

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Identification Number 200012X961 SSID 9970237811

Eligible (AUT)

Student ELEZRA EITAN MI
Last First MI

Date of Birth: 04-FEB-2015

Section A: Meeting Information

Pertinent Dates	Type of Meeting
Date of Initial IEP Team Meeting: 22-MAY-2018	<input type="radio"/> Initial <input checked="" type="radio"/> Amendment of IEP dated 22-MAY-2018 <input type="radio"/> Annual Review <input type="radio"/> Three Year Review <input type="radio"/> Other <input type="radio"/> Early Start Transition <input type="radio"/> Expulsion Analysis <input type="radio"/> Individual Transition Plan
Date of Present Meeting: 24-OCT-2018	
Annual Review to be conducted by: 22-MAY-2019	
Next Three Year Review will be conducted by: 22-MAY-2021	
Three Year Review or Evaluation was conducted on: 22-MAY-2018	
Transition to Kindergarten to be conducted by:	
Location of Meeting: Sherman Oaks Elementary Charte	District Name: Los Angeles Unified School Dist

Section B: Student Information

Date of Birth: 04-FEB-2015	Age: 3	Grade: -1
Gender: <input checked="" type="radio"/> Male <input type="radio"/> Female	Limited English Proficient Student: <input type="radio"/> Yes <input checked="" type="radio"/> No	Ethnic Code: White
Location of the Psych Folder: SUPPORT UNIT NOR	Student has no Psych Folder: <input type="checkbox"/>	
Location of the Cum Folder: PRIVATE SCHOOL OI	Student has no Cum Folder: <input type="checkbox"/>	
Home Language:	Student Language:	Alternate Mode of Communication:
Home Address of Student: 4718 TOBIAS AV		
City: SHERMAN OAKS CA	ZIP Code: 91403	
Home Telephone: (818) 770-2202	Daytime Telephone:	Emergency Telephone:
School of Attendance: PRIVATE SCHOOL OI	Location Code: 1536	
School of Residence: Sherman Oaks El Cs	Location Code: 6699	
Name of Parent/Gaurdian:	Telephone:	
Address:		
City:	CA	ZIP Code:
Surogate Parent:	Telephone:	
Attends CURRENT SCHOOL as a result of one of the following	Private School Enrollment	Private School Office (PSO)
Is the student living in a Family Foster Home (FFH)?	<input type="radio"/> No <input type="radio"/> Yes	FFH#:
Is FFH Provider related to student?	<input type="radio"/> No <input type="radio"/> Yes	Relationship:
Licensed Children's Institution	<input type="radio"/> No <input type="radio"/> Yes	LCI Name:
		LCI#:
Out of the home placement made by	<input type="radio"/> Regional Center <input type="radio"/> Superior Court <input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> Department of Mental Health <input type="radio"/> Department of Children's Services <input type="radio"/> Other:
Child's family living within LAUSD's boundaries?	<input type="radio"/> No <input 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

Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

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"/>	<input type="radio"/>	<input type="radio"/>	n/a - initial IEP
Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
2 <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"/>
3 <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"/>
4 <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"/>
5 <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"/>
6 <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"/>
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"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Last: ELEZRA, First: EITAN, MI: [], Date of Birth: 04-FEB-2015, Meeting Date: 24-OCT-2018

Section E: Present Level of Performance

Performance Area: Health

Assessment/Monitoring Process Used: Parent Interview/Audio & Vision

State/District Assessment Results: []

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

Eitan is a 3.2 years old boy who was born full term and weighed 6.4 lbs. He was born healthy and was discharged home with his mother. Developmental milestones as reported by mother: sat at 6 months, crawled at 7 months, walked at 10 months, first word at 24 months. He is toilet trained and does not wear diaper. Allergies: None known. Diet: Regular table food. Medication: None. HEARING: Normal LAUSD Otoacoustic Emission Testing on 4/9/18; OAE's are expected to be normal when hearing levels are greater than 35dBHL, indicating hearing is adequate for educational purposes. VISION: Attempted vision screen on 4/9/2018; no valid result due to inability to condition; grossly normal per parent report/observation. AREAS OF STRENGTHS: Eitan is in good general health, has no known significant health problems and does not take any medication on a routine, daily basis. He eats a regular diet and can feed himself using fingers/utensils and can drink from a sippy cup. He is alert, active and ambulatory. AREAS OF NEED: Health is not an area of need. IMPACT OF DISABILITY: Health does not impact student's participation and progress in the educational program. ACCOMMODATIONS: None in the area of health. Trained school staff will assist him with hygiene and clothing as needed when toileting. Fariba Akhiary, RN 4/9/18 5/22/18 At the IEP meeting, mother reported that Eitan is toilet conditioned for urinating, but still has bowel movements in his underwear. RS

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)

Los Angeles Unified School District

Student ELEZRA EITAN MI Date of Birth 04-FEB-2015 Meeting Date 24-OCT-2018
Last First MI

Section E: Present Level of Performance

Performance Area: Communication
Assessment/Monitoring Process Used: Informal use of PLS-5, Observations, Parent Int. & Rec. Rev.
State/District Assessment Results: N/A

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

Background: Eitan attends Daycare Monday through Friday from 8:00 am to 5:00 pm. He also is a client of NLARC since 31 months of age, a diagnosis of Autism was given as a result he received: Child Development Services as well as Language and Speech each service twice weekly 60-minutes each session.
Strengths: Oral motor function does not impede Eitan's ability to communicate. He exhibits appropriate movement of his oral motor mechanism. His speech intelligibility is between 50-60% to both familiar and unfamiliar listeners. Receptively identifies common objects, gives toys upon request, and completes commands with the preposition in, off, and out. Eitan completes simple directions and locates objects in response to where-questions (e.g. ? Where is your mommy??) He pointed to her as well as identifies action words and use of common objects. Parent reported that Eitan can follow familiar simple directions at home. Expressively, he labels common objects, produces four-word sentences, as well as labels colors. He mixes both language when spontaneously speaking, Hebrew and English; however, this is typical for bilingual speakers. Parent reports that Eitan has 60 words in his expressive vocabulary and uses words to communicate his needs and wants at home. Socially, joint attention dependent on tasks, self-directed behaviors, and non-verbal turn-taking when given prompts. Eitan also exhibits pretend play. Parent reports he will play alongside other children but typically plays alone. His voice (pitch and tone) and his fluency (rate and rhythm) are appropriate for his age and gender.

Performance Area: Communication continued...
Assessment/Monitoring Process Used: Informal use of PLS-5, Observations, Parent Int. & Rec. Rev.
State/District Assessment Results: N/A

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

Needs: Eitan demonstrates a need and meets eligibility criteria for language and speech services to target his receptive, expressive and pragmatic (social) language skills. Receptively, he needs to follow unrelated two-step directions. Expressively and Socially, he needs to answer a variety wh-questions such as who, what and where to peers or adults.
Impact of Disability: Eitan's current communication skills negatively impacts his ability to access the general education curriculum appropriately and effectively.
Danita Clark
M.A. CCC-SLP

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

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Last First MI

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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):

This is the summary of the occupational therapy assessment:

Student's areas of strengths: Eitan demonstrates functional strength, balance, and endurance to participate in preschool motor activities. He can walk across a 4-inch wide balance beam and is reported to climb a playground apparatus without difficulty. Eitan can match by shape, color, and size and match letters, pictures, and numbers. He can stack 10 blocks and after a few demonstrations, was able to string 3, 1/2 inch beads. He displays a functional writing grasp, a static quadropod grasp, to draw strokes. He can imitate vertical and horizontal lines and draw circular scribbles. Eitan can imitate motor actions after watching a visual demonstration and he can keep himself busy exploring toys for over 20 minutes. He was able to touch shaving cream a few times without becoming dysregulated. Eitan can use utensils to feed himself and wash and dry his own hands.

Student's areas of need: Eitan appears to have delays with respect to his fine motor skills and his sensory modulation. He was not familiar with snipping with scissors. Parent's responses were in the Definite Dysfunction in all areas of the SPM-P but during the assessment, Eitan did not display significant challenges with his tactile, auditory, visual, proprioceptive or vestibular system. He did, however, show some signs of mild tactile defensiveness and may benefit from some occupational therapy for a short time to improve his tactile tolerance and fine motor skills within an educational environment. Eitan also is reported to have some limited food preferences; this is not an area addressed by school occupational therapy and it is suggested family follow up with medical provider/insurance to address possible feeding concerns.

Impact of student's disability on academic and overall performance: Eitan's diagnosis of autism is impacting his academic and overall performance.

-Judy Taur, MS, OTR/L

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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Last First MI

Date of Birth

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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: Cognitively, Eitan exhibited strengths in problem-solving, imitation, and memory as addressed by the formal assessment and witnessed during the assessment observation. Throughout the assessment, he exhibited age appropriate ability in solving simple problems using a trial and error method, imitating and completing short-term concrete tasks initiated by the examiner, and acquiring, storing, and recalling visual and oral information. Moreover, Eitan demonstrated the ability to sustain attention and shift focus from one preferred activity to another. Overall, he performed within the average range on the Visual Reception scale.

Needs: The validity of the testing was impacted by Eitan's tasks refusal and self-directed behaviors. Eitan scores appeared to be more related to his behaviors than a cognitive deficit.

Educational Impact: Based on alternative forms of assessment, which may include formal and informal testing, interviews, review of records, observations, and rating forms it appears a Cognitive impact is not identified at this time.

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):

Overall, Eitan demonstrates does not demonstrate age appropriate academic skills.

Strengths: Eitan's profile as examined using all forms of alternative assessment suggests strengths in pre-reading, pre-mathematics, and pre-writing.

Needs: Weaknesses were noted general fund of information. It is also noted that Eitan shows concerns related to his ability to show skills across settings as parent reports some abilities in the home not observed in the assessment. At this time it is noted that Eitan has some self-directed behaviors.

Educational Impact: Based on alternative forms of assessment, which may include formal and informal testing, interviews, review of records, observations, and rating forms it appears an Educational impact is identified at this time; which affects his ability to access the preschool curriculum.

Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student ELEZRA

EITAN

Date of Birth 04-FEB-2015

Meeting Date 24-OCT-2018

Last

First

MI

Section E: Present Level of Performance

Performance Area:

Social Emotional

Assessment/Monitoring Process Used:

Psycho-Educational Assessment

State/District Assessment Results:

N/A

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

Overall, Eitan's social emotional functioning is found to be in the well below average range.

Eitan demonstrates relative strengths in his social emotional functioning as he exhibits mood and approachability. During assessment Eitan allowed the assessors at times to invade his space and responded to some physical gestures and attended to preferred activities. Joint attention was noted for high interest activities. Eye contact was observed. He was also observed to willingly take item from the assessors.

Needs: Eitan demonstrates challenges in social emotional functioning. Limited engagement was noted during formal tasks as joint attention decreased and he moved away from adult directed tasks. He had difficulty consistently responding to assessors when they spoke to him and called out his name. He had trouble engaging in non-preferred tasks/activities. While engaged in his preferred activities Eitan had trouble transitioning to other activities without support. Eitan had difficulty responding to direction and questions presented by assessors. Eitan also struggles with age appropriate social interactions.

Educational Impact: Based on alternative forms of assessment, which may include formal and informal testing, interviews, review of records, observations, and rating forms it appears Eitan presents with Autistic like characteristic which may impact his ability to access a preschool curriculum.

Performance Area:

Adaptive Skills

Assessment/Monitoring Process Used:

Psycho-Educational Assessment

State/District Assessment Results:

N/A

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

Overall, Eitan's adaptive behavior is found to be in the average range.

Strengths: Eitan demonstrates age appropriate skills in clothing, feeding, and technology tasks.

Needs: None at this time.

Educational Impact: Based on alternative forms of assessment, which may include formal and informal testing, interviews, review of records, observations, and rating forms it appears an Adaptive Behavior impact is not identified at this time.

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Last First MI

Date of Birth

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Section F: Eligibility

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

Health, general ability, academics, speech and language, social emotional, self-help, motor

For Initial IEP, interventions attempted prior to determining eligibility:

NLACRC- LAS 2x/week, CDS 2x/week

Eligible as a student with the disability of:

Code:

- Not Applicable, Blind or Partially Sighted

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

Code:

- Not Applicable, Blind or Partially Sighted

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

or

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

No Longer Eligible (Effective Date):

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

Final IEP Reason: Final IEP Effective Date:

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

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

Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student
 Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Annual Goal #:

Eitan will follow two-step related and unrelated directions, during classroom activities, when given minimal (2-4) verbal and visual prompts in 4 out of 5 opportunities.

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:

Eitan will follow two-step related and unrelated directions, during classroom activities, when given maximal (6-8) verbal and visual prompts in 2 out of 5 opportunities.

Incremental objective #2 related to the goal:

Eitan will follow two-step related and unrelated directions, during classroom activities, when given moderate (4-6) verbal and visual prompts in 3 out of 5 opportunities.

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"/> Is progress sufficient to meet annual goal? <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"/>	Progress Mark: <input type="text"/> Is progress sufficient to meet annual goal? <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"/>	Progress Mark: <input type="text"/> Is progress sufficient to meet annual goal? <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"/>	Progress Mark: <input type="text"/> Is progress sufficient to meet annual goal? <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"/>	Objective 1 Met: <input type="radio"/> Yes <input type="radio"/> No Objective 2 Met: <input type="radio"/> Yes <input type="radio"/> No If "No" please explain: <input type="text"/>

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if (frm.spanish_goal.value == "") {frm.spanish_goal.value = frm.goal.value;} if (frm.spanish_obj1.value == "") {frm.spanish_obj1.value = frm.objective_1.value;} if (frm.spanish_obj2.value == "") {frm.spanish_obj2.value = frm.objective_2.value;}
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Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student
 Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Annual Goal #:

Eitan will play alongside another child, with at least 3 positive interactions, for at least 5 minutes, on 4 occasions during a school week.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

Eitan will play alongside another child, with adult support, for at least 5 minutes, on 4 occasions during a school week.

Incremental objective #2 related to the goal:

Eitan will play alongside another child, with at least 3 positive interactions, with adult support, for at least 5 minutes, on 4 occasions during a school week.

Date to be achieved: MO/YR

Date to be achieved: MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

1st Reporting Period	2nd Reporting Period	3rd Reporting Period	4th Reporting Period (Secondary Only)	Goal Achievement
Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	
Progress Mark: <input type="text"/>	Progress Mark: <input type="text"/>	Progress Mark: <input type="text"/>	Progress Mark: <input type="text"/>	Objective 1 Met: <input type="radio"/> Yes <input type="radio"/> No
Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Objective 2 Met: <input type="radio"/> Yes <input type="radio"/> No
If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other	If "No" please explain: <div style="border: 1px solid black; height: 100px; width: 100%;"></div>

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if (frm.spanish_goal.value == "") {frm.spanish_goal.value = frm.goal.value;} if (frm.spanish_obj1.value == "") {frm.spanish_obj1.value = frm.objective_1.value;} if (frm.spanish_obj2.value == "") {frm.spanish_obj2.value = frm.objective_2.value;}
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Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student ELEZRA EITAN MI Last First MI

Date of Birth 04-FEB-2015

Meeting Date 24-OCT-2018

Section G: Annual Goals and Objectives

Performance Area: Communication Annual Goal #: 3

Eitan will answer who, what, and where-questions from peers or adults, during classroom activities, when given minimal (2-4) verbal and visual prompts in 4 out of 5 opportunities.

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:

Eitan will answer who, what, and where-questions from peers or adults, during classroom activities, when given maximal (6-8) verbal and visual prompts in 2 out of 5 opportunities.

Incremental objective #2 related to the goal:

Eitan will answer who, what, and where-questions from peers or adults, during classroom activities, when given moderate (4-6) verbal and visual prompts in 3 out of 5 opportunities.

Date to be achieved: September 2018 MO/YR

Date to be achieved: January 2019 MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

Table with 5 columns: 4 GOAL MET OR EXCEEDED, 3 SUBSTANTIAL PROGRESS (50-99% of goal met), 2 PARTIAL PROGRESS (1-49% of goal met), 1 NO PROGRESS, and Goal Achievement. Rows include reporting periods, progress marks, and achievement status.

if (frm.spanish_goal.value == "") {frm.spanish_goal.value = frm.goal.value;} if (frm.spanish_obj1.value == "") {frm.spanish_obj1.value = frm.objective_1.value;} if (frm.spanish_obj2.value == "") {frm.spanish_obj2.value = frm.objective_2.value;}

Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student
 Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Annual Goal #:

To demonstrate hand strength, hand/eye coordination, and fine motor skills, Eitan will be able to hold scissors properly to cut on a 8.5 inch line with 50% accuracy while holding the paper with his other hand.

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:

To demonstrate hand strength, hand/eye coordination, and fine motor skills, Eitan will be able to hold scissors properly to make 3, 1-inch snips while holding the paper with his other hand.

Incremental objective #2 related to the goal:

To demonstrate hand strength, hand/eye coordination, and fine motor skills, Eitan will be able to hold scissors properly to cut on a 4 inch line with 50% accuracy while holding the paper with his other hand.

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"/> Is progress sufficient to meet annual goal? <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	Progress Mark: <input type="text"/> Is progress sufficient to meet annual goal? <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	Progress Mark: <input type="text"/> Is progress sufficient to meet annual goal? <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	Progress Mark: <input type="text"/> Is progress sufficient to meet annual goal? <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	Objective 1 Met: <input type="radio"/> Yes <input type="radio"/> No Objective 2 Met: <input type="radio"/> Yes <input type="radio"/> No If "No" please explain: <input type="text"/>

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if (frm.spanish_goal.value == "") {frm.spanish_goal.value = frm.goal.value;} if (frm.spanish_obj1.value == "") {frm.spanish_obj1.value = frm.objective_1.value;} if (frm.spanish_obj2.value == "") {frm.spanish_obj2.value = frm.objective_2.value;}
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Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student
 Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Annual Goal #:

To improve tactile modulation, Eitan will be able to participate in a tactile activity involving wet, messy or sticky textures for 4-5 minutes, 3/4 opportunities.

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:

To improve tactile modulation, Eitan will be able to participate in a tactile activity involving wet, messy or sticky textures for 1-2 minutes, 3/4 opportunities.

Incremental objective #2 related to the goal:

To improve tactile modulation, Eitan will be able to participate in a tactile activity involving wet, messy or sticky textures for 3-4 minutes, 3/4 opportunities.

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"/>

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if (frm.spanish_goal.value == "") {frm.spanish_goal.value = frm.goal.value;} if (frm.spanish_obj1.value == "") {frm.spanish_obj1.value = frm.objective_1.value;} if (frm.spanish_obj2.value == "") {frm.spanish_obj2.value = frm.objective_2.value;}
```

Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student
 Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Annual Goal #:

Eitan will count 10 objects, on 5 occasions during a school week.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

Eitan will count 3 objects, on 5 occasions during a school week.

Incremental objective #2 related to the goal:

Eitan will count 5 objects, on 5 occasions during a school week.

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"/> Is progress sufficient to meet annual goal? <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	Progress Mark: <input type="text"/> Is progress sufficient to meet annual goal? <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	Progress Mark: <input type="text"/> Is progress sufficient to meet annual goal? <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	Progress Mark: <input type="text"/> Is progress sufficient to meet annual goal? <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	Objective 1 Met: <input type="radio"/> Yes <input type="radio"/> No Objective 2 Met: <input type="radio"/> Yes <input type="radio"/> No If "No" please explain: <input type="text"/>

```
if (frm.spanish_goal.value == "") {frm.spanish_goal.value = frm.goal.value;} if (frm.spanish_obj1.value == "") {frm.spanish_obj1.value = frm.objective_1.value;} if (frm.spanish_obj2.value == "") {frm.spanish_obj2.value = frm.objective_2.value;}
```

Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student ELEZRA EITAN MI Last First MI

Date of Birth 04-FEB-2015

Meeting Date 24-OCT-2018

Section G: Annual Goals and Objectives

Performance Area: Language Devel Annual Goal #: 7

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

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

Eitan will identify and discriminate familiar sounds when adult sings a song or reads a story (e.g., associates the sound 'beep beep beep' with the horn on the bus), on 4 occasions, during a school week.

Incremental objective #2 related to the goal:

Eitan will imitate words and gestures in familiar nursery rhymes, songs, and fingerplays, on 4 occasions, during a school week.

Date to be achieved: September 2018 MO/YR

Date to be achieved: January 2019 MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

Table with 5 columns: 4 GOAL MET OR EXCEEDED, 3 SUBSTANTIAL PROGRESS (50-99% of goal met), 2 PARTIAL PROGRESS (1-49% of goal met), 1 NO PROGRESS, and Goal Achievement. Rows include reporting periods, progress marks, and achievement status.

if (frm.spanish_goal.value == "") {frm.spanish_goal.value = frm.goal.value;} if (frm.spanish_obj1.value == "") {frm.spanish_obj1.value = frm.objective_1.value;} if (frm.spanish_obj2.value == "") {frm.spanish_obj2.value = frm.objective_2.value;}

Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student
 Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Annual Goal #:

When given a teacher selected, non-preferred task, Eitan will go without protest or avoidance behaviors, then will stay on task, with minimal non-verbal prompts, for 10 minutes at a time in 4 of 5 opportunities.

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 a teacher selected, non-preferred task, Eitan will go with minimal protest or avoidance behaviors, then will stay on task, with maximum verbal and non-verbal prompts, for 5 minutes at a time in 4 of 5 opportunities.

Incremental objective #2 related to the goal:

When given a teacher selected, non-preferred task, Eitan will go with minimal protest or avoidance behaviors, then will stay on task, with moderate verbal and non-verbal prompts, for 7 minutes at a time in 4 of 5 opportunities.

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"/> Is progress sufficient to meet annual goal? <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"/>	Progress Mark: <input type="text"/> Is progress sufficient to meet annual goal? <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"/>	Progress Mark: <input type="text"/> Is progress sufficient to meet annual goal? <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"/>	Progress Mark: <input type="text"/> Is progress sufficient to meet annual goal? <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"/>	Objective 1 Met: <input type="radio"/> Yes <input type="radio"/> No Objective 2 Met: <input type="radio"/> Yes <input type="radio"/> No If "No" please explain: <input type="text"/>

if (frm.spanish_goal.value == "") {frm.spanish_goal.value = frm.goal.value;} if (frm.spanish_obj1.value == "") {frm.spanish_obj1.value = frm.objective_1.value;} if (frm.spanish_obj2.value == "") {frm.spanish_obj2.value = frm.objective_2.value;}

Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student ELEZRA EITAN MI **Date of Birth** 04-FEB-2015 **Meeting Date** 24-OCT-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.

DRDP-A - (Adaptations identified below are applicable)

Adaptations:

- Alternative response mode
- Sensory support
- Functional positioning

Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student 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 Last: ELEZRA, First: EITAN, MI: []

Date of Birth: 04-FEB-2015

Meeting Date: 24-OCT-2018

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, B. Binder, 22-OCT-2018

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

Large empty text box for 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 24-OCT-2018 [] []

PARENT INPUT SURVEY

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

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

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

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

B. Regarding your child's previous IEP (if relevant):			
20. I am satisfied that my child received the services described on the previous IEP. (If your answer to this question is "No", please write concerns below.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Comments			

Is there anything more you would like to ask us or tell us?
Please write below or call the Parent Resource Network at 1-800-933-8133.

Handwriting lines for providing feedback.

Please fold along dotted lines with the address showing. Seal and mail. Postage is pre-paid.
Again, Thank you!



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 33798 LOS ANGELES CA 90051

POSTAGE WILL BE PAID BY ADDRESSEE

ATTN PARENT RESOURCE NETWORK
LOS ANGELES UNIFIED SCHOOL DISTRICT
PO BOX 613307
LOS ANGELES CA 90099-4093



PARENT INPUT SURVEY
English

Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Reconvened Meeting Date

Student

ELEZRA

EITAN

Date of Birth

04-FEB-2015

Meeting Date

24-OCT-2018

Last

First

MI

Section R: Names and Signatures (Signatures on File)

Team Member	Print Name	Signature
Parent/Guardian	Elinor Elezra	<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	Brandon Binder	<input type="text"/>
Administrative Designee	<input type="text"/>	<input type="text"/>
Special Education Teacher	<input type="text"/>	<input type="text"/>
General Education Teacher	Candace Weitzman	<input type="text"/>
School Psychologist	<input type="text"/>	<input type="text"/>
School Nurse	<input type="text"/>	<input type="text"/>
Related Service Staff <input type="text"/>	<input type="text"/>	<input type="text"/>
Related Service Staff <input type="text"/>	<input type="text"/>	<input type="text"/>
Related Service Staff <input type="text"/>	<input type="text"/>	<input type="text"/>
Interpreter	<input type="text"/>	<input type="text"/>
Sign Language Interpreter	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>

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

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

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

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

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="24-OCT-2018"/>	
Eligibility: (from Page 4)		Eligible (AUT)	
	Final IEP Reason Final IEP Effective Date:		
Curriculum		<input type="text" value="General Education"/>	
Placement	Type of School	<input type="text" value="Preschooler Non-LAUSD/Not Headstart"/>	
	Name of School	<input type="text" value="SP ED INF/PRE (1989)"/>	
		<input type="text" value="SHERMAN OAKS EL CS"/>	
Instructional Setting	Setting	<input type="text" value="DIS Only - Preschooler"/>	
	Program	<input type="text" value="GE"/>	
	Special Day Minutes/Wk	<input type="text" value="0"/>	
	Addresses Goals	<input type="text" value="3(Communication),1(Communication),4(Fine Motor),5(Tactile Modulation),7(Language Devel),6(Cognitive Devel),8(Social Emotional),2(Behavioral Support)"/>	
Additional Factors	Low Incident Support	<input type="text" value="None"/>	
	Assistive Technology Support	<input type="text" value="No"/>	
	Transportation	<input type="text" value="None"/>	
	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	<input type="text" value="No"/>	
Accommodation, Modifications, Supports	Instructional Accommodations	<input type="text" value="Check for understanding before and during tasks; provide signals, scripts, and models for improved communication; facilitate peer interactions; break tasks into small steps; prompt to stay on task; provide visuals with instruction; provide opportunities for hands-on learning"/>	
	Instructional Modifications	<input type="text"/>	
	Other Supports, including Non-Academic and Extra-curricular Activities	<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-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.	<input type="text"/>	
Comments, as appropriate			
Low Incidence Equipment	<input type="text"/>		
Assistive Technology	<input type="text"/>		

Equipment	
Participation in General Education	

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

		Effective With This IEP	Future Changes Related To This IEP
Service 1	Start Date:	Effective on Signature Date 24-OCT-2018	
10	End Date:		
Language/Speech	Service applies to:	Regular	
	Frequency:	1-5	
This service addresses the following goals :	Interval:	Monthly	
	Minutes/Interval:	30	
<input type="text" value="3(Communication)"/>	Minutes/Interval (Pullout from Gen Ed):	0	
<input type="text" value="1(Communication)"/>			
<input type="text" value="7(Language Devel)"/>	Service Delivery Model:	Direct Service (By a Single Provider)*	
	Area:	School-Based	
	Responsible Personnel:	Licensed/Credentialed Provider	

*

Service 2	Start Date:	Effective on Signature Date 24-OCT-2018	
16	End Date:		
Occupational Therapy	Service applies to:	Regular	
	Frequency:	1	
This service addresses the following goals :	Interval:	Weekly	
	Minutes/Interval:	30	
<input type="text" value="4(Fine Motor)"/>	Minutes/Interval (Pullout from Gen Ed):	0	
<input type="text" value="5(Tactile Modulation)"/>			
	Service Delivery Model:	Direct Service (Collaborative)*	
	Responsible Personnel:	Licensed/Credentialed Provider	

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

Program:		GE			Setting:		DIS Only - Preschooler	
Eligibility:		Eligible (AUT)			Curriculum:		General Education	
Transportation:		None			Low Incident Support:		None	
Service Code	Service Desc	Start Date	Service Applies To	Interval	Frequency	Area	Total Minutes	Addresses Goal(s)
10	Language/Speech	Effective on Signature Date	Regular	Monthly	1-5	School-Based	30	Communication, Communication, Language Devel
16	Occupational Therapy	Effective on Signature Date	Regular	Weekly	1	~	30	Fine Motor, Tactile Modulation

For IEP Team Information

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

INDIVIDUALIZED EDUCATION PROGRAM Behavior Intervention Plan

For Behavior Interfering with Student's Learning or the Learning of His/Her Peers

Los Angeles Unified School District

(Behavior Intervention Plan, pg. 1 of 3)

Student Date of Birth Meeting Date

Last First MI

1 The behavior impeding learning is: Describe what it looks like:

2 It impedes learning because: lack of work production disrupts other students requires instruction to stop
 instructional time is lost negative interaction with peers
 other

3 The need for a Behavior Intervention Plan: early stage intervention moderate serious extreme

4 Frequency or intensity or duration of behavior: Frequency (x) Period Intensity Duration (min)
 Reported by and/or observed by

PREVENTION

PART 1

ENVIRONMENTAL FACTORS AND NECESSARY CHANGES

5 What are the predictors for the behavior? (Situations in which the behavior is likely to occur: people, time, place, subject, etc).

<input type="checkbox"/> Disruption in routines	<input type="checkbox"/> Work level higher than student's ability	<input checked="" type="checkbox"/> Verbal directives	<input checked="" type="checkbox"/> Lack of predictability
<input type="checkbox"/> Time of day	<input type="checkbox"/> Internal physical/emotional state	<input checked="" type="checkbox"/> Peer conflict	<input type="checkbox"/> Over stimulation
<input checked="" type="checkbox"/> Unstructured time	<input checked="" type="checkbox"/> Lack of freedom, choice, desirable activities, friends	<input type="checkbox"/> Room conditions	<input type="checkbox"/> Specific room arrangement
<input type="checkbox"/> Events from previous environments	<input type="checkbox"/> Under stimulation		

Other Describe:

Observation Analysis 6

What supports the student using the problem behavior? (What is missing in the environment/curriculum or what is in the environment/curriculum that needs changing?)

Present in the environment:	<input checked="" type="checkbox"/> Classroom seating arrangement	<input type="checkbox"/> Noise levels	<input checked="" type="checkbox"/> Interactions (adult and/or peers)
Missing in the environment:	<input type="checkbox"/> Peer status gained for misbehavior	<input type="checkbox"/> Inappropriate materials (age-appropriate)	<input checked="" type="checkbox"/> Conflict resolution skills
	<input checked="" type="checkbox"/> Transition skills	<input type="checkbox"/> Schedule	<input type="checkbox"/> Effective communication with parent
	<input checked="" type="checkbox"/> Re-teaching	<input type="checkbox"/> Task structuring	<input checked="" type="checkbox"/> Communications system
	<input checked="" type="checkbox"/> Social skills instruction	<input checked="" type="checkbox"/> Consequences not clear to student	
	<input type="checkbox"/> Choices		

Other (Missing/Present):

REMOVE STUDENT'S NEED TO USE THE PROBLEM BEHAVIOR

Intervention 7

What environmental changes, structure and supports are needed to remove the student's need to use this behavior? (Changes in Time/Space/Materials/Interactions to remove the likelihood of behavior)

Time Changes:	<input type="checkbox"/> Give more time on tasks	<input type="checkbox"/> Allow completion in parts	<input type="checkbox"/> Teach a closure system
Space Changes:	<input type="checkbox"/> Signal transition	<input checked="" type="checkbox"/> Provide a break	<input type="checkbox"/> Give less time on tasks
Material Changes:	<input type="checkbox"/> Preferred seating	<input type="checkbox"/> Different work areas	<input checked="" type="checkbox"/> Study carrels
Interaction:	<input checked="" type="checkbox"/> Personal space	<input checked="" type="checkbox"/> Hands-on learning	<input type="checkbox"/> Tasks organized
	<input type="checkbox"/> Accommodated work	<input type="checkbox"/> Notebook organizer	<input type="checkbox"/> Enlarged print size books
	<input checked="" type="checkbox"/> High interest materials	<input checked="" type="checkbox"/> Cue the student	<input checked="" type="checkbox"/> Model
	<input checked="" type="checkbox"/> Use specific supportive words	<input checked="" type="checkbox"/> Praise successes	<input type="checkbox"/> Peer Models
	<input checked="" type="checkbox"/> Verbally praise student	<input checked="" type="checkbox"/> Use calm, de-escalating language	
	<input checked="" type="checkbox"/> Use specific support communications		

Other

Who will establish? Who will monitor? Frequency

INDIVIDUALIZED EDUCATION PROGRAM
Behavior Intervention Plan

For Behavior Interfering with Student's Learning or the Learning of His/Her Peers

Los Angeles Unified School District

(Behavior Intervention Plan, pg. 2 of 3)

Student **ELEZRA** **EITAN** **MI**
Last First MI

Date of Birth **04-FEB-2015** Meeting Date **24-OCT-2018**

ALTERNATIVE PART II FUNCTIONAL FACTORS AND NEW BEHAVIORS TO TEACH AND SUPPORT

8

Team believes the behavior occurs because: (Function of behavior in terms of getting, protest or avoiding something)

- To Get: Sensory input Attention (peer) Attention (staff)
- To Avoid: Tangible (desired item) Tangible (desired activity)
- Sensory input Attention (peer) Attention (staff)
- Task (too difficult) Task (too easy) Task (too long)

Describe:

Observation Analysis 9

What team believes the student should do INSTEAD of the problem behavior? (How should the student escape/protest/avoid or get his/her need met in an acceptable way?)

To get: Tangible (desired item) student will use appropriate words to ask his peer if he can have a turn with the toy.

To avoid: Attention (peer) student will use his words to tell his peer he needs some personal space.

10

What teaching Strategies/Necessary Curriculum/Materials are needed?

- Better communication skills Anger management Communication system Self-management systems
- Following schedules & routines Learning new social skills Learning how to negotiate Learning structured choice
- Learning new scripts Learning notebook organization Learning to use conflict resolution Learning to request breaks
- Other

Who will establish? Who will monitor? Frequency:
SPED teacher SPED teacher/aide daily

Intervention 11

What are reinforcement procedures to use for establishing, maintaining, and generalizing the replacement behavior(s)?

- Physical: High-fives Smiles Handshake
- Pat on the back Use specific praises Recognition of student's st... Peer recognition
- Verbal: Time on the computer Free time Listen to music
- Contingent Access: Preferred activity Positive phone calls or notes to home Certificate sent home Other
- Tangibles Tokens Points Seating Location
- Tokens and Points: Exempt assignment Extra test points

Other ideas:

Selection of reinforcer based on: parent input
 reinforcer for using replacement behavior reinforcer for general increase in positive behaviors

By whom? Frequency
SPED teacher/aide daily

EFFECTIVE REACTION PART III REACTIVE STRATEGIES

12

What strategies will be employed if the problem behavior occurs again. (1. Prompt student to switch to the replacement behavior, 2. Describe how staff should handle the problem behavior if it occurs again, 3. Positive discussion with student after behavior ends, 4. Any necessary further classroom or school consequences)

When Eitan is frustrated in play, he will be prompted to use his words to get what he wants or does not want. He should be praised when playing appropriately.

Personnel?
SPED teacher/aide

INDIVIDUALIZED EDUCATION PROGRAM
Behavior Intervention Plan

For Behavior Interfering with Student's Learning or the Learning of His/Her Peers

Los Angeles Unified School District

(Behavior Intervention Plan, pg. 3 of 3)

Student ELEZRA EITAN
Last First MI

Date of Birth 04-FEB-2015

Meeting Date 24-OCT-2018

OUTCOMES

PART IV

BEHAVIORAL GOALS

13 Behavioral Goal: Goal #: 1

Eitan will play alongside another child, with at least 3 positive interactions, for at least 5 minutes, on 4 occasions during a school week.

- The above behavioral goal is to:
- Increase use of replacement behavior and may also include:
 - Reduce frequency of problem behavior
 - Develop new general skills that remove student's need to use the problem behavior

Observation and Analysis Conclusion

Are curriculum accommodations or modifications also necessary? Where described?

FAPE 1

Yes No

Are environmental supports/changes necessary?

Yes No

Is reinforcement of replacement behavior alone enough? (no new teaching is necessary)?

Yes No

Are both teaching of new replacement behavior AND reinforcement needed?

Yes No

This BIP to be coordinated with other agency's service plans? Agency?

Yes No

Person responsible for contact between agencies.

COMMUNICATION

PART V

COMMUNICATION PROVISIONS

14 Manner and content of communication:

- Phone calls
- Daily reports
- Weekly reports
- Other
- Email
- Daily charting
- Written notes
- Behavioral logs

Between? SPED teacher adn parent Frequency? daily, then weekly when appropriate