tell today's date, the days of the week, months of the year, today's weather etc., independently. Lori is able to answer some comprehension questions after reading on her or to the class a short story. She participates in class discussions about answering questions, and occasionally with adult prompts and cues retelling familiar stories. She recently listened to the story of The Three Pigs and the Big Wolf and the Turtle and the Hare, and she answered questions, making predictions, and describing the main character's emotions and purpose with some accuracy. Lori is beginning to read text that contains CVC vocabulary and 3 word sentences. She understands and uses the words such as big and small, hot and cold, fast and slow, on and off, high and low, long and short in simple sentences.

Areas of Need: Lori has difficulty comparing the adventures of characters in familiar stories. Lori continues needing to get reminded to maintain her attention through an entire reading of a story. She needs to stay on topic when answering questions about the details of stories read in the class.

Impact of Disability: Lori's disability of Language Impairment may affect her ability to access the general education curriculum because of difficulties with receptive language when participating in reading activities, like reading a book and singing a song, and expressive language when answering questions.

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 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 name 'Lori' independently, however, she needs visual prompt to be able to write her full name and personal information such as: address, telephone number, birthday 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, letter sizing, and proper spacing, hence she tends to write big and sloppy letters/words. 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 and friends.

Areas of Need: Lori needs to write her full name and personal information independently with correct letter formation, sizing and proper spacing. She needs more practice reading sight words so that she can apply when developing sentences. Lori needs to utilize a combination of drawing, dictating, and/or writing to compose informative/explanatory sentences about a topic and give some information about the topic.

Impact of Disability: Lori's disability may affect her ability to access the general education curriculum because of difficulties with receptive language when participating in writing activities, like copying and creating sentences, writing personal information and developing paragraphs.

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 receptively and expressively identified numbers over 25 correctly and arrange them in correct order. Lori has correctly identified basic colors and shapes, largest and smallest objects, and rote count numbers up to 100. She can fill in missing numbers before, after and in between given numbers with prompts and support. Currently, Lori is demonstrating skills at the building earlier level in the area of measurement, number sense quantity, patterning, and skip counting. With movement prompts (punching on the air), Lori can skip count by 5's and by 10's up to a 100 and counting by 2's with some cues. Currently, she's learning to add and subtract numbers using counters, number lines and counting frame (Rekenrek). She follows along with simple sequences and will copy a simple pattern independently.

Areas of Need: Lori was not able to identify and write some dictated numbers. She has difficulty identifying numbers over 30 when presented in random order, however she's able to rote count up to 100. Lori is not able to add and subtract simple equations independently. She continues needing support and modeling to be able to complete math word problems when presented to her.

Impact of Disability: Lori's disability of Speech or Language Impairment may affect her ability to access the general education curriculum because of difficulties with receptive and expressive language when participating in mathematics activities.

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: Strengths: Lori is able to follow simple directions and perform her weekly 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 peers in general education class during recess and lunch. Lori is highly motivated with verbal praises, food rewards and tangible objects she could buy from the money (play money) she earns for being on task and appropriate.

Areas of Need: Lori seems having a hard time focusing to work and starting her task right away after given directions on what/how to do by the adult. She has the tendency to engage talking or hand playing with students seated next to her during instructional time or circle time in the rug. Lori needs to learn to recognize and count different kinds of bills and coins, however, she knows that money could be exchanged/purchased with the items she likes from the stores.

Impact of Disability: Lori's disability of Speech or Language Impairment may affect her ability to access the general education curriculum because of difficulties with receptive and expressive language when participating in pre-vocational activities.

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):

SUMMARY OF SERVICES: Lori is a 6 year, 11 month old student at Sara Coughlin elementary in a specific learning disabilities classroom with a special education eligibility of speech and language impairment (SLI). She has been receiving speech and language (DIS-LAS) services since her initial IEP held in August 2016. Currently, Lori receives DIS-LAS services for 30 minutes a week to address her articulation, phonology and language skills.

STRENGTHS: Lori is a compliant student who willingly comes to speech session and engages appropriately with her peers during group language activities. In regards to her most recent language goal, Lori has made good progress but has not yet met her annual goal. She currently is able to answer questions related to categorization with 70% accuracy, antonyms and synonyms with 53% accuracy and attributes with 61% accuracy. Lori benefits from verbal and visual supports such as choices of two and visual models. In regards to her most recent articulation IEP goal, Lori has met this goal. When engaging in a 15 minute conversation, she consistently maintains over 70% speech intelligibility and is currently demonstrating an age appropriate phonetic inventory. In addition, Lori has significantly reduced the amount and frequency of reformulations in her spontaneous speech.

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):

NEEDS: In regards to her expressive and receptive language skills, Lori struggles to answer WH questions related to grade level text. During small group lessons, Lori will often volunteer to answer questions by raising her hand but will produce an unrelated response or no response at all when called on. Additionally, she does not yet demonstrate correct use of grade level grammatical morphemes such as verbs tenses (e.g. future), pronouns and some prepositions. Her difficulty with the following areas impacts Lori's ability during oral language and writing activities. In regards to her articulation skills, she demonstrates an interdental lisp on the phonemes /s/ and /z/. However, this distortion does not impact her intelligibility at this time.

IMPACT OF DISABILITY: Lori's speech and language impairment impairs her ability to answer questions and use grade level grammatical markers in both her spoken language and written work with impacts her progress and involvement in the general education curriculum. Therefore, it is recommended that Lori continue to receive DIS-LAS services for 960 yearly minutes to address her expressive and receptive language skills.

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Last: COHEN

First: LORI

MI: C

Date of Birth: 21-DEC-2011

Meeting Date: 30-NOV-2018

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: 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: [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

Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student Date of Birth Meeting Date
 Last First MI

Section G: Annual Goals and Objectives

Performance Area: Annual Goal #:

Lori will orally or in writing compare the adventures of characters in familiar stories independently as measured by teacher observations 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:

With modeling and maximum support, Lori will orally or in writing compare the adventures of characters in familiar stories as measured by teacher observations in 4 out of 5 trials with 60% accuracy.

Incremental objective #2 related to the goal:

With fading support, Lori will orally or in writing compare the adventures of characters in familiar stories as measured by teacher observations in 4 out of 5 trials with 80% accuracy.

Date to be achieved: MO/YR Date to be achieved: MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student Date of Birth Meeting Date
 Last First MI

Section G: Annual Goals and Objectives

Performance Area: Annual Goal #:

Lori will use a combination of drawing, dictating, and/or writing to compose informative/explanatory sentences about a topic and give some information about the topic with minimal to no adult support as measured by student work samples and teacher observations 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 use a combination of drawing, dictating, and/or writing to compose informative/explanatory sentences about a topic and give some information about the topic with maximum adult support and modeling as measured by student work samples and teacher observations in 4 out of 5 trials with 80% accuracy.

Incremental objective #2 related to the goal:

Lori will use a combination of drawing, dictating, and/or writing to compose informative/explanatory sentences about a topic and give some information about the topic with fading adult support and modeling as measured by student work samples and teacher observations in 4 out of 5 trials with 80% accuracy.

Date to be achieved: MO/YR Date to be achieved: MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

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 Last First MI

Section G: Annual Goals and Objectives

Performance Area: Annual Goal #:

When given 5 math problems, Lori will find a solution that is accurate, make sense and explain his/her reasoning with 80% accuracy in 5 consecutive trials as measured by student work samples.

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:

When given 3 math problems, Lori will find a solution that is accurate, make sense and explain his/her reasoning with adult modeling and supports, with 60% accuracy in 3 consecutive trials as measured by student work samples.

Incremental objective #2 related to the goal:

When given 4 math problems, Lori will find a solution that is accurate, make sense and explain his/her reasoning with fading adult modeling and supports, 70% accuracy in 4 consecutive trials as measured by student work samples.

Date to be achieved: MO/YR Date to be achieved: MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

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Section G: Annual Goals and Objectives

Performance Area: Annual Goal #:

Lori will independently start her task after given directions and will continue to stay on task for 20 minutes or until task is completed with no more than 1 verbal reminder.

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 start her task after given directions and will continue to stay on task for 10 minutes or until task is completed with no more than 3 verbal reminder.

Incremental objective #2 related to the goal:

Lori will start her task after given directions and will continue to stay on task for 15 minutes or until task is completed with no more than 2 verbal reminder.

Date to be achieved: MO/YR Date to be achieved: MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student Date of Birth Meeting Date
 Last First MI

Section G: Annual Goals and Objectives

Performance Area: Annual Goal #:

By November 2019, Lori will appropriately and accurately answer WH questions related to grade level text (read or orally) with 80% accuracy in 4 out of 5 opportunities as measured by clinical observation and teacher report.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

By March 2019, Lori will appropriately and accurately answer WH questions related to grade level text (read or orally) with 60% accuracy in 4 out of 5 opportunities given minimal verbal or visual cues as measured by clinical observation and teacher report.

Incremental objective #2 related to the goal:

By June 2019, Lori will appropriately and accurately answer WH questions related to grade level text (read or orally) with 70% accuracy in 4 out of 5 opportunities given minimal verbal or visual cues as measured by clinical observation and teacher report.

Date to be achieved: MO/YR Date to be achieved: MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student Date of Birth Meeting Date
 Last First MI

Section G: Annual Goals and Objectives

Performance Area: Annual Goal #:

By November 2019, Lori will use grade level vocabulary and temporal markers to sequence pictures/events/situations with 80% accuracy given minimal verbal or visual cues in 4 out of 5 trials.

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:

By March 2019, Lori will use grade level vocabulary and temporal markers to sequence pictures/events/situations with 60% accuracy given moderate verbal or visual cues in 4 out of 5 trials.

Incremental objective #2 related to the goal:

By June 2019, Lori will use grade level vocabulary and temporal markers to sequence pictures/events/situations with 70% accuracy given moderate verbal or visual cues in 4 out of 5 trials.

Date to be achieved: MO/YR Date to be achieved: MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

30-NOV-2018

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.

<p>Student will participate in Regular State and District Assessments. <i>(Designated Supports and/or Accommodations identified below are applicable)</i></p>	<p>ELPAC</p>
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INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student

COHEN
Last

LORI
First

C
MI

Date of Birth

21-DEC-2011

Meeting Date

30-NOV-2018

Section N: Procedural Safeguards and Follow-up Actions

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

Is the parent/guardian requesting translation services? Yes No

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

Specify the Individual Pages to be translated:

Special Requests:

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

THIS SPACE DELIBERATELY LEFT BLANK.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Date of Birth Meeting Date
 Last First MI

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
	<input type="radio"/> Parent/Student (18-21) did not attend and gave permission to proceed without them if they did not attend.	Other	JM

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 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

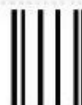
DIRECTIONS: After each statement, please place an X on the line that describes your experience with your child's IEP.

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):	Yes	No	Does Not Apply
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.

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

Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

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="Victoria Berkley"/>	<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 Ascencio"/>	<input type="text"/>
School Psychologist	<input type="text"/>	<input type="text"/>
School Nurse	<input type="text"/>	<input type="text"/>
Related Service Staff <input type="text" value="LAS"/>	<input type="text" value="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"/>	<input type="text"/>
Sign Language Interpreter	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>

Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

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.

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

Step A.	Can the supports, services, accommodations and/or modifications in the student's IEP be made available in a general education classroom/setting?
	<input type="radio"/> Yes <input checked="" type="radio"/> No If the answer is YES, then a general education classroom/setting is the appropriate placement. If the answer is NO, go to the question below.
	<input type="radio"/> Yes <input checked="" type="radio"/> No If not currently available, can the required supports, services, accommodations and/or modifications be made available in a general education classroom/setting? If YES, all required supports, services, accommodations and/or modifications must be provided within a reasonable timeline. If the answer is NO, please articulate why in the box below. Then go to Step B.
<div style="border: 1px solid black; height: 40px;"></div>	

Step B.	Can the supports, services, accommodations and/or modifications in the student's IEP be made available on a general education site in a special day program?
	<input checked="" type="radio"/> Yes <input type="radio"/> No If the answer is YES, then a special day program on a general education site is the appropriate placement. If the answer is NO, go to the question below.
	<input type="radio"/> Yes <input type="radio"/> No If not currently available, can the required supports, services, accommodations and/or modifications be made available in a special day program on a general education site? If YES, all required supports, services, accommodations and/or modifications must be provided within a reasonable timeline. If the answer is NO, please articulate why in the box below. Then go to Step C.
<div style="border: 1px solid black; height: 40px;"></div>	

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
 Last First MI

Date of Birth

Meeting Date

ANNUAL LEAST RESTRICTIVE ENVIRONMENT ANALYSIS (Continued)

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

Step C.	Can the supports, services, accommodations and/or modifications in the student's IEP be made available in a special school setting?	
	<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: 60px;"></div>		

Step D.	Can the supports, services, accommodations and/or modifications in the student's IEP be made available in a home/hospital setting?	
	<input type="radio"/> Yes <input type="radio"/> No	If the answer is YES, then a home/hospital setting is the appropriate placement. If the answer is NO, go to the question below.
	<input type="radio"/> Yes <input type="radio"/> No	If not currently available, can the required supports, services, accommodations and/or modifications be made available in a home/hospital setting? If YES, all required supports, services, accommodations and/or modifications must be provided within a reasonable timeline. If the answer is NO, please articulate why in the box below. Then go to Step E.
<div style="border: 1px solid black; height: 60px;"></div>		

Step E.	Can the supports, services, accommodations and/or modifications in the student's IEP be made available in a residential care facility?	
	<input type="radio"/> Yes <input type="radio"/> No	If not currently available, articulate in the IEP what supports, accommodations and/or modifications are required for the student in this setting.
	<div style="border: 1px solid black; height: 60px;"></div>	

Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

IEP FAPE Part 1 - Eligibility, Placements and Supports

Student Last: COHEN First: LORI MI: C Date of Birth: 21-DEC-2011 Meeting Date: 30-NOV-2018

		Effective With this IEP	Future Changes Related to this IEP
		As of Date: 30-NOV-2018	
Eligibility: (from Page 4)		Eligible (SLI)	
	Final IEP Reason Final IEP Effective Date:		
Curriculum		General Education	
Placement	Type of School	District Non-Resident School	
	Name of School	COUGHLIN EL	
Instructional Setting	Setting	Special Education	
	Program	SLD	
	Special Day Minutes/Wk	1200	
	Addresses Goals	2(Writing),3(Math),1(Reading),4(Pre-Vocational)	
Additional Factors	Low Incident Support	None	
	Assistive Technology Support	No	
	Transportation	Home to School	
	Extended School Year/Intersession	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Parent Counseling and Training (PCT)		<input type="radio"/> Yes <input checked="" type="radio"/> No	
	ESY Transportation	Home to School	
Accommodation, Modifications, Supports	Instructional Accommodations	Give short, clear directions. Sing songs, recite nursery rhymes, and 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.	
	Instructional Modifications		
	Other Supports, including Non-Academic and Extra-curricular Activities		
Preparation for Three Year Review IEP (At the second Annual Review IEP Meeting, the team must discuss and document the decision to conduct or not conduct a three-year comprehensive reassessment.)	Do the Parent and the District (local educational agency) agree that a reassessment is unnecessary?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
	If the Parent does not agree, specify the area(s) to be reassessed.	Lori will mainstream for Language Arts, library, PE, assemblies, field trips and special occasions.	
Comments, as appropriate			
Low Incidence Equipment			
Assistive Technology Equipment			

Participation in
General Education

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INDIVIDUALIZED EDUCATION PROGRAM (IEP)
IEP FAPE Part 2 - Summary of Services

Los Angeles Unified School District
 Student
 Date of Birth Meeting Date

Last		First		MI		Effective With This IEP	Future Changes Related To This IEP
Service 1		Start Date:		Effective on Signature Date		30-NOV-2018	
10		End Date:					
Language/Speech		Service applies to:		ESY			
		Frequency:		1-10			
This service addresses the following goals:		Interval:		Yearly			
<input type="text" value="5(Exp. Language #1)"/>		Minutes/Interval:		80			
<input type="text" value="6(Exp. Language #2)"/>		Minutes/Interval (Pullout from Gen Ed):		0			
		Service Delivery Model:		Direct Service (Collaborative)*			
		Area:		School-Based			
		Responsible Personnel:		Licensed/Credentialed Provider			

*

Service 2		Start Date:		Effective on Signature Date		30-NOV-2018	
10		End Date:					
Language/Speech		Service applies to:		Regular			
		Frequency:		10-40			
This service addresses the following goals:		Interval:		Yearly			
<input type="text" value="5(Exp. Language #1)"/>		Minutes/Interval:		960			
<input type="text" value="6(Exp. Language #2)"/>		Minutes/Interval (Pullout from Gen Ed):		0			
		Service Delivery Model:		Direct Service (Collaborative)*			
		Area:		School-Based			
		Responsible Personnel:		Licensed/Credentialed Provider			

*			

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	75	

Part 4 - Additional Discussion (This section is optional)

The IEP team has determined that Lori will not be able to maintain the level of speech and language skills during the summer months, without significant regression. Service Grid #1 refers to LAS during ESY.

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
 Last First MI

SCHOOL SETTING

<input type="radio"/> District School of Residence	<input checked="" type="radio"/> District Non-residence School	<input type="radio"/> Head Start	<input type="radio"/> Community College	<input 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 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)
IEP FAPE Part 2 - Summary of Services

Los Angeles Unified School District

Student

FAPE Summary Grid

Program:		SLD		Setting:		Special 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)	No Consent
10	Language/Speech	Effective on Signature Date	ESY	Yearly	1-10	School-Based	80	Exp. Language #1, Exp. Language #2	--
10	Language/Speech	Effective on Signature Date	Regular	Yearly	10-40	School-Based	960	Exp. Language #1, Exp. Language #2	--

For IEP Team Information

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