

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

Los Angeles Unified School District

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Student Identification Number 052005M106

Eligible (SLD)

Student GOLAN YAIR E
Last First MI

Date of Birth 20-MAY-2005

Section A: Meeting Information

Pertinent Dates		Type of Meeting	
Date of Initial IEP Team Meeting	12-JAN-2011	<input type="radio"/> Initial	<input type="radio"/> Amendment of IEP dated
Date of Present Meeting	27-JAN-2017		
Annual Review to be conducted by	27-JAN-2018	<input type="radio"/> Annual Review	<input type="radio"/> Early Start Transition
Next Three Year Review will be conducted by	27-JAN-2020	<input checked="" type="radio"/> Three Year Review	<input type="radio"/> Expulsion Analysis
Three Year Review or Evaluation was conducted on	27-JAN-2017	<input type="radio"/> Other	<input type="radio"/> Individual Transition Plan
Transition to Kindergarten to be conducted by			
Location of Meeting: Tarzana El		District Name: Los Angeles Unified School District	

Section B: Student Information

Date of Birth 20-MAY-2005 Age 11 Grade 5 Gender Male Female Limited English Proficient Student Yes No

Ethnic Code White

Location of the Psych Folder: SUPPORT UNIT NORTH Student has no Psych Folder:

Location of the Cum Folder: PRIVATE SCHOOL OFFICE (1536) Student has no Cum Folder:

Home Language Hebrew Student Language Hebrew

Alternate Mode of Communication

Home Address of Student 18619 Collins St. #1F

City Tarzana CA ZIP Code 91356

Home Telephone 818-264-9874 Daytime Telephone 818-961-5141 Emergency Telephone

School of Attendance Private School Office (1536) Location Code 1536

School of Residence Tarzana El Location Code 7041

Name of Parent/Guardian Orel Golan Telephone

Address same as student

City CA ZIP Code

Surrogate Parent Telephone

Attends CURRENT SCHOOL as a result of one of the following:
Private School Enrollment

Is the student living in a Family Foster Home (FFH)? No Yes FFH# Is FFH Provider related to student? No Yes

Relationship

Licensed Children's Institution No Yes LCI Name LCI#

Out of home placement made by: Department of Mental Health Department of Children's Services Regional Center Superior Court

Other Child's family living within LAUSD's boundaries? No Yes

If the student is 18 years old or older or is an emancipated minor, does he/she have educational decision-making rights? No Yes

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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

		Achieved		If No, explain the reason the goal/objective was not achieved
Goal for: (example - Reading)		Yes	No	
1.	English Language Development	<input type="radio"/>	<input type="radio"/>	**Progress toward IEP goals cannot be measured as
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	IEP was not implemented due to private school
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	placement
2.	Reading	<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.	Writing	<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.	Voc Ed	<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.	Math	<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="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="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="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="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="radio"/>	<input type="radio"/>	
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	

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Student GOLAN YAIR E

Date of Birth 20-MAY-2005

Meeting Date 27-JAN-2017

Section E: Present Level of Performance

Performance Area: English Language Development

Assessment/Monitoring Process Used: Classwork; Teacher input; testing observation

State/District Assessment Results: CELDT SCORE (31-OCT-2015) - 3

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

STRENGTHS: Yair is able to accurately read, and follow single-step directions. He is able to print legibly. During testing, Yair was able to engage one-on-one, and respond to specific questions.

NEEDS: Yair needs to continue to improve his ability to report on a topic or text with appropriate facts that support main ideas. Many of his written sentences are missing words that make comprehension difficult. He needs to improve his ability to engage effectively in a range of collaborative discussions. Teacher reports Yair is weak in receptive and expressive language.

IMPACT OF DISABILITY: Yair's disability of Specific Learning Disability (SLD) that is manifested through auditory memory, attention and sensory motor skills impacts his ability to use math concepts to solve problems, which impacts his involvement and progress in the general education math curriculum.

Performance Area: Math

Assessment/Monitoring Process Used: KTEAIII; Teacher input

State/District Assessment Results:

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

KTEA III: Math Composite: Standard Score - 68 (Low)
Subtests: Math Concepts & Applications: Standard Score - 64 (Low)
Math Computation: Standard Score - 74 (Below Average)

STRENGTHS: Yair is able to compare two-digit numbers based on meanings of the tens and ones digits. He is able to use a number line to plot numbers in a simple repeating pattern. He demonstrates an ability to accurately add within 500 with regrouping, and subtract within 100 without regrouping. He also demonstrates an ability to multiply within 100, finding the product of all one-digit numbers.

NEEDS: Yair is not meeting grade level standards in math. He needs to improve his ability to add and subtract within 100 using strategies based on place value, properties of operations and/or the relationship between addition and subtraction. He needs to be able to tell time from analog clocks. He needs to improve his ability to extend simple repeating numeric patterns. (i.e. counting by 2s) Yair continues to needs to improve his ability to break a problem into simpler parts in order to solve both single and multistep problems.

IMPACT OF DISABILITY: Yair's disability of Specific Learning Disability (SLD) that is manifested through auditory memory, attention and sensory motor skills impacts his ability to progress across the domains of the English Language Development curriculum, which impacts his overall involvement and progress in the general education curriculum

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Student GOLAN YAIR E

Date of Birth 20-MAY-2005

Meeting Date 27-JAN-2017

Section E: Present Level of Performance

Performance Area: Health

Assessment/Monitoring Process Used: LAUSD Health Exam, Paretn Interview, Record Review

State/District Assessment Results:

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

Information obtained on Yair Golan on 11-29-16 a private school student from LAUSD Health, Parent interview, and record review. He does have a history of a speech delay. His health has been good overall. No major illnesses, surgeries, or hospitalizations. Medications: None. His vision screening here was Rt. eye was 20/20, Lt. eye was 20/25, both eyes were 20/20 without correction. Dad brought a copy of Yair's audiometry test which he took at his pediatrician Dr. Salimpour and passed on 8-31-16. His Ht. was 60 inches or 75th % and his Wt. is 120 lbs. or 95th %. No dental caries noted. Claire Fishwick CSN 1-27-17.

Strengths: Well student with good vision and good hearing per interview with dad.
Needs: Health is not a concern.
Impact: His health does not impact his access to the curriculum.
Accommodations: None for health.

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):

[Empty text area for current performance/assessment summary]

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Student GOLAN YAIR E

Date of Birth 20-MAY-2005


Meeting Date 27-JAN-2017

Section E: Present Level of Performance

Performance Area: Reading

Assessment/Monitoring Process Used: KTEAIII; Teacher input

State/District Assessment Results:

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

KTEA III: Reading Composite: Standard Score - 71 (Below Average)
 Subtests: Letter & Word Recognition: Standard Score - 71 (Below Average)
 Reading Comprehension: Standard Score - 72 (Below Average)

STRENGTHS: Yair is able to read some multisyllabic words. (e.g. understood, eleven) He is able to accurately read, and follow single-step directions. He demonstrates some understanding of a short, simple texts and is able to refer explicitly to the text as the basis for his answers.


NEEDS: Yair is not meeting grade level standards in reading. He needs to continue to improve his knowledge, and ability to apply grade-level phonics and word analysis skills in decoding words both in isolation and in text. He needs to be able to use combined knowledge of all letter-sound correspondences, syllabication patterns and morphology to accurately read unfamiliar multisyllabic words in context and out of context. He also needs to be able to read grade-appropriate irregularly spelled words. Yair needs to be able to draw inferences from a short, simple text. He needs to continue to improve his ability to report on a topic or text with appropriate facts that support main ideas.

IMPACT OF DISABILITY: Yair's disability of Specific Learning Disability (SLD) that is manifested through auditory memory, attention and sensory motor skills impacts his ability to read and comprehend grade level text across core content, which impacts his involvement and progress in the general education reading curriculum.

Performance Area: Writing

Assessment/Monitoring Process Used: KTEAIII; Teacher input

State/District Assessment Results:

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

KTEA III: Written Language Composite: Standard Score - 62 (Low)
 Subtests: Written Expression: Standard Score - 66 (Low)
 Spelling: Standard Score - 63 (Low)

STRENGTHS: Yair is able to accurately spell some simple irregularly words. (e.g. was, book, what) He spells many words phonetically, drawing on phonemic awareness, and spelling conventions. He is able to print legibly.

NEEDS: Yair is not meeting grade level standards in writing. He needs to improve his ability to spell grade-appropriate words correctly, consulting references as needed. He needs to be able to produce complete simple and compound sentences, with correct capitalization and punctuation, including capitalization of the first word in a sentence and end punctuation for sentences. Many of Yair's written sentences are missing words that make comprehension difficult. Further he needs to be able to produce clear and coherent writing, including multiple-paragraph texts.

IMPACT OF DISABILITY: Yair's disability of Specific Learning Disability (SLD) that is manifested through auditory memory, attention and sensory motor skills impacts his ability to use the steps of the writing process to produce grade level writing across content/genres, which impacts his involvement and progress in the general education writing curriculum.

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Student GOLAN YAIR E

Date of Birth 20-MAY-2005

Meeting Date 27-JAN-2017

Section E: Present Level of Performance


Performance Area:	General Ability
Assessment/Monitoring Process Used:	Psycho-educational evaluation
State/District Assessment Results:	n/a

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

AREAS OF STRENGTH: Yair's ability to learn, apply knowledge, generalize, utilize abstract concepts and evaluate appears to be at least within the Average range as determined by alternative means of assessment. Strengths are reflected in planning, simultaneous processing, basic phonological skills, auditory comprehension and reasoning and visual perceptual skills. These skills are all within the average range.

AREAS OF NEED/WEAKNESS: Yair demonstrates significant weakness in auditory memory, successive processing, attention and visual motor integration. These skills are within the below average range and below age expectancy. Yair appears to have difficulty expressing himself clearly, difficulty answering questions and difficulty describing a past event in detail; his descriptions are short and basic. Yair requires prompting to elaborate when responding to questions for clarity. Parent and teacher report difficulties with expressive language. According to the Secular studies teacher, Yair is performing far below grade level in language arts and math and he is experiencing great difficulty meeting grade level standards. Yair gets failing grades and he has trouble keeping up in class. Yair has difficulty reading orally with accuracy, difficulty with spelling and constructing sentences, and difficulty with math concepts. Yair has difficulty retaining information previously learned, he needs dictated information repeated many times and he has difficulty following multi-step directions. Yair's ability to shift from one activity to another is poor and his task organizational skills are poor. Teacher reports Yair has a short attention span and he is easily distracted in class. He needs support when doing class assignments and he has difficulty completing assignments independently.

Performance Area:	General Ability
Assessment/Monitoring Process Used:	Psycho-educational evaluation
State/District Assessment Results:	n/a

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

IMPACT OF DISABILITY: Yair's specific learning disability in auditory memory, attention and sensory motor skills significantly impact his ability to access the general education curriculum. Yair's weakness in auditory memory may cause him to have difficulty with the sequencing of letters and sounds when reading and spelling; difficulty retaining simple sequences of auditory information, difficulty understanding and remembering oral directions, difficulty remembering and understanding information about new concepts discussed in class; difficulty memorizing math facts; and difficulty memorizing information for content area tests. He may have difficulty getting things down on paper from memory. His weakness in auditory memory affects his ability to retain what he has heard and retrieve the information. Yair's weakness in attention may cause him to have difficulty learning/remembering concepts and he may need extra instructions. He may have difficulty in resisting distractions in the classroom, difficulty sustaining effort to complete assignments and difficulty returning to a task when interruptions take place. Yair's weakness in sensory motor skills may cause him to have a difficult time on written assignments and tests. He may erase excessively and have difficulty keeping up with written work. He may have difficulty copying from board to book, poor organization, difficulty recognizing his mistakes in written work and trouble aligning numbers in columns for math problems for accurate calculation. At times he may have poor spacing between letters and words or form letters in an awkward way. Yair's weakness in expressive language may cause him to have problems with written language as well as oral expression.

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Student GOLAN

YAIR

E

Date of Birth 20-MAY-2005

Meeting Date 27-JAN-2017

Section E: Present Level of Performance

Performance Area: Social Emotional Functioning

Assessment/Monitoring Process Used: Psycho-educational Evaluation

State/District Assessment Results: n/a

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

AREAS OF STRENGTH: Yair presents as a friendly and cooperative student. The test environment was entered willingly and rapport was easily established. During testing, Yair's effort, concentration and motivation for successful completion of the testing were good and he responded well to praise. Yair reports that he likes his school but he dislikes doing school work. He feels reading and writing are difficult for him. While at school he enjoys playing basketball and spending time with his cousin Daniel and his friends Adir and Roy during recess and lunch. In his free time at home, Yair enjoys playing basketball, doing Karate, playing video games and playing with his friends. According to the Hebrew Studies teacher, Yair participates and puts forth good effort.

AREAS OF WEAKNESS: Yair feels reading and writing are difficult for him. Measures of social emotional functioning completed by the secular studies teacher indicate difficulties in in the areas of Attention Problems, Learning Problems, and Poor Executive Functioning. Measures of social emotional functioning completed by parent do not indicate difficulties in attention, executive functioning or hyperactivity. Both parent and teacher ratings indicate difficulty with peer relations.

IMPACT OF DISABILITY: Measures of social emotional functioning completed by parent and teacher and student observations do not indicate any significant behavioral or emotional characteristics adversely affecting school performance. Yair's difficulties with expressive language may affect social skills and his ability to engage in conversation with peers, resolve conflicts with peers and express his feelings.

Performance Area: Social Emotional Functioning

Assessment/Monitoring Process Used: Psycho-educational Evaluation

State/District Assessment Results: n/a

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

SUPPORTS NEEDED: Provide Yair with various opportunities in which he can work cooperatively with his peers in small groups. Set both behavioral and academic goals that will permit success in the classroom. Use verbal and written praise whenever possible. Yair should be provided with several opportunities throughout the day to experience academic success, and to gain attention and praise for his effort.

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Student GOLAN

YAIR

E

Date of Birth 20-MAY-2005

Meeting Date 27-JAN-2017

Section E: Present Level of Performance

Performance Area: General Ability

Assessment/Monitoring Process Used: Psycho-educational Evaluation

State/District Assessment Results: n/a

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

SUPPORTS NEEDED: Provide visual support for all orally presented directions (i.e. charts, diagrams, pictures etc.) Present directions and instructions in a simple, clear and concise manner. Remind Yair to listen carefully when directions are being given. Yair will need directions and instructions repeated. Check for understanding of directions. Allow extended time for completion of assignments and tests. Check-in with Yair and monitor him periodically to ensure he is maintaining his attention to tasks. Frequently ask him if he understands what to do and/or how his work is going, and walk by his desk area to see his work. If teacher notices he is off-task, subtle cueing and use of positive reinforcement should be helpful to get him back on-task. Yair may perform most efficiently if he is able to write directly on the paper and during testing situations directly on the protocol. Copying from the board and/or overhead projector is difficult for him. Teacher should use clear, uncluttered test forms with ample space and lines spaces for his response. Change the demands of the writing rate and allow more time for the written tasks, including note taking, copying and tests. Allow him to begin projects or assignments early. When completing a worksheet on mixed math facts, have Yair highlight the math sign in a different color before starting. This may assist him with errors in noticing the sign has changed. Encourage the learning of keyboarding skills. Provide graph paper for math assignments to assist Yair with proper alignment of math problems on his paper.

Performance Area:

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

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Student GOLAN

YAIR

E

Date of Birth 20-MAY-2005

Meeting Date 27-JAN-2017

Section E: Present Level of Performance

Performance Area: Articulation

Assessment/Monitoring Process Used: Standardized assessment, informal assessment, observation, parent/teacher input

State/District Assessment Results: N/A

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

Background: Yair is an 11 year 8 month old male who currently attends Or Hachaim Academy (private school) in the 5th grade. Based on teacher report, Yair is performing at the third grade level. He was assessed in the areas of speech and language to determine the need for special education services. Yair lives at home with his father, and has two younger siblings who live with his mother. His primary (first) language is Hebrew, but based on parent report and observation, his dominant language is English. Both his mother and his father address him in Hebrew, but he refers to respond on English.

Strengths: Yair was subjectively judged to be 95-100% intelligible in connected speech in both familiar and unfamiliar contexts. Based on Yair's performance on the GFTA-3, he demonstrates substitution of /f/ for /th/ (e.g., fum/thumb, teef/teeth). However, this is likely due to the influence of Hebrew, as the /th/ sound does not exist in the Hebrew language. Additionally, when Yair was prompted to repeat his production of ? pajamas,? he omitted the final /z/ sound each time he produced it. However, the word pajamas is a cognate of the Hebrew language, and produced without the /z/ sound in the final position in Hebrew. Based on the information stated above, Yair's speech sound errors are the result of the influence of the Hebrew language on English word production, and are not considered part of an articulation disorder. Thus, articulation is not an area of concern at this time.

Areas of Need: None at this time for articulation.

Impact of disability: Yair's minimal speech sound errors are due to a cultural difference, and do not significantly impact his intelligibility or ability to access the 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):

[Empty text area for current performance/assessment summary]

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Student GOLAN

YAIR

E

Date of Birth 20-MAY-2005

Meeting Date 27-JAN-2017

Section E: Present Level of Performance

Performance Area: Language

Assessment/Monitoring Process Used: Standardized assessment, informal assessment, observation, parent/teacher input

State/District Assessment Results: N/A

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

Background: Yair is an 11 year 8 month old male who currently attends Or Hachaim Academy (private school) in the 5th grade. Based on teacher report, Yair is performing at the third grade level. He was assessed in the areas of speech and language to determine the need for special education services. Yair lives at home with his father, and has two younger siblings who live with his mother. His primary (first) language is Hebrew, but based on parent report and observation, his dominant language is English. Both his mother and his father address him in Hebrew, but he refers to respond on English.

Strengths: Yair demonstrates average receptive language skills, including labeling a variety of common nouns, verbs, adjectives, and concepts. He is able to accurately identify a picture based on a given description using simple and complex sentences, and can maintain a reciprocal conversation at the basic social level. He demonstrates minor articulation errors which are due to cultural differences and are therefore not part of an articulation disorder. He is judged to be 95-100% intelligible in connected speech. Yair presents with appropriate voice, including quality, pitch, and loudness, and fluency for his age and gender.

continued.....

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):

Areas of Need: Yair demonstrates difficulty using language to express his thoughts and ideas. He also demonstrates difficulty with social skills and peer relations. Based on formal assessment, Yair demonstrates a significant discrepancy between his receptive language skills, which are within the average range, and his expressive language skills, which are significantly below average. He exhibits the most difficulty formulating his thoughts and ideas related to higher level language skills including critical thinking tasks, verbal reasoning, making inferences, and providing logical solutions to problem solving scenarios. He also demonstrates difficulty expressively using complex sentences, such as conjunctions to increase his utterance length when asking and answering questions, as well as explaining and describing events, activities, and personal experiences.

Impact of disability: Yair's difficulty with social skills as well as using expressive language to formulate his thoughts and ideas impact his ability to access the general education curriculum as his ability to successfully interact with peers.

Danna Bornstein MS CF-SLP
Speech-Language Pathologist
Tarzana Elementary

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Student GOLAN YAIR E

Date of Birth 20-MAY-2005

Meeting Date 27-JAN-2017

Section E: Present Level of Performance

Performance Area: Vocational Education

Assessment/Monitoring Process Used: teacher input; testing observations

State/District Assessment Results:

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

STRENGTHS: Yair desires to do well. He tries to participate, and puts forth effort when provided information and tasks that he understands.

NEEDS: Yair needs to learn to be organized in order to utilize materials, start and stay on task and complete assignments. He has difficulty working independently.

IMPACT OF DISABILITY: Yair's disability of Specific Learning Disability (SLD) that is manifested through auditory memory, attention and sensory motor skills which impact his involvement and progress in the general education 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):

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Student GOLAN YAIR E

Date of Birth 20-MAY-2005

Meeting Date 27-JAN-2017

Section F: Eligibility

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

[Empty text box for disability discussion]

For Initial IEP, interventions attempted prior to determining eligibility:

[Empty text box for interventions]

Eligible as a student with the disability of:

Code: SLD Specific Learning Disability
Not Applicable, Blind or Partially Sighted

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

Code: Not Applicable, Blind or Partially Sighted

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

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:

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

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Student GOLAN YAIR E

Date of Birth 20-MAY-2005

Meeting Date 27-JAN-2017

Section G: Annual Goals and Objectives

Performance Area: English Language Development

Annual Goal # 1 GB

Yair will produce clear and coherent writing of 3 or more sentences in which the organization is appropriate to the task, purpose, and/or audience and as measured by student work samples in 4 out of 5 trials with 70% accuracy.

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

Methods of Evaluation:

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

Incremental objective #1 related to the goal:

Yair will produce clear and coherent writing of 1 or more sentences in which the organization is appropriate to the task, purpose, and/or audience and as measured by student work samples in 4 out of 5 trials with 65% accuracy.

Date to be achieved May 2017 MO/YR

Incremental objective #2 related to the goal:

Yair will produce clear and coherent writing of 2 or more sentences in which the organization is appropriate to the task, purpose, and/or audience and as measured by student work samples in 3 out of 4 trials with 65% accuracy.

Date to be achieved November 2017 MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

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Student GOLAN YAIR E

Date of Birth 20-MAY-2005

Meeting Date 27-JAN-2017

Section G: Annual Goals and Objectives

Performance Area: Reading

Annual Goal # 2 GB

Yair will use context to either confirm or self-correct word recognition and understanding, rereading as necessary and as measured by teacher observation in 4 out of 5 trials with 75% accuracy.

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

Methods of Evaluation:

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

Incremental objective #1 related to the goal:

Yair will use context to either confirm or self-correct word recognition and understanding, rereading as necessary and as measured by teacher observation in 4 out of 5 trials with 70% accuracy.

Date to be achieved May 2017 MO/YR

Incremental objective #2 related to the goal:

Yair will use context to either confirm or self-correct word recognition and understanding, rereading as necessary and as measured teacher observation in 3 out of 4 trials with 70% accuracy.

Date to be achieved November 2017 MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

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Student GOLAN YAIR E

Date of Birth 20-MAY-2005

Meeting Date 27-JAN-2017

Section G: Annual Goals and Objectives

Performance Area: Writing

Annual Goal # 3 GB

Following teacher-led prewriting activities, and with some guidance and support from peers and adults, Yair will develop and strengthen writing as needed by planning, revising, editing, rewriting, or trying a new approach as measured by student work samples in 3 out of 4 trials with 75% accuracy.

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

Methods of Evaluation:

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

Incremental objective #1 related to the goal:

Following teacher-led prewriting activities, and with some guidance and support from peers and adults, Yair will develop and strengthen writing as needed by planning, revising, editing, rewriting, or trying a new approach as measured by student work samples in 2 out of 3 trials with 65% accuracy.

Date to be achieved May 2017 MO/YR

Incremental objective #2 related to the goal:

Following teacher-led prewriting activities, and with some guidance and support from peers and adults, Yair will develop and strengthen writing as needed by planning, revising, editing, rewriting, or trying a new approach as measured by student work samples in 2 out of 3 trials with 70% accuracy.

Date to be achieved November 2017 MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

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Student **GOLAN** **YAIR** **E**

Date of Birth **20-MAY-2005**

Meeting Date **27-JAN-2017**

Section G: Annual Goals and Objectives

Performance Area: **Math**

Annual Goal # **4** **GB**

With guidance and support from adults, Yair will add, subtract, multiply, and/or divide decimals, using concrete models or drawings and strategies based on place value, the relationship between addition and subtraction and/or the standard algorithm for each operation as measured by teacher-made tests/student work samples in 4 out 5 trials with 70% accuracy.

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

Methods of Evaluation:

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

Incremental objective #1 related to the goal:

With guidance and support from adults, Yair will add and subtract, decimals to the hundredths place, using concrete models or drawings, strategies based on place value, the relationship between addition and subtraction and/or the standard algorithm for each operation as measured by teacher-made tests/student work samples in 4 out of 5 trials with 70% accuracy.

Date to be achieved **May** **2017** MO/YR

Incremental objective #2 related to the goal:

With guidance and support from adults, Yair will add, subtract, multiply, and/or divide, using concrete models or drawings and strategies based on place value, the relationship between addition and subtraction and/or the standard algorithm for each operation as measured by teacher-made tests/student work samples in 4 out of 5 trials with 70% accuracy.

Date to be achieved **November** **2017** MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

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Student GOLAN YAIR E

Date of Birth 20-MAY-2005

Meeting Date 27-JAN-2017

Section G: Annual Goals and Objectives

Performance Area: Language 1

Annual Goal # 5 GB

Given a social scenario, problem solving scenario, and/or an inferencing task, Yair will provide an appropriate/logical response and justify his answer based on context clues/life experience given minimal (1-2) verbal/visual prompts/models with 75% accuracy over three random therapy sessions as measured by clinician data and observation.

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:

Given a social scenario, problem solving scenario, and/or an inferencing task, Yair will provide an appropriate/logical response and justify his answer based on context clues/life experience given maximum (4-5) verbal/visual prompts/models with 65% accuracy over three random therapy sessions as measured by clinician data and observation.

Date to be achieved **May** 2017 MO/YR

Incremental objective #2 related to the goal:

Given a social scenario, problem solving scenario, and/or an inferencing task, Yair will provide an appropriate/logical response and justify his answer based on context clues/life experience given moderate (2-3) verbal/visual prompts/models with 70% accuracy over three random therapy sessions as measured by clinician data and observation.

Date to be achieved **September** 2017 MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

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Student GOLAN YAIR E

Date of Birth 20-MAY-2005

Meeting Date 27-JAN-2017

Section G: Annual Goals and Objectives

Performance Area: Voc Ed

Annual Goal # 6 GB

With minimal (1-2) prompts and repeated directions from adults, Yair will use organizational tools (i.e. visual schedule, page markers, academic reference guide [multiplication chart, sound-spelling chart]) to begin a task or assignment with 75% success 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:

With maximum (3-4) prompts and repeated directions from adults, Yair will use organizational tools (i.e. visual schedule, page markers, academic reference guide [multiplication chart, sound-spelling chart]) to begin a task or assignment with 70% success in 4 out of 5 opportunities.

Date to be achieved **May** 2017 MO/YR

Incremental objective #2 related to the goal:

With moderate (2-3) prompts and repeated directions from adults, Yair will use organizational tools (i.e. visual schedule, page markers, academic reference guide [multiplication chart, sound-spelling chart]) to begin a task or assignment with 70% success in 4 out of 5 opportunities.

Date to be achieved **November** 2017 MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

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Student **GOLAN** **YAIR** **E**

Date of Birth **20-MAY-2005**

Meeting Date **27-JAN-2017**

Section G: Annual Goals and Objectives

Performance Area: **Language 2**

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

Yair will use coordinating conjunctions (e.g., and, but, or, for, so) and subordinating conjunctions (e.g., because, unless, although, before, after, to increase the complexity of his utterances when describing pictures, events, activities, and personal experiences given minimal (1-2) verbal/visual prompts/models with 75% accuracy over three random therapy sessions as measured by clinician data and observation.

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:

Yair will use coordinating conjunctions (e.g., and, but, or, for, so) and subordinating conjunctions (e.g., because, unless, although, before, after, to increase the complexity of his utterances when describing pictures, events, activities, and personal experiences given maximum (4-5) verbal/visual prompts/models with 65% accuracy over three random therapy sessions as measured by

Date to be achieved **May** **2017** MO/YR

Incremental objective #2 related to the goal:

Yair will use coordinating conjunctions (e.g., and, but, or, for, so) and subordinating conjunctions (e.g., because, unless, although, before, after, to increase the complexity of his utterances when describing pictures, events, activities, and personal experiences given moderate (2-3) verbal/visual prompts/models with 70% accuracy over three random therapy sessions as measured by

Date to be achieved **September** **2017** MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

1st Reporting Period	2nd Reporting Period	3rd Reporting Period	4th Reporting Period (Secondary Only) Date:	Goal Achievement
Date: <input style="width: 100%;" type="text"/>	Date: <input style="width: 100%;" type="text"/>	Date: <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Progress Mark: <input style="width: 50%;" type="text"/>	Progress Mark: <input style="width: 50%;" type="text"/>	Progress Mark: <input style="width: 50%;" type="text"/>	Progress Mark: <input style="width: 50%;" 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 style="width: 50%;" 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 style="width: 50%;" 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 style="width: 50%;" 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 style="width: 50%;" type="text"/>	If "No" please explain: <div style="border: 1px solid black; height: 50px; width: 100%;"></div>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

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Student GOLAN

YAIR

E

Date of Birth 20-MAY-2005**Meeting Date** 27-JAN-2017**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.

Student will participate in Regular State and District Assessments.

(Designated Supports and/or Accommodations identified below are applicable)

CAASPP Subject
ELA and Math**Designated Supports:**

- Test in a separate/smaller setting
- Text-to-speech software enabled (for math items and ELA items except for reading passages)

Accommodations:

- Multiplication table for single digits 1-9 (paper-based; not allowed for Grade 3; non-embedded accommodation)
- 100s Number Table (paper-based; not allowed for Grade 3; non-embedded accommodation)
- Text-to-Speech software enabled for ELA reading passages (embedded accommodation).

CELDT - (Variations, Accommodations or Modifications identified below are applicable)**CELDT Subject**
ELD**Variations:**

- Test administration directions that are simplified or clarified (does not apply to test questions)
- Test students in a small group setting
- Extra time on a test within a testing day

Accommodations:

- Test over more than one day for a test or test part to be administered in a single sitting
- Test questions read aloud to student or used audio CD presentation

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

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Student	GOLAN	YAIR	E	Date of Birth	20-MAY-2005	Meeting Date	27-JAN-2017
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Section N: Procedural Safeguards and Follow-up Actions

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

Is the parent/guardian requesting translation services? Yes No

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

Specify the Individual Pages to be translated: all

Special Requests:

[Empty text box for special requests]

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

THIS SPACE DELIBERATELY LEFT BLANK.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

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Student GOLAN

YAIR

E

Date of Birth 20-MAY-2005

Meeting Date 27-JAN-2017

Section Q: Parent Participation and Consent

Parent Participation	Parent Notification		
	Method	Whom	When
<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.	Phone	H. Rakowski	13-JAN-2017
<i>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.)</i>			

Parent/Student (18-21) Agreement to Components of the Proposed IEP

A Parent/Student (18-21) may agree to all or some of the components of a proposed IEP. The District will implement those portions of the IEP to which the parent/student (18-21) agrees so as to not delay providing instruction and services.

Parent/Student (18-21) AGREES to all components of the IEP.

Parent/Student (18-21) AGREES to all components of the proposed IEP WITH THE SPECIFIC EXCEPTION(S) stated below:

Assessment

Specify

Eligibility

Specify

Instructional Setting

Specify

Services

Specify

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

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

Parent Concerns and Comments

Signature(s) _____ / _____ Date _____

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

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

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

Signature(s) _____ / _____ Date 27-JAN-2017

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!

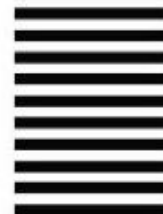


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LOS ANGELES UNIFIED SCHOOL DISTRICT
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LOS ANGELES CA 90099-4093



PARENT INPUT SURVEY
English

Individualized Education Program (IEP)
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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="Orel Golan"/>	
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" value="Heather Rakowski"/>	
Administrative Designee	<input type="text"/>	
Special Education Teacher	<input type="text" value="Erin Ellescas"/>	
General Education Teacher	<input type="text" value="Nancy Essenpreis"/>	
School Psychologist	<input type="text" value="Pansy Johnson"/>	
School Nurse	<input type="text" value="Claire Fishwick"/>	
Related Service Staff <input type="text" value="LAS Assessor"/>	<input type="text" value="Danna Bornstein"/>	
Related Service Staff <input type="text"/>	<input type="text"/>	
Related Service Staff <input type="text"/>	<input type="text"/>	
Interpreter	<input type="text" value="Esther Wieder"/>	
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 checked="" type="radio"/> Special Day Program/General Education Site
<input type="radio"/> Special Day Program/Special Education Center	<input type="radio"/> Nonpublic School
<input type="radio"/> Home/Hospital or Residential Care Facility	

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

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

Step A.	Can the supports, services, accommodations and/or modifications in the student's IEP be made available in a general education classroom/setting?
	<input type="radio"/> YES <input checked="" type="radio"/> NO If the answer is YES, then a general education classroom/setting is the appropriate placement. If the answer is NO, go to the question below.
	<input type="radio"/> YES <input 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.
<input type="text" value="Yair requires a small group setting with supports over and beyond those in a general education classroom"/>	

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

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)

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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:		
Eligibility: (from Page 4)		Eligible (SLD)	
	<i>Final IEP Reason Final IEP Effective Date:</i>		
Curriculum		General Education	
Placement	Type of School	District Non-Resident School	
	Name of School	EMELITA ACADEMY CHTR	
Instructional Setting	Setting	Special Education	
	Program	SLD	
	Special Day Minutes/Wk	1200	
	Addresses Goals	1(English Language Development),3(Writing),2(Reading),6(Voc Ed),4(Math),5(Language 1),7(Language 2)	
Additional Factors	Low Incident Support	None	
	Assistive Technology Support	No	
	Transportation	School 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		

		<p>Provide visual support for all orally presented directions (i.e. charts, diagrams, pictures etc.) Present directions and instructions in a simple, clear and concise manner. Remind Yair to listen carefully when directions are being given. Repeat directions and instructions and check for understanding of directions. Allow extended time for completion of assignments and tests. Check-in with Yair and monitor him periodically to ensure he is maintaining his attention to tasks. Frequently ask him if he understands what to do and/or how his work is going, and walk by his desk area to see his work. If teacher notices he is off-task, subtle cueing and use of positive reinforcement should be helpful to get him back on-task. Yair may perform most efficiently if he is able to write directly on the paper and during testing situations directly on the protocol. Provide clear, uncluttered test forms with ample space and lines spaces for his response. Change the demands of the writing rate and allow more</p>	
	<p>Other Supports, including Non-Academic and Extra-curricular Activities</p>		
<p>Preparation for Three Year Review IEP (Complete at second annual review IEP Meeting</p>	<p>Is formal assessment needed to re-establish eligibility? If yes, specify area(s) to be reassessed</p>	<p>highlight the main sign in a different color before starting. This may assist him with errors in noticing the sign has changed. Encourage the learning of keyboarding skills. Provide graph</p>	
		<p>reference guide. Computers are appropriate</p>	
<p>Low Incidence Equipment</p>			
<p>Assistive Technology Equipment</p>			
<p>Participation in General Education</p>	<p>science, social studies, P.E. dance, music, assemblies, field trips and other grade level activities as determined by the teacher.</p>		
	<p>Instructional Modifications</p>		

Individualized Education Program (IEP)
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IEP FAPE Part 2 - Summary of Services

Student GOLAN YAIR E **Date of Birth** 20-MAY-2005 **Meeting Date** 27-JAN-2017

Effective With This IEP

**Future Changes
Related To This IEP**

Service 1

10

Language/Speech

This service addresses the following
goals:

5(Language 1)

7(Language 2)

Start Date: Effective on Signature Date

End Date:

Service applies to: Regular

Frequency: 1-5

Interval: Weekly

Minutes/Interval: 60

Minutes/Interval (Pullout from Gen Ed): 60

Service Delivery Model: Direct Service (Collaborative)*

Area: School-Based

Responsible Personnel: Licensed/Credentialed Provider
Special Education Teacher

*

Notes:

Parents of students who are Medi-Cal eligible authorize LAUSD to submit claims for reimbursement by Medi-Cal funded services unless parent(s) signs a Parent Medi-Cal Non-Authorization to Bill form. Please see Parent's Guide to Special Education Services (including Procedural Rights and Safeguards).

Part 3 - Percentage of Time Outside of General Education		
	Effective With this IEP	Future Changes Related to this IEP
% of Time per Week outside of General Education	79 %	

Part 4 - Additional Discussion (This section is optional)
<p>Based on IEP team discussion, Yair does not require ESY Speech and Language services at this time. IEP team recommended FAPE placement. Father was informed that if he decides to have his student remain in private school, a services plan will be implemented which will provide consultative services to Yair in his private school setting.</p>

Student GOLAN

YAIR

E

Date of Birth 20-MAY-2005

Meeting Date 27-JAN-2017

SPECIFIC LEARNING DISABILITIES CERTIFICATION

Use this form at Initial, Three Year Reviews and comprehensive assessments for students eligible as having a Specific Learning Disability. This form is not required at Annual Review meetings.

It is the consensus of the IEP Team that the student meets the eligibility criteria for Specific Learning Disability based upon the information which follows. This form serves as the written report of the IEP Team consensus.

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

If Yes, describe

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

If Yes, describe

Yair has difficulty following multi-step directions, difficulty organizing his materials and difficulty completing assignments independently.

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

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

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

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

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

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

Unfamiliarity with the English language

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

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Student Date of Birth Meeting Date

FAPE Summary Grid

Program: SLD **Setting:** Special Education
Eligibility: Eligible (SLD) **Curriculum:** General Education
Transportation: School to School **Low Incident Support:** None

Service Code	Service Desc	Start Date	Service Applies To	Interval	Frequency	Area	Total Minutes	Addresses Goal(s)
10	Language/Speech	Effective on Signature Date	Regular	Weekly	1-5	School-Based	60	Language 1, Language 2

For IEP Team Information

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

Los Angeles Unified School District
INDIVIDUALIZED EDUCATION PROGRAM
LANGUAGE AND SPEECH SERVICES CERTIFICATION (LAS CERTIFICATION)

Student: YAIR E. GOLAN

Date of Birth: 20-MAY-2005

Meeting Date: 27-JAN-2017

This page is to be completed for students with Special Education eligibility other than SLI when determining the need for LAS services to support the provision of FAPE.

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

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

Step 1b. Interventions Not Applicable

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

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

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

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

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

Step 4. Determination of the Need for LAS Service (for students with Special Education eligibility *other than SLI*):

- The IEP team has determined that speech and language related services and support are necessary for the student to benefit from Special Education. Speech and Language Services are necessary due to the results of a formal assessment, which indicates that the student demonstrates difficulty understanding or using spoken language to such an extent that it adversely affects his/her educational performance and cannot be corrected without speech and language related services.
- The presenting need for LAS service is not due to: social maladjustment, health factors, poor school attendance, environmental, economic, or social disadvantage, or lack of instruction or the unfamiliarity with the English language.

If the above is so, identify the area(s) of difficulty:

- Language disorder
- Articulation disorder
- Fluency disorder
- Voice disorder

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