

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Identification Number 200012X961

Eligible (AUT)

Student ELEZRA EITAN MI

Date of Birth 04-FEB-2015

Section A: Meeting Information

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

Section B: Student Information

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Date of Birth Meeting Date

Section C: Language Acquisition

Language Classification: Start Date: Reclassification Date:

Parent Waiver: Yes No

Elementary English Language Development Level: Start Date:

Secondary English Language Development Level: Start Date:

Communication Observation Matrix Level: Start Date:

Section D: Goal Achievement from Current IEP

| 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"/> | |
| Objective 2 met | <input type="radio"/> | <input type="radio"/> | |
| 2. <input type="text"/> | <input type="radio"/> | <input type="radio"/> | |
| Objective 1 met | <input type="radio"/> | <input type="radio"/> | |
| Objective 2 met | <input type="radio"/> | <input type="radio"/> | |
| 3. <input type="text"/> | <input type="radio"/> | <input type="radio"/> | |
| Objective 1 met | <input type="radio"/> | <input type="radio"/> | |
| Objective 2 met | <input type="radio"/> | <input type="radio"/> | |
| 4. <input type="text"/> | <input type="radio"/> | <input type="radio"/> | |
| Objective 1 met | <input type="radio"/> | <input type="radio"/> | |
| Objective 2 met | <input type="radio"/> | <input type="radio"/> | |
| 5. <input type="text"/> | <input type="radio"/> | <input type="radio"/> | |
| Objective 1 met | <input type="radio"/> | <input type="radio"/> | |
| Objective 2 met | <input type="radio"/> | <input type="radio"/> | |
| 6. <input type="text"/> | <input type="radio"/> | <input type="radio"/> | |
| Objective 1 met | <input type="radio"/> | <input type="radio"/> | |
| Objective 2 met | <input type="radio"/> | <input type="radio"/> | |
| 7. <input type="text"/> | <input type="radio"/> | <input type="radio"/> | |
| Objective 1 met | <input type="radio"/> | <input type="radio"/> | |
| Objective 2 met | <input type="radio"/> | <input type="radio"/> | |
| 8. <input type="text"/> | <input type="radio"/> | <input type="radio"/> | |
| Objective 1 met | <input type="radio"/> | <input type="radio"/> | |
| Objective 2 met | <input type="radio"/> | <input type="radio"/> | |
| 9. <input type="text"/> | <input type="radio"/> | <input type="radio"/> | |
| Objective 1 met | <input type="radio"/> | <input type="radio"/> | |
| Objective 2 met | <input type="radio"/> | <input type="radio"/> | |
| 10. <input type="text"/> | <input type="radio"/> | <input type="radio"/> | |
| Objective 1 met | <input type="radio"/> | <input type="radio"/> | |
| Objective 2 met | <input type="radio"/> | <input type="radio"/> | |

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student

Date of Birth


Meeting Date

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): 

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 Date of Birth Meeting Date

Section E: Present Level of Performance


| | |
|-------------------------------------|---|
| Performance Area: | <input type="text" value="Communication"/> |
| Assessment/Monitoring Process Used: | <input type="text" value="Informal use of PLS-5, Observations, Parent Int. & Rec. Rev."/> |
| State/District Assessment Results: | <input type="text" value="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: | <input type="text" value="Communication continued..."/> |
| Assessment/Monitoring Process Used: | <input type="text" value="Informal use of PLS-5, Observations, Parent Int. & Rec. Rev."/> |
| State/District Assessment Results: | <input type="text" value="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)

Los Angeles Unified School District

Student ELEZRA

EITAN

Date of Birth 04-FEB-2015

Meeting Date 22-MAY-2018

Section E: Present Level of Performance

Performance Area: Fine Motor

Assessment/Monitoring Process Used: Observation, interview, MSEL, SPM-P

State/District Assessment Results: N/A

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)

Los Angeles Unified School District

Student ELEZRA


EITAN

Date of Birth 04-FEB-2015

Meeting Date 22-MAY-2018

Section E: Present Level of Performance

| | |
|-------------------------------------|------------------------|
| Performance Area: | Cognition |
| Assessment/Monitoring Process Used: | Alternative Assessment |
| State/District Assessment Results: | N/A |


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: | School Readiness |
| 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 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.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student

Date of Birth


Meeting Date

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): 

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:

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'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.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

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Student ELEZRA [] EITAN [] []

Date of Birth 04-FEB-2015 []

Meeting Date 22-MAY-2018 []

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: AUT [] Autism []

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student 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
 Norm Referenced
 Criterion Referenced
 Curriculum Based
 Observation
 Portfolio
 Work Samples
 Informal
 Other:

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.

Date to be achieved MO/YR

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

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

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

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.

Date to be achieved MO/YR

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

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Date of Birth Meeting Date

Section G: Annual Goals and Objectives

Performance Area:

Annual Goal #

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

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.

Date to be achieved MO/YR

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 MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student 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
 Norm Referenced
 Criterion Referenced
 Curriculum Based
 Observation
 Portfolio
 Work Samples
 Informal
 Other:

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.

Date to be achieved MO/YR

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

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 | Goal Achievement |
|--|--|--|--|--|
| Date: <input type="text"/> | Date: <input type="text"/> | Date: <input type="text"/> | (Secondary Only) 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 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
- Norm Referenced
- Criterion Referenced
- Curriculum Based
- Observation
- Portfolio
- Work Samples
- Informal
- Other:

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.

Date to be achieved MO/YR

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

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

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

Incremental objective #1 related to the goal:

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

Date to be achieved MO/YR

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

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 | Goal Achievement |
|--|--|--|--|--|
| Date: <input type="text"/> | Date: <input type="text"/> | Date: <input type="text"/> | (Secondary Only) 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 **ELEZRA**

EITAN

Date of Birth **04-FEB-2015**

Meeting Date **22-MAY-2018**

Section G: Annual Goals and Objectives

Performance Area: **Language Devel**

Annual Goal # **7** **GB**

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

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.

Date to be achieved **September** **2018** MO/YR

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 **January** **2019** MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student 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
 Norm Referenced
 Criterion Referenced
 Curriculum Based
 Observation
 Portfolio
 Work Samples
 Informal
 Other:

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.

Date to be achieved MO/YR

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

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student ELEZRA EITAN **Date of Birth** 04-FEB-2015 **Meeting Date** 22-MAY-2018

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

| | | | | | | |
|---------|--------|-------|---------------|-------------|--------------|-------------|
| Student | ELEZRA | EITAN | Date of Birth | 04-FEB-2015 | Meeting Date | 22-MAY-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 Hebrew

Specify the Individual Pages to be translated: all

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

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 |
| | Other | R. Sperling | 09-APR-2018 |
| | Phone | R. Sperling | 07-MAY-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

We consent to everything else on the IEP (eligibility, goals, OT, ESY, etc.) pending resolution of the above.

Signature(s) _____ / _____ Date

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

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

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

Signature(s) _____ / _____ Date

PARENT INPUT SURVEY

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

ALL INFORMATION IS CONFIDENTIAL

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

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

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

| B. Regarding your child's previous IEP (if relevant): | 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.

Handwriting lines for providing feedback.

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

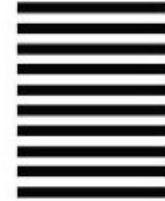


NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

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

POSTAGE WILL BE PAID BY ADDRESSEE

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



PARENT INPUT SURVEY
English

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Reconvened Meeting Date

Student

Date of Birth

Meeting Date

Section R: Names and Signatures (Signatures on File)

| Team Member | Print Name | Signature |
|--|---|-----------|
| Parent/Guardian | <input type="text" value="Elinor Elezra"/> | |
| Parent/Guardian | <input type="text"/> | |
| Student Age 18 - 21 years | <input type="text"/> | |
| Student Under Age 18 years | <input type="text"/> | |
| Surrogate Parent | <input type="text"/> | |
| Foster Parent | <input type="text"/> | |
| Family Foster Home Provider | <input type="text"/> | |
| Administrator | <input type="text"/> | |
| Administrative Designee | <input type="text" value="Tanyka Nelson-Robinson"/> | |
| Special Education Teacher | <input type="text" value="Romy Sperling"/> | |
| General Education Teacher | <input type="text" value="Victoria Bondar"/> | |
| School Psychologist | <input type="text"/> | |
| School Nurse | <input type="text"/> | |
| Related Service Staff <input type="text"/> | <input type="text"/> | |
| Related Service Staff <input type="text"/> | <input type="text"/> | |
| Related Service Staff <input type="text"/> | <input type="text"/> | |
| Interpreter | <input type="text" value="Luciana Ganay"/> | |
| Sign Language Interpreter | <input type="text"/> | |
| Agency Representative | <input type="text"/> | |
| Agency Representative | <input type="text"/> | |
| Agency Representative | <input type="text"/> | |
| Other <input type="text"/> | <input type="text"/> | |
| Other <input type="text"/> | <input type="text"/> | |
| Other <input type="text"/> | <input type="text"/> | |
| Other <input type="text"/> | <input type="text"/> | |

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student

Date of Birth

Meeting Date

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

Student's Current Placement Type:

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

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

Los Angeles Unified School District

Student

Date of Birth

Meeting Date

ANNUAL LEAST RESTRICTIVE ENVIRONMENT ANALYSIS (Continued)
To Be Completed By the IEP Team at the IEP Team Meeting

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

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

| | | |
|------------|--|--|
| Step E. | Can the supports, services, accommodations and/or modifications in the student's IEP be made available in a residential care facility? | |
| | <input type="radio"/> YES <input type="radio"/> NO | If not currently available, articulate in the IEP what supports, accommodations and/or modifications are required for the student in this setting. |
| | | |

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 1 - Eligibility, Placements and Supports

Student Date of Birth Meeting Date

| | | Effective With this IEP | Future Changes Related to this IEP |
|---|---|---|------------------------------------|
| | | As of Date: <input type="text" value="04-JUN-2018"/> | |
| | | Eligible (AUT) | |
| Eligibility: (from Page 4) | Final IEP Reason Final IEP Effective Date: | | |
| Curriculum | | General Education | |
| Placement | Type of School | District Non-Resident School | |
| | Name of School | SYLVAN PARK EL | |
| Instructional Setting | Setting | Special Education | |
| | Program | PAL | |
| | Special Day Minutes/Wk | 1350 | |
| | Addresses Goals | 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 | None | |
| | Assistive Technology Support | No | |
| | Transportation | Home to School | |
| | Extended School Year/Intersession | Yes <input checked="" type="radio"/> No <input type="radio"/> | |
| | Parent Counseling and Training (PCT) | Yes <input type="radio"/> No <input checked="" type="radio"/> | |
| | ESY Transportation | Home to School | |
| Accommodation, Modifications, Supports | Instructional Accommodations | 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 | | |
| | 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? | Yes <input type="radio"/> No <input checked="" type="radio"/> | |
| | If the Parent does not agree, specify the area(s) to be reassessed. | | |
| Comments, as appropriate | | | |
| Low Incidence Equipment | | | |

| | |
|---|--|
| Assistive Technology Equipment | |
| Participation in General Education | |

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student Date of Birth Meeting Date

Effective With This IEP

Future Changes Related To This IEP

Service 1

Start Date:

Effective on Signature Date
04-Jun-2018

16

End Date:

Occupational Therapy

Service applies to:

Regular

Frequency:

1

This service addresses the following goals:

Interval:

Weekly

4(Fine Motor)

Minutes/Interval:

30

5(Tactile Modulation)

Minutes/Interval (Pullout from Gen Ed):

0

Service Delivery Model:

Direct Service (Collaborative)*

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 | 85 % | |

Part 4 - Additional Discussion (This section is optional)

Based upon Eitan's current needs, the IEP team recommends a Preschool for All Learners classroom (PAL). The PAL is an educationally-based special day program that operates 4 hours and 30 minutes 5 days a week. The preschool curriculum is delivered through evidenced-based practices. Eitan's Communication goals, included in the IEP, will be supported in an integrated model by a multidisciplinary on-site team comprised of a speech-language pathologist, early childhood special education teacher, and District special education assistants. The Speech-language pathologist will provide 2 hours of support in the classroom each week.

IEP team is recommending Extended School Year (ESY) for Eitan due to his significant delays in communication, cognitive, and adaptive skills. Eitan's mother has decided to wait and enroll Eitan in the fall, and not have him attend ESY this year.

Eitan is eligible for transportation since the offered program is not available at his school of residence. Home to school transportation is recommended due to Eitan's young age and delayed language, which is a safety concern.

The Parent Counseling and Training (PCT) worksheet was completed and parent does not feel she needs to attend.

District interpreter was provided, but mother denied district hired personnel since she brought her friend to interpret.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Date of Birth Meeting Date

FAPE Summary Grid

Program: PAL **Setting:** Special Education
Eligibility: Eligible (AUT) **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) |
|--------------|----------------------|-----------------------------|--------------------|----------|-----------|------|---------------|--------------------------------|
| 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.

Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM

Behavior Support Plan

(Behavior Support Plan, pg. 1 of 3)

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

Student ELEZRA EITAN Date of Birth 04-FEB-2015 Meeting Date 22-MAY-2018

- 1. The behavior impeding learning is: difficulty with peer interaction Describe what it looks like: hits, bites other children
2. It impedes learning because: lack of work production, disrupts other students, requires instruction to stop, instructional time is lost
3. The need for a Behavior Support Plan: early stage intervention, moderate, serious, extreme
4. Frequency or intensity or duration of behavior: Frequency (x) 2, Period daily, Intensity low, Duration (min) 2
Reported by parent, as told by daycare 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.)
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?)

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)
Remove student's need to use the problem behavior
Intervention: Time Changes, Space Changes, Material Changes, Interaction: Use specific supportive words, Verbally praise student, Use specific support communications, etc.

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

Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM

Behavior Support Plan

(Behavior Support Plan, pg. 2 of 3)

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

Student ELEZRA EITAN Date of Birth 04-FEB-2015 Meeting Date 22-MAY-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)
 Tangible (desired item) Tangible (desired activity)

To Avoid: Sensory input Attention (peer) Attention (staff)
 Task (too difficult) Task (too easy) Task (too long)

Describe:

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

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

Verbal: Use specific praises Recognition of student's strengths and talents Peer recognition

Contingent Access: Time on the computer Free time Listen to music
 Preferred activity Describe: trains, outdoor play

Tangibles Positive phone calls or notes to home Certificate sent home Other

Tokens and Points: Tokens Points

Privileges: Exempt assignment Extra test points Seating Location

Other ideas:

Selection of reinforcer based on: parent input

reinforcer for using replacement behavior reinforcer for general increase in positive behaviors

By whom? SPED teacher/aide Frequency 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

Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM

Behavior Support Plan

(Behavior Support Plan, pg. 3 of 3)

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

Student ELEZRA EITAN Date of Birth 04-FEB-2015 Meeting Date 22-MAY-2018

OUTCOMES PART IV BEHAVIORAL GOALS

13. Behavioral Goal: Goal #: 1 GB X

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 BSP 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 Behavioral logs Written notes

Between? SPED teacher adn parent Frequency?

daily, then weekly when appropriate